| Image# | 201911 | 0691 | 65329 | 440 |
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**FEC** 

FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|   |  |   |                     | (  | Office Use Only   |
|---|--|---|---------------------|--|---|
| 1. NAME OF TYP<br>COMMITTEE (in full)   | PE OR PRINT ▼  | Example: If typir over the lines.                                 | ng, type            | 12FE4M5  |   |
| Health Underwriters Politi  | ical Action Committe   | <b>9</b><br>  |                     |  |   |
|   |  |   |                     |  |   |
| ADDRESS (number and street)   | 212 New York Ave   |   |                     |  |   |
| Check if different  | Suite 1100<br>Washington   |   |                     |  | 20005   |
| 2. FEC IDENTIFICATION NUME  | BER V CITY   |   | S                   |  | ZIP CODE  |
| C C00283135   | 3. IS TI<br>REP  |   | NEW<br>N) <b>OR</b> | AME<br>(A)   | NDED  |
| <ul> <li>4. TYPE OF REPORT<br/>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15<br/>Quarterly Report (Q1)</li> <li>July 15<br/>Quarterly Report (Q2)</li> <li>October 15<br/>Quarterly Report (Q3)</li> <li>January 31<br/>Year-End Report (YE)</li> <li>July 31 Mid-Year<br/>Report (Non-election<br/>Year Only) (MY)</li> <li>Termination Report<br/>(TER)</li> </ul> | (b) Monthly<br>Report<br>Due On:<br>(c) 12-Day<br>PRE-Election<br>Report for the:<br>(d) 30-Day<br>POST-Election<br>Report for the:<br>Election o<br>Report for the: | (M3)<br>(M4)<br>Primary (12P<br>Convention (<br>n<br>General (30C | 12C)                | Aug 20<br>Sep 20<br>Oct 20<br>General (12<br>Special (12 | (M9) Dec 20 (M12)<br>(Non-Election<br>Year Only)<br>(M10) Jan 31 (YE)<br>2G) Runoff (12R)<br>S) |
| 5. Covering Period 10   | / D D / Y Y Y Y<br>01 2019   | through   | 10 <sup>M</sup>     | / D D /<br>31  | Y Y Y Y<br>2019   |
| Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous Office  | Murphy, Jennifer, , ,  | [Electronically   | p Filed] Da         | ate 11   | / D D / Y Y Y Y<br>06 2019  |
| Use<br>Only   |  |   |                     |  | Rev. 05/2016  |

11/06/2019 10 : 32

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x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

## Health Underwriters Political Action Committee

| R   | Report Covering the Period: From:  |                         | b: 10 31 2019                     |
|-----|--|-------------------------|-----------------------------------|
|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand<br>January 1, 2019  |                         | 341431.16                         |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 356963.70               |                                   |
|     | (c) Total Receipts (from Line 19)  | 43891.67                | 523533.39                         |
|     | <ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul> | 400855.37               | 864964.55                         |
| 7.  | Total Disbursements (from Line 31)   | 43371.82                | 507481.00                         |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 357483.55               | 357483.55                         |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                     | 0.00                    |                                   |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                     | 0.00                    |                                   |

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Health Underwriters Political Action Committee

| Report Covering the Period: From:             | /         D         /         Y | : 10 <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>2019</sup> |
|---|---|--|
| I. Receipts                                   | COLUMN A<br>Total This Period   | COLUMN B<br>Calendar Year-to-Date  |
| 1. Contributions (other than loans) From:     |   |  |
| (a) Individuals/Persons Other                 |   |  |
| Than Political Committees                     | 34412.17  | 246207.25  |
| (i) Itemized (use Schedule A)                 | 54412.17  | 316227.35  |
| (ii) Unitemized                               | 9479.50   | 207306.04  |
| (iii) TOTAL (add                              |   |  |
| Lines 11(a)(i) and (ii)                       | 43891.67  | 523533.39  |
|   |   |  |
| (b) Political Party Committees                | 0.00  | 0.00   |
| (c) Other Political Committees                |   |  |
| (such as PACs)                                | 0.00  | 0.00   |
| (d) Total Contributions (add Lines            |   |  |
| 11(a)(iii), (b), and (c)) (Carry              |   |  |
| Totals to Line 33, page 5)                    | 43891.67  | 523533.39  |
| 2. Transfers From Affiliated/Other            |   |  |
| Party Committees                              | 0.00  | 0.00   |
| Ē   |   |  |
| 3. All Loans Received                         | 0.00  | 0.00   |
|   |   |  |
| 4. Loan Repayments Received                   | 0.00  | 0.00   |
| 5. Offsets To Operating Expenditures          |   |  |
| (Refunds, Rebates, etc.)                      |   |  |
| (Carry Totals to Line 37, page 5)             | 0.00  | 0.00   |
| 6. Refunds of Contributions Made              |   |  |
| to Federal Candidates and Other               |   |  |
| Political Committees                          | 0.00  | 0.00   |
| 7. Other Federal Receipts                     |   |  |
| (Dividends, Interest, etc.)                   | 0.00  | 0.00   |
| 8. Transfers from Non-Federal and Levin Funds |   |  |
| (a) Non-Federal Account                       | 0.00  | 0.00   |
| (from Schedule H3)                            | 0.00  | 0.00   |
| Г   | 0.00  | 0.00   |
| (b) Levin Funds (from Schedule H5)            | 0.00  | 0.00   |
|   |   |  |
| (c) Total Transfers (add 18(a) and 18(b))     | 0.00  | 0.00   |
|   |   |  |
| 9. Total Receipts (add Lines 11(d),           |   |  |
| 12, 13, 14, 15, 16, 17, and 18(c))▶           | 43891.67  | 523533.39  |
| - Table Factored Descripto                    |   |  |
| 2. Total Federal Receipts                     | 43891.67  | 500500.00  |
| (subtract Line 18(c) from Line 19)►           | 43091.07  | 523533.39  |



#### 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 15619.00 Expenditures ..... 1371.82 (c) Total Operating Expenditures 15619.00 (add 21(a)(i), (a)(ii), and (b)) 1371.82 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 490500.00 and Other Political Committees... 42000.00 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 1362.00 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 1362.00 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)).. 43371.82 507481.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 43371.82 507481.00

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

| FEC  | Form | 3X | (Rev.  | 05/2016) |
|------|------|----|--------|----------|
| 1 20 |      | 0/ | (110 . | 00/2010) |

#### 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) .....

|  |   |     |   |   |     | 43891.67 |
|--|---|-----|---|---|-----|----------|
|  |   | 7   |   |   | -7  |          |
|  |   |     |   |   |     | 0.00     |
|  | 1 | -7  | 1 | 1 | -   |          |
|  |   |     |   |   |     | 43891.67 |
|  |   | -   | 1 |   | -   |          |
|  |   |     | 1 |   |     | 1371.82  |
|  |   | 7   | 1 |   | -7  | 1 1 49 1 |
|  |   |     | 1 |   |     | 0.00     |
| a second   |   | -7  |   |   | 7   |          |
|  |   |     |   |   |     | 1371.82  |
| la serie de la s |   | -7- |   |   | -7- |          |

|  |     |      |     | 500500.00 |
|--|-----|------|-----|-----------|
|  | -7- | <br> | -7- | 523533.39 |
|  |     |      |     | 1000.00   |
|  | -   | <br> | -   | 1362.00   |
|  |     |      |     | 500171.00 |
|  | -   | <br> | -   | 522171.39 |
|  |     |      |     | 15619.00  |
|  | -7  | <br> | - 7 | 15019.00  |
|  |     |      |     | 0.00      |
|  | -7- | <br> | -7  | 0.00      |
|  |     |      |     | 15619.00  |
|  | -7- |      | -7- | 15619.00  |

COLUMN B

Calendar Year-to-Date

#### Page 5

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

| ITF       |  | Use separate schedule(s)        | (ch   | (check only one) |                    |                                    |                                       |                      |                         |    |  |
|-----------|--|---------------------------------|---|------------------|--------------------|------------------------------------|---------------------------------------|----------------------|-------------------------|----|--|
|           |  |                                 | for each category of the<br>Detailed Summary Page |                  | <b>×</b> 11a<br>13 |                                    | 11b<br>14                             | 11c                  | 12                      | 17 |  |
|           | v information copied from such Reports and Sta<br>or commercial purposes, other than using the r |                                 |   |                  | for the            |                                    | pose of                               |                      | g contribut             |    |  |
|           | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                | on Com                          | mittee  |                  |                    |                                    |                                       |                      |                         |    |  |
| <b>A.</b> | Full Name of Individual (Last, First, Middle Initia<br>Murray, Martha, , ,                       | l) or Full O                    | rganization Name                                  |                  | Date of            | Re                                 | eceipt                                |                      |                         |    |  |
|           | Mailing Address 2030 Parrish Dr  |                                 |   |                  | 10 <sup>M</sup>    | /                                  | D D D D D D D D D D D D D D D D D D D | / Y                  | ү ү<br>2019             | Y  |  |
| -         | City<br>Santa Rosa   | State<br>CA                     | Zip Code<br>95404-2321                            |                  |                    |                                    |                                       | 1339154<br>eceipt th | 18<br>his Period        |    |  |
|           | FEC ID number of contributing<br>rederal political committee.                                    | С                               |   |                  |                    |                                    |                                       |                      | 12.0                    | 00 |  |
|           | Name of Employer (for Individual)<br>J & M Murray Insurance Services, Inc.<br>Receipt For:       | Age                             | upation (for Individual)<br>nt<br>Year-to-Date ▼  |                  | Me                 | emo                                | tem                                   |                      |                         |    |  |
|           | Primary General<br>Other (specify) ▼   |                                 | 370.00  | ]                |                    |                                    |                                       |                      |                         |    |  |
|           | Full Name of Individual (Last, First, Middle Initia<br>Kite, William, , ,                        | l) or Full O                    | rganization Name                                  |                  | Date of            | Re                                 | eceipt                                |                      |                         |    |  |
|           | Mailing Address PO Box 629   |                                 |   |                  | 10 <sup>M</sup>    | 1                                  | 01                                    | / Y                  | y y<br>2019             | Y  |  |
|           | City<br>Roanoke  | State<br>VA                     | Zip Code  |                  |                    |                                    |                                       | 1339156              |                         |    |  |
| -         | FEC ID number of contributing<br>iederal political committee.                                    | C                               |   |                  |                    | Amount of Each Receipt this Period |                                       |                      |                         |    |  |
|           | Name of Employer (for Individual)<br>D&S Agency  | upation (for Individual)<br>ker |   | Me               | emo                | tem                                |                                       |                      |                         |    |  |
| i         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                       | Year-to-Date ▼<br>4100.00                         | ]                |                    |                                    |                                       |                      |                         |    |  |
|           | Full Name of Individual (Last, First, Middle Initia<br>Jacquet, Tara, , ,                        | l) or Full O                    | rganization Name                                  |                  | Date of            | Re                                 | eceipt                                |                      |                         |    |  |
|           | Mailing Address 4584 North Rancho Drive  |                                 |   |                  | 10 <sup>M</sup>    | /                                  | 01                                    | / Y                  | 2019 <sup>°</sup>       | Y  |  |
|           | City<br>Las Vegas  | State<br>NV                     | Zip Code<br>89130-3478                            |                  |                    |                                    |                                       | 1339156<br>eceipt th | <b>53</b><br>his Period |    |  |
|           | FEC ID number of contributing<br>ederal political committee.                                     | С                               |   |                  |                    |                                    | , .                                   | . y                  | 30.0                    | 00 |  |
|           | Name of Employer (for Individual)<br>Branch Benefits Consultants                                 |                                 |   |                  |                    |                                    | o Item                                |                      |                         |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                       | Year-to-Date ▼<br>240.00                          | ]                |                    |                                    |                                       |                      |                         |    |  |
| รเ        | JBTOTAL of Receipts This Page (optional)   |                                 |   | •                |                    |                                    | , .                                   | . ,                  | 342.(                   | 00 |  |
| тс        | TAL This Period (last page this line number or   | ıly)                            |   | •                |                    |                                    | -                                     | -                    |                         |    |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

| ITEMIZED RECEIPTS  | -                  | Use separate schedule(s)                          | (check only one)  |
|--|--------------------|---|---|
| I LIVILLED RECEIPIO  |                    | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12<br>13 14 15 16  |
|  |                    |   | 13     14     15     16       berson for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political             | Action Com         | mittee  |   |
| Full Name of Individual (Last, First, Middle<br>Bagley, Calvin, Dean, ,  | Initial) or Full C | organization Name                                 | Date of Receipt   |
| Mailing Address 9640 W. Tropicana Avenu                                  | e, Suite 10        |   | M M / D D / Y Y Y Y<br>10 01 2019   |
| City<br>Las Vegas  | State<br>NV        | Zip Code<br>89147-2604                            | Transaction ID : 13391567<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.               | С                  |   | 30.00   |
| Name of Employer (for Individual)<br>Sun City Financial                  |                    | upation (for Individual)<br>naging Partner        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate          | Year-to-Date ▼<br>300.00                          | ]   |
| Full Name of Individual (Last, First, Middle<br>B. Moore, David, R., ,   | Initial) or Full C | organization Name                                 | Date of Receipt   |
| Mailing Address PO Box 1006  |                    |   | 10 / Y Y Y Y<br>2019  |
| City<br>Burlington   | State<br>NC        | Zip Code<br>27216-1006                            | Transaction ID : 13392497<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.               | С                  |   | 30.00   |
| Name of Employer (for Individual)<br>David R. Moore, CLU & Associates    |                    | upation (for Individual)<br>ker                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate          | Year-to-Date ▼<br>300.00                          | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Hoffman, Crystal, , , | Initial) or Full C | organization Name                                 | Date of Receipt   |
| Mailing Address P.O. Box 709   |                    |   | 10 / Y Y Y Y<br>2019  |
| City<br>Sugar Land   | State<br>TX        | Zip Code<br>77487-0709                            | Transaction ID : 13392500           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | С                  |   | 100.00  |
| Name of Employer (for Individual)<br>Benefit Concepts, Inc.              | Occ<br>Brok        | upation (for Individual)<br>ker                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                       | ]                  |   |   |
| SUBTOTAL of Receipts This Page (optional                                 | )                  |   | 160.00  |
| TOTAL This Period (last page this line numl                              | per only)          | ······  |   |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

| 171           |   |               | Use separate schedule(s)                                | (ch      | (check only one) |      |         |                                |                     |    |
|---------------|---|---------------|---|----------|------------------|------|---------|--------------------------------|---------------------|----|
| 111           | EIVILLED RECEIPIS   |               | for each category of the<br>Detailed Summary Page       |          | <b>K</b> 11a     |      | 11b     | 11c                            | 12                  |    |
|               | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |          |                  |      |         |                                |                     |    |
| <u> </u>      | NAME OF COMMITTEE (In Full)   |               |   |          |                  |      |         |                                |                     |    |
| $\Big\rangle$ | Health Underwriters Political Act   | ion Com       | mittee  |          |                  |      |         |                                |                     |    |
| Α.            | Full Name of Individual (Last, First, Middle Initi<br>Wham, Scott, , ,                          | al) or Full O | rganization Name  |          | Date of          | Re   | eceipt  |                                |                     |    |
|               | Mailing Address 145 E 5th Avenue  |               |   |          | <sup>M</sup> 10  | 1    | D<br>02 |                                | ү ү<br>2019         | Y  |
|               | City<br>Conshohocken  | State<br>PA   | Zip Code<br>19428-1789                                  |          |                  |      |         | : <b>1339250</b><br>Receipt th | 1<br>nis Period     |    |
|               | FEC ID number of contributing federal political committee.                                      | С             |   |          | <u> </u>         |      | -       |                                | 42.0                | 00 |
|               | Name of Employer (for Individual)<br>Kistler Tiffany Benefits                                   |               | upation (for Individual)<br>ctor of Compliance Services |          | Me               | emo  | o Item  |                                |                     |    |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>420.00                                | ]        |                  |      |         |                                |                     |    |
| в.            | Full Name of Individual (Last, First, Middle Initi<br>Smith, Paul, E., ,                        | al) or Full O | rganization Name  |          | Date of          | Re   | eceipt  |                                |                     |    |
|               | Mailing Address 100 Queen Street  |               |   |          | м м<br>10        | 1    | D<br>02 |                                | ү ү<br>2019         | Y  |
|               | City<br>Southington   | State<br>CT   | Zip Code<br>06489-2052                                  |          |                  |      |         | 1339250                        |                     |    |
|               | FEC ID number of contributing<br>federal political committee.                                   | С             |   |          |                  | . 01 |         |                                | nis Period<br>200.0 | 00 |
|               | Name of Employer (for Individual)<br>Paul E Smith Insurance, LLC                                | Occi<br>Brol  | upation (for Individual)<br>ker                         |          | Me               | emo  | o Item  |                                |                     |    |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>2000.00                               | ]        |                  |      |         |                                |                     |    |
| C.            | Full Name of Individual (Last, First, Middle Initi<br>Weinstein, Joshua, , ,                    | al) or Full O | rganization Name  |          | Date of          | Re   | eceipt  |                                |                     |    |
|               | Mailing Address 3111 C St.<br>Suite 500<br>City   | State         | Zip Code  |          | 10 <sup>M</sup>  | /    | 02      | 2                              | 2019                | Y  |
|               | Anchorage   | AK            | 99503-3973  |          |                  |      |         | : 1339250<br>Receipt th        | nis Period          |    |
|               | FEC ID number of contributing federal political committee.                                      | С             |   |          | <u> </u>         |      | y       |                                | 30.0                | 00 |
|               | Name of Employer (for Individual)<br>RISQ Consulting  | Occu<br>Brok  | upation (for Individual)<br>er                          |          | M                | emo  | o Item  |                                |                     |    |
|               | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | ]   |          |                  |      |         |                                |                     |    |
| s             | UBTOTAL of Receipts This Page (optional)  |               |   | <u> </u> |                  |      | 9       |                                | 272.0               | 00 |
| т             | OTAL This Period (last page this line number o  | nly)          |   | •        |                  |      |         |                                |                     |    |

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

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

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

|           |  |               |                        | Detailed Summary Page  | ×                                       | 11a                          |      | 11b        |                     | 11c                   | 12                    |    |  |  |
|-----------|--|---------------|------------------------|------------------------|---|------------------------------|------|------------|---------------------|-----------------------|-----------------------|----|--|--|
|           |  |               |                        |                        |   | 13                           |      | 14         |                     | 15                    | 16                    | 17 |  |  |
| or        | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |                        |                        |   |                              |      |            |                     |                       |                       |    |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                               | ion Com       | ımi                    | ttee                   |   |                              |      |            |                     |                       |                       |    |  |  |
| ٩.        | Full Name of Individual (Last, First, Middle Initi<br>Harder, David, , ,                       | al) or Full O | nization Name          |                        | Date of Receipt                         |                              |      |            |                     |                       |                       |    |  |  |
|           | Mailing Address 2241 E Skelly Drive<br>Suite 107   |               |                        |                        | 10 02 2019<br>Transaction ID : 13392505 |                              |      |            |                     |                       |                       |    |  |  |
|           | City<br>Tulsa  | State<br>OK   |                        | Zip Code<br>74105-5941 |   |                              |      | -          |                     |                       | 5<br>is Period        |    |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             | _                      |                        |   |                              |      | - <b>J</b> |                     | -11-                  | 30.0                  |    |  |  |
|           | Name of Employer (for Individual)<br>Spirit Financial Concepts, Inc                            | upat<br>ner   | ion (for Individual)   |                        | M                                       | emo                          | lter | n          |                     |                       |                       |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Yea                    | r-to-Date ▼<br>300.00  |   |                              |      |            |                     |                       |                       |    |  |  |
|           | Full Name of Individual (Last, First, Middle Initi<br>Hogeland, Charlene, M., ,                | al) or Full O | rgar                   | nization Name          |   | Date of                      | f Re | ceip       | t                   |                       |                       |    |  |  |
|           | Mailing Address 3800 N Central Ave<br>Ninth Floor  |               |                        | 1                      |   | 10 / Y Y Y Y Y<br>10 02 2019 |      |            |                     |                       |                       |    |  |  |
|           | City<br>Phoenix  | State<br>AZ   | Zip Code<br>85012-1979 |                        |   |                              |      |            | 3392509<br>ceipt th | <b>9</b><br>is Period |                       |    |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             | 85.00                  |                        |   |                              |      |            |                     |                       |                       |    |  |  |
|           | Name of Employer (for Individual)<br>Black, Gould & Associates                                 | Occ<br>Sale   |                        | tion (for Individual)  |   | М                            | emo  | ) Iter     | n                   |                       |                       |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Yea                    | r-to-Date ▼<br>1275.00 |   |                              |      |            |                     |                       |                       |    |  |  |
|           | Full Name of Individual (Last, First, Middle Initi<br>Shaw, Wanda, D., ,                       | al) or Full O | rgar                   | nization Name          |   | Date of                      | f Re | ceip       | t                   |                       |                       |    |  |  |
|           | Mailing Address 212 South 10 Street  |               |                        |                        |   | <sup>M</sup> 10              | /    |            | 02<br>D             | / Y                   | 2019 <sup>°</sup>     | Y  |  |  |
|           | City<br>Griffin  | State<br>GA   |                        | Zip Code<br>30224-2804 |   |                              |      |            |                     | 339251<br>ceipt th    | <b>0</b><br>is Period |    |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             | -                      |                        |   |                              |      | y          |                     | g                     | 30.0                  | 0  |  |  |
|           | Name of Employer (for Individual)<br>Insurance Brokers of Georgia, Inc.                        | Occi<br>Brok  | •                      | ion (for Individual)   |   | M                            | emo  | b Iter     | m                   |                       |                       |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Yea                    | r-to-Date ▼<br>300.00  |   |                              |      |            |                     |                       |                       |    |  |  |
| s         | JBTOTAL of Receipts This Page (optional)   |               |                        | ••••••                 |   |                              |      | y          |                     | ,                     | 145.0                 | 0  |  |  |
| т         | OTAL This Period (last page this line number of  | only)         |                        | ••••••                 |   |                              |      | -          |                     | -                     |                       |    |  |  |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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| 171       |  |               | Use separate schedule(s)                          | (cł  | (check only one)     |      |         |                              |                           |     |  |  |  |
|-----------|--|---------------|---|--|----------------------|------|---------|------------------------------|---------------------------|-----|--|--|--|
| 11        | TEMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |  | <b>X</b> 11a         |      | 11b     | 11c                          | 12                        |     |  |  |  |
|           | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |   |  |                      |      |         |                              |                           |     |  |  |  |
|           | NAME OF COMMITTEE (In Full)  | name and a    | uuress of any political committe                  | ປ ເບ S   | Solicit COI          |      | JULIONS | nom su                       |                           |     |  |  |  |
| $\rangle$ | Health Underwriters Political Act  | ion Com       | mittee  |  |                      |      |         |                              |                           |     |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initi<br>Fitzgerald, Robert, Mark, ,              | al) or Full O | rganization Name                                  |  | Date of Receipt      |      |         |                              |                           |     |  |  |  |
|           | Mailing Address 185 Fowler St  |               |   |  | <sup>M</sup> M<br>10 | 1    | D<br>03 |                              | Y Y Y<br>2019             | Y   |  |  |  |
|           | City<br>Woodstock  | State<br>GA   | Zip Code<br>30188-5023                            |  |                      |      |         | : <b>133928</b><br>Receipt 1 | <b>574</b><br>this Period | d   |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             |   |  |                      |      |         |                              | 85                        | .00 |  |  |  |
|           | Name of Employer (for Individual)<br>Robert Fitzgerald Insurance Agency, In                    |               | Me  | emo  | tem                  |      |         |                              |                           |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>925.00                          | 1  |                      |      |         |                              |                           |     |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Initi<br>Dinkel, Matthew, Kim, ,                  | al) or Full O | rganization Name                                  |  | Date of              | f Re | eceipt  |                              |                           |     |  |  |  |
|           | Mailing Address 13700 Six Mile Cypress Pkwy  |               |   |  | M M<br>10            | /    | 03      |                              | 2019                      | Y   |  |  |  |
|           | City<br>Fort Myers   | State<br>FL   | Zip Code<br>33912-4324                            | Transaction ID : 13392878<br>Amount of Each Receipt this |                      |      |         |                              |                           | b   |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             |   |  |                      |      | -       |                              |                           | .00 |  |  |  |
|           | Name of Employer (for Individual)<br>AWA Insurance Agency                                      | Occ           | upation (for Individual)<br>ker                   |  | Me                   | emc  | tem     |                              |                           |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>850.00                          | ]  |                      |      |         |                              |                           |     |  |  |  |
| С.        | Full Name of Individual (Last, First, Middle Initi<br>King, Carolyn, J., ,                     | al) or Full O | rganization Name                                  |  | Date of              | Re   | eceipt  |                              |                           |     |  |  |  |
|           | Mailing Address 6 Country Lane   |               |   |  | <sup>M</sup> 10      | 1    | D<br>03 |                              | 2019                      | Y   |  |  |  |
|           | City<br>Sussex   | State<br>NJ   | Zip Code<br>07461-4630                            |  |                      |      | -       | : 133928<br>Receipt 1        | 380<br>this Period        | ł   |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             |   |  |                      |      | y .     | . ,                          | 30                        | .00 |  |  |  |
|           | Name of Employer (for Individual)<br>Carolyn J King Insurance                                  | Occi<br>Brok  | upation (for Individual)<br>ter                   |  | M                    | emo  | o Item  |                              |                           |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>300.00                          | 1  |                      |      |         |                              |                           |     |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |               |   | •  |                      |      | , .     |                              | 200                       | .00 |  |  |  |
| Т         | OTAL This Period (last page this line number c   | only)         |   | _<br>▶   | Γ.                   |      |         |                              |                           |     |  |  |  |

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

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

FOR LINE NUMBER:

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|   |                        | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
|---|------------------------|---|---|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|   |                        |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                   | al Action Com          | mittee  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>A. Johnson, Judy, Anne, ,        | dle Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 5581 N Barrasca Ave   |                        |   | 10 / Y Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
| City<br>Tucson  | State<br>AZ            | Zip Code<br>85750-6495                            | Transaction ID : 13392881 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 30.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>UnitedHealthcare                         | Occ<br>Brol            | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>375.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Stockstill, Julia Beckie, , , | dle Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 125 E. San Augustine  | 1                      |   | 10 / D D / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
| City<br>Deer Park   | State<br>TX            | Zip Code<br>77536-4160                            | Transaction ID : 13392882   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Stockstill & Associates                  | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>441.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>Warwick, John, L., ,             | dle Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 1907 B Mangrove Ave.  |                        |   | 10 / Y Y Y Y Y<br>10 03 2019  |  |  |  |  |  |  |  |  |
| City<br>Chico   | State<br>CA            | Zip Code<br>95926-2381                            | Transaction ID : 13392883 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 85.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>John Warwick Insurance Services          | Occ<br>Brok            | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate              | Year-to-Date ▼<br>850.00                          | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | nal)                   |   | 160.00  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                     | mber only)             |   |   |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| IT.                   |   |   | Use separate schedule(s)                          | (ch                        | (check only one)   |     |           |                              |           |      |    |  |  |
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|                       |   |   | for each category of the<br>Detailed Summary Page |                            | <b>′</b> 11a<br>13 |     | 11b<br>14 | 11c<br>15                    | 12        | Г    | 17 |  |  |
|                       | y information copied from such Reports and St<br>for commercial purposes, other than using the      |   |   |                            | for the            |     | pose of   | soliciting                   | g contrib |      | าร |  |  |
| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                    | tion Com                                  | mittee  |                            |                    |     |           |                              |           |      |    |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Init<br>Ashby, Thomas, F., ,                           | ial) or Full O                            | rganization Name                                  |                            | Date of            | Re  | eceipt    |                              |           |      |    |  |  |
|                       | Mailing Address P. O. Box 70  |   |   |                            | м м<br>10          | /   | D 04      | ) / Y                        | ү<br>2019 | Y    | ]  |  |  |
|                       | City<br>Zirconia  | State<br>NC                               | Zip Code<br>28790-0070                            |                            |                    |     |           | <b>1339298</b><br>Receipt th |           | od   |    |  |  |
|                       | FEC ID number of contributing federal political committee.  |   |   |                            |                    | -   |           | 42                           | 2.00      |      |    |  |  |
|                       | Name of Employer (for Individual)Occupation (for Individual)Senior Healthcare Solutions, Inc.Broker |   |   |                            | M                  | emo | ttem      |                              |           |      |    |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                 | Year-to-Date ▼<br>420.00                          | ]                          |                    |     |           |                              |           |      |    |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Init Viola, Robert, , ,                                | ial) or Full O                            | rganization Name                                  |                            | Date of            | Re  | eceipt    |                              |           |      |    |  |  |
|                       | Mailing Address 2 Radnor Corp Center, Ste 110   | )   |   | 10 / D D / Y Y Y Y<br>2019 |                    |     |           |                              |           |      |    |  |  |
|                       | City<br>Wayne   | State<br>PA                               | Zip Code<br>19087-4514                            |                            |                    |     | -         | 1339298<br>Receipt th        |           | bd   | _  |  |  |
|                       | FEC ID number of contributing federal political committee.  | C<br>Occupation (for Individual)<br>Owner |   |                            |                    |     |           |                              | 5(        | 0.00 |    |  |  |
|                       | Name of Employer (for Individual)<br>The Megro Corporation  |   |   |                            |                    | emo | ttem      |                              |           |      |    |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                 | Year-to-Date ▼<br>500.00                          | ]                          |                    |     |           |                              |           |      |    |  |  |
| с.                    | Full Name of Individual (Last, First, Middle Init Mochan, Damian, , ,                               | ial) or Full O                            | rganization Name                                  |                            | Date of            | Re  | eceipt    |                              |           |      |    |  |  |
|                       | Mailing Address 100 Radnor Rd Ste 202   | Ototo                                     | Zin Oode  |                            | 10 <sup>M</sup>    | /   | 04        |                              | 2019      | Y    | ]  |  |  |
|                       | City<br>State College   | State<br>PA                               | Zip Code<br>16801-7986                            |                            |                    |     |           | 1339298<br>Receipt th        |           | bd   |    |  |  |
|                       | FEC ID number of contributing federal political committee.  | С   |   |                            | <u> </u>           |     | y         | , ,                          | 50        | 0.00 |    |  |  |
|                       | Name of Employer (for Individual)<br>Central PA Benefit Solutions                                   | Occi<br>Brok                              | upation (for Individual)<br>er                    |                            | М                  | emo | o Item    |                              |           |      |    |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                 | Year-to-Date ▼<br>500.00                          | 1                          |                    |     |           |                              |           |      |    |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |   |   | ► _                        |                    | 1   | y .       | . ,                          | 142       | 2.00 |    |  |  |
| Т                     | OTAL This Period (last page this line number of   | only)                                     |   | •                          |                    |     |           |                              |           | -    |    |  |  |

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

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

| ITEMIZED RECEIPTS   | -                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
|---|------------------------|---|---|--|--|--|--|--|--|--|--|
| II LIVIIZED RECEIPIO  |                        | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|   |                        |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica             | al Action Com          | mittee  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>A. Kennedy, Tamara, P., , | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 7310 N. 16th Street, Su                                 | ite 226                |   | 10 / Y Y Y Y Y<br>10 04 2019  |  |  |  |  |  |  |  |  |
| City<br>Phoenix   | State<br>AZ            | Zip Code<br>85020-8212                            | Transaction ID : 13392984 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С                      |   | 85.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Rogers Benefit Group, Inc.         | Occi<br>Brol           | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate              | Year-to-Date ▼<br>850.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>3. Zavala, Tony, , ,      | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 4814 Cranbrook Dr E                                     |                        |   | 10 / D D / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
| City<br>Colleyville   | State<br>TX            | Zip Code<br>76034-4359                            | Transaction ID : 13392985<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.              | C                      |   | 63.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Frost Insurance                    | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate              | Year-to-Date ▼<br>567.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Vanduyn, Melissa, , ,  | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 32 Fox Chase Run  |                        |   | 10 / D D / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
| City<br>Hillsborough  | State<br>NJ            | Zip Code<br>08844-2130                            | Transaction ID : 13392990           Amount of Each Receipt this Period                                    |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С                      |   | 12.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>FNA                                |                        | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate              | Year-to-Date ▼<br>370.00                          | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                  | al)                    |   | 160.00  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                               | mber only)             |   |   |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|           |  |                                       | Use separate schedule(s)                          | (ch       | (check only one) |        |          |                              |                         |          |  |  |
|-----------|--|---------------------------------------|---|-----------|------------------|--------|----------|------------------------------|-------------------------|----------|--|--|
| 11        | TEMIZED RECEIPTS   |                                       | for each category of the<br>Detailed Summary Page |           | <b>K</b> 11a     |        | 11b      | 11c                          | 12                      | <u> </u> |  |  |
|           | y information copied from such Reports and Si<br>for commercial purposes, other than using the |                                       |   |           |                  |        |          |                              |                         |          |  |  |
|           | NAME OF COMMITTEE (In Full)  |                                       | duress of any political commute                   | 0 0 3     |                  |        | Julionis |                              |                         |          |  |  |
| $\rangle$ | Health Underwriters Political Act  | tion Com                              | mittee  |           |                  |        |          |                              |                         |          |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Init<br>Quinn, Cody, J., ,                        | ial) or Full O                        | rganization Name                                  |           | Date of          | Re     | eceipt   |                              |                         |          |  |  |
|           | Mailing Address 343 Waller Avenue Suite 101  |                                       |   |           | <sup>M</sup> 10  | 1      | 05       |                              | 2019                    | Y        |  |  |
|           | City<br>Lexington  | State<br>KY                           | Zip Code<br>40504-2912                            |           |                  |        |          | <b>1339459</b><br>Receipt th | 97<br>nis Period        |          |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С                                     |   |           | <u> </u>         |        | -        |                              | 12.0                    | 00       |  |  |
|           | Name of Employer (for Individual)<br>Al Torstrick Insurance Agency, Inc.                       | upation (for Individual)<br>ker       |   | Me        | emo              | tem    |          |                              |                         |          |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                             | Year-to-Date ▼<br>258.00                          | 1         |                  |        |          |                              |                         |          |  |  |
| в.        | Full Name of Individual (Last, First, Middle Init Hepscher, William, , ,                       | ial) or Full O                        | rganization Name                                  |           | Date of          | Re     | eceipt   |                              |                         |          |  |  |
|           | Mailing Address 38168 Medical Center Avenue  |                                       |   | м м<br>10 | /                | 05     |          | ү ү<br>2019                  | Ŷ                       |          |  |  |
|           | City<br>Zephyrhills  | State<br>FL                           | Zip Code<br>33540-1380                            |           |                  |        |          | 1339459                      |                         |          |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С                                     |   |           |                  |        |          |                              | nis Period<br>85.0      | 00       |  |  |
|           | Name of Employer (for Individual)<br>The Canadian Medstore                                     | Occupation (for Individual)<br>Broker |   |           |                  | əmo    | o Item   |                              |                         |          |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                             | ]   |           |                  |        |          |                              |                         |          |  |  |
| C.        | Full Name of Individual (Last, First, Middle Init<br>Gussin, Craig, , ,                        | ial) or Full O                        | rganization Name                                  |           | Date of          | Re     | eceipt   |                              |                         |          |  |  |
|           | Mailing Address 701 Palomar Airport Road #26   |                                       |   |           | <sup>M</sup> 10  | 1      | 05       |                              | 2019                    | Y        |  |  |
|           | City<br>Carlsbad   | State<br>CA                           | Zip Code<br>92011-1047                            |           |                  |        |          | : 1339459<br>Receipt th      | <b>99</b><br>nis Period |          |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С                                     |   |           | <u> </u>         |        | y        | 7                            | 100.0                   | 00       |  |  |
|           | Name of Employer (for Individual)<br>Auerbach & Gussin Insurance and Financ                    | Occu<br>Brok                          |   | M         | emo              | o Item |          |                              |                         |          |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                             | Year-to-Date ▼<br>1000.00                         | ]         |                  |        |          |                              |                         |          |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                                       |   |           |                  |        | ,        | 7                            | 197.0                   | 00       |  |  |
| т         | OTAL This Period (last page this line number of  | only)                                 |   | •         |                  |        |          |                              |                         |          |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

| ITEMIZED RECEIPTS |   |               | Use separate schedule(s)                          | (ch    | (check only one) |  |                 |                              |                         |      |  |  |  |
|-------------------|---|---------------|---|--------|------------------|--|-----------------|------------------------------|-------------------------|------|--|--|--|
|                   |   |               | for each category of the<br>Detailed Summary Page |        |                  |  | 11b             | 11c                          | 12                      |      |  |  |  |
|                   | formation copied from such Reports and Sta                                |               | ay not be sold or used by any p                   |        |                  |  |                 |                              |                         |      |  |  |  |
|                   | commercial purposes, other than using the                                 | name and a    | ddress of any political committe                  | e to s | olicit cor       | ntrib                                    | outions         | from suc                     | ch commit               | tee. |  |  |  |
|                   | ME OF COMMITTEE (In Full)<br>ealth Underwriters Political Act             | ion Com       | mittee  |        |                  |  |                 |                              |                         |      |  |  |  |
|                   | I Name of Individual (Last, First, Middle Initianepard-Hall, Julie, A., , | al) or Full O | rganization Name                                  |        | Date of          | Re                                       | eceipt          |                              |                         |      |  |  |  |
| Mai               | iling Address 3913 N. Post St   |               |   |        | <sup>M</sup> 10  | 1  | 05              |                              | 2019                    | Ŷ    |  |  |  |
| City<br>Sp        | /<br>okane  | State<br>WA   | Zip Code<br>99205-1149                            |        |                  |  |                 | : <b>133946</b><br>Receipt t | <b>01</b><br>his Perioc | 1    |  |  |  |
|                   | C ID number of contributing<br>eral political committee.                  | С             |   |        | <u> </u>         |  | -               |                              | 15                      | .00  |  |  |  |
| Inte              | me of Employer (for Individual)<br>egrity Insurance Solutions, LLC        | Occu<br>Brok  | upation (for Individual)<br>ker                   |        | Me               | emo                                      | o Item          |                              |                         |      |  |  |  |
| Rec               | ceipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate     | Year-to-Date ▼<br>285.00                          | ]      |                  |  |                 |                              |                         |      |  |  |  |
| <b>B</b> . Al     | I Name of Individual (Last, First, Middle Initia<br>Iumbaugh, Joel, C., , | al) or Full O | rganization Name                                  |        | Date of          | Re                                       | eceipt          |                              |                         |      |  |  |  |
|                   | iling Address 6 E. Chestnut St., Suite 520                                |               | Zip Code  |        | 10 <sup>M</sup>  | /  | 05              |                              | 2019                    | Y    |  |  |  |
| City<br>Au        | /<br>gusta  | State<br>ME   |   |        |                  |  | : <b>133946</b> | -                            | 1                       |      |  |  |  |
| FE                | C ID number of contributing<br>eral political committee.                  | C             |   |        |                  | Amount of Each Receipt this Period 30.00 |                 |                              |                         |      |  |  |  |
|                   | me of Employer (for Individual)<br>ional Worksite Benefit Group           | Occu<br>Broł  |   | Me     | emo              | ttem                                     |                 |                              |                         |      |  |  |  |
| Red               | ceipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate     | 1   |        |                  |  |                 |                              |                         |      |  |  |  |
|                   | I Name of Individual (Last, First, Middle Initia<br>I haley, Cynthia, , , | al) or Full O | rganization Name                                  |        | Date of          | Re                                       | eceipt          |                              |                         |      |  |  |  |
| Ma                | iling Address 408 N. Washington Street<br>Suite A                         |               |   |        | 10 <sup>M</sup>  | /  | 05              | 5                            | 2019                    | Y    |  |  |  |
| City<br>Ea        | /<br>iston  | State<br>MD   | Zip Code<br>21601-3704                            |        |                  |  | -               | : 133946<br>Receipt t        | 03<br>his Perioc        | 1    |  |  |  |
|                   | C ID number of contributing<br>eral political committee.                  | С             |   |        | Ľ.               |  | y               | ,                            | 30                      | .00  |  |  |  |
| Ave               | me of Employer (for Individual)<br>ery Hall Benefit Solutions, Inc.       | Occu<br>Brok  | upation (for Individual)<br>er                    |        | M                | emo                                      | o Item          |                              |                         |      |  |  |  |
| Heo               | ceipt For:<br>Primary General<br>Other (specify)                          | Aggregate     | Year-to-Date ▼<br>300.00                          | ]      |                  |  |                 |                              |                         |      |  |  |  |
| SUB               | FOTAL of Receipts This Page (optional)                                    |               |   | •      |                  |  | ,               | . ,                          | 75                      | 00   |  |  |  |
| тота              | L This Period (last page this line number o                               | nly)          |   | •      |                  |  |                 |                              |                         |      |  |  |  |

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

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

(check only one)

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|              | EWIZED RECEIPTS   |                   |               | Detailed Summary Page       | ×       | -                             |      | ] 11      | -      | 11c       | 12                |              |  |  |
|--------------|---|-------------------|---------------|-----------------------------|---------|-------------------------------|------|-----------|--------|-----------|-------------------|--------------|--|--|
| Δn           | y information copied from such Reports and  | Statements m      |               | ot he sold or used by any p | erson f | 13<br>for the                 | nur  | 14<br>005 |        | 15        | 16                | 17<br>Itions |  |  |
| or           | for commercial purposes, other than using the   |                   |               |                             |         |                               |      |           |        |           |                   |              |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                   | •.            |                             |         |                               |      |           |        |           |                   |              |  |  |
|              | Health Underwriters Political A   | ction Com         | Imit          | tee                         |         |                               |      |           |        |           |                   |              |  |  |
| Α.           | Full Name of Individual (Last, First, Middle In Michaels, Norman, Joseph, ,   | nitial) or Full C | )rgan         | ization Name                |         | Date of Receipt<br>10 05 2019 |      |           |        |           |                   |              |  |  |
|              | Mailing Address 75 NO CENTREAL AVE  |                   |               |                             |         |                               |      |           |        |           |                   |              |  |  |
|              | City  | State             |               | Zip Code                    |         | Trans                         | acti | ion       | ID : 1 | 339460    | 5                 |              |  |  |
|              | Elmsford  | NY                |               | 10523                       | /       | Amoun                         | t of | Ea        | ch Re  | eceipt th | nis Perioo        | ł            |  |  |
|              | FEC ID number of contributing<br>federal political committee.   | С                 | _             |                             |         |                               |      | -         |        |           | 30                | .00          |  |  |
|              | Name of Employer (for Individual)<br>Tristate Pay   | Occ<br>Brol       | •             | on (for Individual)         |         | М                             | emo  | o Ite     | em     |           |                   |              |  |  |
|              | Receipt For:  | Aggregate         | Yea           | r-to-Date ▼                 |         |                               |      |           |        |           |                   |              |  |  |
|              | Primary General   |                   | -             |                             | 11      |                               |      |           |        |           |                   |              |  |  |
|              | Other (specify) <b>v</b>  |                   | 7             | 300.00                      |         |                               |      |           |        |           |                   |              |  |  |
|              | Full Name of Individual (Last, First, Middle II<br>Sweatt, Shelly, , ,  | nitial) or Full C | )rgan         | ization Name                |         | Date o                        | f Re | ecei      | ipt    |           |                   |              |  |  |
|              | Mailing Address 14 Commerce Road  |                   |               |                             |         | M M                           |      | _         | D D    | / Y       | YY                | Y            |  |  |
|              |   |                   |               |                             |         | 10                            |      | L         | 05     | L         | 2019              |              |  |  |
|              | City  | State             |               | Zip Code                    |         |                               |      | -         |        | 339460    |                   |              |  |  |
|              | Newtown   | СТ                |               | 06470-1607                  | - '     | Amoun                         | t of | Ea        | ich Re | eceipt th | nis Perioo        | ł            |  |  |
|              | FEC ID number of contributing<br>federal political committee.   | С                 |               | 30.00                       |         |                               |      |           |        |           |                   |              |  |  |
|              | Name of Employer (for Individual)<br>TR Paul, Inc.  |                   | cupat<br>oker | ion (for Individual)        |         | Memo Item                     |      |           |        |           |                   |              |  |  |
|              | Receipt For:  | Aggregate         | Yea           | r-to-Date 🔻                 |         |                               |      |           |        |           |                   |              |  |  |
|              | Primary General<br>Other (specify) ▼  |                   | <b>,</b>      | 300.00                      |         |                               |      |           |        |           |                   |              |  |  |
|              | Full Name of Individual (Last, First, Middle In   | nitial) or Full C | Drgan         | ization Name                |         |                               |      |           |        |           |                   |              |  |  |
|              | DeBruin, Teresa, F., ,  |                   |               |                             | '       | Date o                        | f Re | ecei      | ipt    |           |                   |              |  |  |
|              | Mailing Address 45 Technology Pkwy South<br>Suite 225   |                   |               |                             |         | <sup>M</sup> 10               | /    |           | 06     | / Y       | 2019 <sup>°</sup> | Y            |  |  |
|              | City  | State             |               | Zip Code                    |         |                               |      |           |        | 339461    |                   |              |  |  |
|              | Peachtree Corners   | GA                |               | 30092-3456                  | _ /     | Amoun                         | t of | Ea        | ch Re  | eceipt th | nis Period        | ł            |  |  |
|              | FEC ID number of contributing federal political committee.  | С                 | _             |                             |         |                               |      | y         |        | ,         | 50                | .00          |  |  |
|              | Name of Employer (for Individual)   | Occ               | upati         | on (for Individual)         |         | М                             | emo  | o Ite     | em     |           |                   |              |  |  |
|              | DeBruin Benefit Services, Inc.  | Brok              | ker           |                             |         |                               |      |           |        |           |                   |              |  |  |
|              | Receipt For:  | Aggregate         | Yea           | r-to-Date 🔻                 |         |                               |      |           |        |           |                   |              |  |  |
|              | Primary General   |                   | -             | 500.00                      | 11      |                               |      |           |        |           |                   |              |  |  |
|              | Other (specify)   |                   | -1            | 500.00                      | 4       |                               |      |           |        |           |                   |              |  |  |
| \$           | UBTOTAL of Receipts This Page (optional)  |                   |               |                             | _       |                               | -    |           | -      |           | 110               | .00          |  |  |
| 3            | CONTRACTOR OF THE CONTRACT OF THE CONTRACTOR OF |                   |               | •••••                       | -       |                               | ÷    | 7         | -      | 9         |                   |              |  |  |
| Т            | OTAL This Period (last page this line numbe   | r only)           |               | ••••••                      | •       |                               |      | -         | _      |           |                   |              |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

| 177       |  |               | Use separate schedule(s)                          | (ch    | (check only one) |       |                             |                      |                        |    |  |  |
|-----------|--|---------------|---|--------|------------------|-------|-----------------------------|----------------------|------------------------|----|--|--|
|           | TEMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |        |                  |       | 11b                         | 11c                  | 12                     | _  |  |  |
|           | y information copied from such Reports and St                                  |               |   |        |                  |       |                             |                      |                        |    |  |  |
| or        | for commercial purposes, other than using the                                  | name and a    | ddress of any political committe                  | e to s | olicit cor       | ntrib | utions f                    | rom suc              | h committe             | e. |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act               | ion Com       | mittee  |        |                  |       |                             |                      |                        |    |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initi<br>Sklar, Erika, , ,        | al) or Full O | rganization Name                                  |        | Date of          | Re    | ceipt                       |                      |                        |    |  |  |
|           | Mailing Address 1415 Walton Blvd   |               |   |        | 10 <sup>M</sup>  | 1     | 06                          | / Y                  | y y<br>2019            | Ŷ  |  |  |
|           | City<br>Rochester Hills  | State<br>MI   | Zip Code<br>48309-1775                            |        |                  |       |                             | 1339461<br>eceipt th | <b>2</b><br>nis Period |    |  |  |
|           | FEC ID number of contributing federal political committee.                     | С             |   |        | <u> </u>         |       |                             |                      | 63.0                   | 0  |  |  |
|           | Name of Employer (for Individual)<br>The Crawford Insurance Group              | Occi<br>Broł  | upation (for Individual)<br>ker                   |        | Me               | emo   | ltem                        |                      |                        |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate     | Year-to-Date ▼<br>930.00                          | ]      |                  |       |                             |                      |                        |    |  |  |
| R         | Full Name of Individual (Last, First, Middle Initi<br>Niederman, Tammy, Lyn, , | al) or Full O | rganization Name                                  |        | Date of          | Re    | reint                       |                      |                        |    |  |  |
| 0.        | Mailing Address 10042 Silver Maple Circle                                      |               |   |        | 10               | /     | 06                          | / Y                  | 2019                   | Ŷ  |  |  |
|           | City<br>Highlands Ranch  | State<br>CO   |   |        |                  |       | <b>1339461</b><br>eceipt th | 3<br>nis Period      |                        |    |  |  |
|           | FEC ID number of contributing federal political committee.                     | С             |   |        |                  |       |                             |                      | 42.(                   | 0  |  |  |
|           | Name of Employer (for Individual)<br>Avesis                                    | Occ           | upation (for Individual)<br>ker                   |        | Me               | emo   | Item                        |                      |                        |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate     | Year-to-Date ▼<br>342.00                          |        |                  |       |                             |                      |                        |    |  |  |
|           | Full Name of Individual (Last, First, Middle Initi<br>Webb, Charles, A., ,     | al) or Full O | rganization Name                                  |        | Date of          | Re    | ceipt                       |                      |                        |    |  |  |
|           | Mailing Address 2670 Electric Rd   |               |   |        | м м<br>10        | /     | 06                          | / Y                  | ү ү<br>2019            | Ŷ  |  |  |
|           | City<br>Roanoke  | State<br>VA   | Zip Code<br>24018-3511                            |        |                  |       |                             | 1339461<br>eceipt th | 14<br>his Period       |    |  |  |
|           | FEC ID number of contributing federal political committee.                     | С             |   |        | <u> </u>         |       | y :                         | , ,<br>,             | 250.0                  | 0  |  |  |
|           | Name of Employer (for Individual)<br>Innovative Insurance Group                | Occi<br>Brok  | upation (for Individual)<br>ker                   |        | Me               | emc   | tem                         |                      |                        |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)                             | Aggregate     | Year-to-Date ▼<br>2600.00                         | ]      |                  |       |                             |                      |                        |    |  |  |
| s         | UBTOTAL of Receipts This Page (optional)                                       |               |   |        |                  |       | , .                         | .,                   | 355.0                  | 0  |  |  |
| т         | OTAL This Period (last page this line number o                                 | only)         |   | •      |                  |       |                             | 1.40                 |                        |    |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | <b>X</b> 11a 11b 11c 12   |
|--|--|---|
|  | and Statements may not be sold or used by any pering the name and address of any political committee |   |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic   | al Action Committee  |   |
| Full Name of Individual (Last, First, Mid<br>Mhitfield, Pamela, A., ,<br>Mailing Address 341 W. Tudor Rd. #207                                   | 7  | Date of Receipt   |
| City<br>Anchorage  | StateZip CodeAK99503-6648  | Transaction ID : 13394615<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С  | 30.00   |
| Name of Employer (for Individual)<br>Elite-VB LLC<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Occupation (for Individual)<br>Broker<br>Aggregate Year-to-Date ▼<br>310.00                          | Memo Item   |
| Full Name of Individual (Last, First, Mid<br><b>B.</b> Cupo, Gary, V., ,   | ddle Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address Fairfields Commons<br>271 Route 46 West Su<br>City<br>Fairfield<br>FEC ID number of contributing<br>federal political committee. | ite F-109<br>State Zip Code<br>NJ 07004-2447   | 10       06       2019         Transaction ID : 13394616       Amount of Each Receipt this Period         30.00       30.00 |
| Name of Employer (for Individual)         Benefit Solutions         Receipt For:         Primary       General         Other (specify) ▼         | Occupation (for Individual)<br>Health Insurance Specialist<br>Aggregate Year-to-Date ▼<br>270.00     | Memo Item   |
| Full Name of Individual (Last, First, Mid<br>Sokol, David, , ,<br>Mailing Address 901 Wilshire Drive<br>Suite 330<br>City                        | ddle Initial) or Full Organization Name  | Date of Receipt   |
| Troy<br>FEC ID number of contributing<br>federal political committee.  | MI 48084-5611  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Wilshire Benefits Group Inc<br>Receipt For:<br>Primary General<br>Other (specify)                           | Occupation (for Individual)         President/CEO         Aggregate Year-to-Date ▼         1700.00   | Memo Item   |
|  | nal)   | 230.00  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

| 177      |   | Use separate schedule(s)<br>for each category of the |                                  |              |                 | (check only one) |         |                              |                        |   |  |  |
|----------|---|--|----------------------------------|--------------|-----------------|------------------|---------|------------------------------|------------------------|---|--|--|
|          | EMIZED RECEIPTS   |  | 3                                | <b>4</b> 11a |                 | 11b              | 11c     | 12                           |                        |   |  |  |
|          | ny information copied from such Reports and Si<br>for commercial purposes, other than using the |  |                                  |              |                 |                  |         |                              |                        |   |  |  |
|          | NAME OF COMMITTEE (In Full)   | name and a   | uuress of any political committe | e เบร        | UNCIL COP       | u iD             | uuons t | TOTT SUC                     |                        |   |  |  |
|          | Health Underwriters Political Ac  | tion Com   | mittee                           |              |                 |                  |         |                              |                        |   |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Init<br>Combs, Susan, L., ,                        | ial) or Full O                                       | rganization Name                 |              | Date of         | Re               | eceipt  |                              |                        |   |  |  |
|          | Mailing Address 234 Fifth Ave<br>Ste 512  |  |                                  |              | <sup>M</sup> 10 | /                | 06      |                              | ү ү<br>2019            | Y |  |  |
|          | City<br>New York  | State<br>NY  | Zip Code<br>10001-7607           |              |                 |                  |         | 1339461<br>leceipt th        | 8<br>nis Period        |   |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С  |                                  |              | <u> </u>        |                  |         |                              | 42.0                   | 0 |  |  |
|          | Name of Employer (for Individual)<br>Combs & Company, LLC                                       | Occi<br>Broł   | upation (for Individual)<br>Ker  |              | Me              | emo              | tem     |                              |                        |   |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>420.00         | ]            |                 |                  |         |                              |                        |   |  |  |
| в.       | Full Name of Individual (Last, First, Middle Init<br>Odegard, James, , ,                        | ial) or Full O                                       | rganization Name                 |              | Date of         | Re               | eceipt  |                              |                        |   |  |  |
|          | Mailing Address 21308 John Milless Drive<br>Suite 102   |  |                                  |              | <sup>M</sup> 10 | 1                | 06      | / Y                          | 2019                   | Y |  |  |
|          | City<br>Rogers  | State<br>MN  | Zip Code<br>55374-4875           |              |                 |                  |         | <b>1339461</b><br>Receipt th | <b>9</b><br>his Period |   |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С  |                                  |              |                 |                  |         |                              | 42.0                   | 0 |  |  |
|          | Name of Employer (for Individual)<br>Odegard Benefit Services, LLC                              | Occ  | upation (for Individual)<br>ker  |              | Me              | emo              | ltem    |                              |                        |   |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>420.00         | ]            |                 |                  |         |                              |                        |   |  |  |
| <u> </u> | Full Name of Individual (Last, First, Middle Init Chubet, Julie, , ,                            | ial) or Full O                                       | rganization Name                 |              | Date of         | Re               | ceipt   |                              |                        |   |  |  |
|          | Mailing Address 386 Main St.  |  |                                  |              | 10 <sup>M</sup> | 1                | 07      |                              | 2019                   | Ŷ |  |  |
|          | City<br>Middletown  | State<br>CT  | Zip Code<br>06457-3360           |              |                 |                  |         | 1339462<br>leceipt th        | 26<br>his Period       |   |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С  |                                  |              | <u> </u>        |                  | , .     | ,                            | 30.0                   | 0 |  |  |
|          | Name of Employer (for Individual)<br>NFP  | Occi<br>Brok   | upation (for Individual)<br>er   |              | Me              | emc              | ttem    |                              |                        |   |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>300.00         | 1            |                 |                  |         |                              |                        |   |  |  |
| s        | UBTOTAL of Receipts This Page (optional)  |  |                                  | •            |                 |                  | , .     | . ,                          | 114.0                  | 0 |  |  |
| Т        | OTAL This Period (last page this line number of   | only)  |                                  | •            |                 |                  |         | 1.40                         |                        |   |  |  |

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

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

FOR LINE NUMBER:

(check only one)

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|  |                          | Detailed Summary Page                    | × | 11a                             |     | 11b      |         | 11c                        | 12                      |    |
|--|--------------------------|--|---|---------------------------------|-----|----------|---------|----------------------------|-------------------------|----|
|  |                          |  |   | 13                              |     | 14       |         | 15                         | 16                      | 17 |
| Any information copied from such Report<br>or for commercial purposes, other than u  |                          |  |   |                                 |     |          |         |                            |                         |    |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Polition                          | cal Action Com           | mittee                                   |   |                                 |     |          |         |                            |                         |    |
| Full Name of Individual (Last, First, M<br>Sautter, Robert, E., ,                    | iddle Initial) or Full C | Organization Name                        |   | Date of                         | Re  | eceipt   |         |                            |                         |    |
| Mailing Address 36 South 400 West Suite 201  |                          |  |   | <sup>M</sup> <sup>M</sup><br>10 | 1   | D<br>0   | D<br>)7 | / Y                        | y y<br>2019             | Y  |
| City<br>Vineyard   | State<br>UT              | Zip Code<br>84058-5370                   | A |                                 |     | -        |         | 339462<br>ceipt th         | 8<br>Nis Period         |    |
| FEC ID number of contributing federal political committee.                           | C                        |  |   |                                 |     | -gr. 1   |         | -9                         | 42.0                    | 00 |
| Name of Employer (for Individual)<br>Paylogics                                       |                          | upation (for Individual)<br>nt Adviser   |   | Me                              | emc | b Item   |         |                            |                         |    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate                | Year-to-Date ▼<br>420.00                 | ] |                                 |     |          |         |                            |                         |    |
| Full Name of Individual (Last, First, M<br><b>B.</b> Rome, Rebecca, , ,              | iddle Initial) or Full C | rganization Name                         |   | Date of                         | Re  | eceipt   |         |                            |                         |    |
| Mailing Address 115 Lessard St   |                          |  |   | <sup>M</sup> 10                 | 1   |          | D<br>)7 | / Y                        | 2019                    | Y  |
| City<br>Donaldsonville   | State<br>LA              | Zip Code<br>70346-2505                   | A |                                 |     |          |         | 3 <b>39462</b><br>ceipt th | <b>9</b><br>nis Period  |    |
| FEC ID number of contributing federal political committee.                           | C                        |  |   |                                 |     |          |         | -9-                        | 30.0                    | 00 |
| Name of Employer (for Individual)<br>Humana  |                          | upation (for Individual)<br>rket Manager |   | Me                              | emc | b Item   |         |                            |                         |    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate                | Aggregate Year-to-Date ▼<br>300.00       |   |                                 |     |          |         |                            |                         |    |
| Full Name of Individual (Last, First, M<br><b>Pendorf, Paul, , ,</b>                 | iddle Initial) or Full C | organization Name                        |   | Date of                         | Re  | eceipt   |         |                            |                         |    |
| Mailing Address 31666 W. Nine Dr.  |                          |  |   | <sup>M</sup> 10                 | 1   |          | D<br>07 | / Y                        | 2019 <sup>°</sup>       | Y  |
| City<br>Laguna Niguel  | State<br>CA              | Zip Code<br>92677-2955                   | A |                                 |     |          |         | 339463<br>ceipt th         | <b>81</b><br>his Period |    |
| FEC ID number of contributing federal political committee.                           | C                        |  |   |                                 |     | <b>,</b> |         | y                          | 85.0                    | )0 |
| Name of Employer (for Individual)<br>Independent Financial Group LLC<br>Receipt For: | Age                      |  |   | M                               | emo | o Item   | I       |                            |                         |    |
| Primary General<br>Other (specify)   | Aggregate                | Year-to-Date ▼<br>850.00                 | ] |                                 |     |          |         |                            |                         |    |
| SUBTOTAL of Receipts This Page (opti   | onal)                    |  |   |                                 |     | ,        |         | y                          | 157.0                   | 00 |
| TOTAL This Period (last page this line   | number only)             |  |   |                                 |     | -ge - 1  |         | -                          |                         |    |

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

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

(check only one)

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| ITEINIZED RECEIPTS   |                         | Detailed Summary Page                             | ×               | -               |      | 11b    |       | 11c                | 12                             |    |  |  |
|--|-------------------------|---|-----------------|-----------------|------|--------|-------|--------------------|--------------------------------|----|--|--|
| Any information copied from such Reports<br>or for commercial purposes, other than us  |                         |   |                 |                 |      |        |       |                    |                                |    |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica  | al Action Com           | mittee  |                 |                 |      |        |       |                    |                                |    |  |  |
| Full Name of Individual (Last, First, Mic<br>Bremer, Emily, Black, ,<br>Mailing Address 8000 Bonhomme Ave.,  | # 213                   |   |                 | Date of         | /    | D      | 07    |                    | ү ү<br>2019                    | Y  |  |  |
| City Saint Louis FEC ID number of contributing   | State<br>MO             | Zip Code<br>63105-3515                            |                 |                 |      | -      |       | 339463<br>ceipt th | 4<br>is Period<br>63.          | 20 |  |  |
| federal political committee.          Name of Employer (for Individual)         The Bremer Group, LLC         Receipt For:         Primary                                   | Brol                    | upation (for Individual)<br>ker<br>Year-to-Date ▼ | _               | М               | emo  | ) Iter | m     |                    | 03.                            |    |  |  |
| Uther (specify) ▼<br>Full Name of Individual (Last, First, Mic   | Idle Initial) or Full O | 630.00<br>Irganization Name                       | ]               |                 |      |        |       |                    |                                |    |  |  |
| B. Enders, Shannon, J., ,<br>Mailing Address 5797 Harvey Street - Su<br>City<br>Norton Shores  | uite A<br>State<br>MI   | Zip Code<br>49444-6727                            | Date of Receipt |                 |      |        |       |                    |                                |    |  |  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Lakeshore Employee Benefits  |                         | upation (for Individual)                          |                 | 85.00 Memo Item |      |        |       |                    |                                |    |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | ker<br>Year-to-Date ▼<br>595.00                   | ]               |                 |      |        |       |                    |                                |    |  |  |
| C. Full Name of Individual (Last, First, Mic<br>Deru, Scott, E., ,<br>Mailing Address PO Box 336   | ldle Initial) or Full O | rganization Name                                  |                 | Date of         |      |        | ot D  | / Y                | YY                             | Y  |  |  |
| City<br>Layton<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Fringe Benefit Analysts - Layton, UT<br>Receipt For: | Pres                    | Zip Code<br>84041-0336                            |                 | Amoun           | t of | ion I  | h Red | 339463<br>ceipt th | 2019<br>9<br>is Period<br>100. | 00 |  |  |
| SUBTOTAL of Receipts This Page (option<br>TOTAL This Period (last page this line nu  | ,                       |   |                 |                 |      | y      | _     |                    | 248.                           | 00 |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|  | -                      | Use separate schedule(s)                             | (check only one)  |
|--|------------------------|--|---|
| II EIVIIZED KEGEIPIS   |                        | for each category of the<br>Detailed Summary Page    | <b>X</b> 11a 11b 11c 12   |
|  |                        |  | 13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                | I Action Com           | mittee   |   |
| Full Name of Individual (Last, First, Mido<br>A. Wood, Lynnette, , ,       | dle Initial) or Full O | rganization Name                                     | Date of Receipt   |
| Mailing Address 4730 Business Park Blv                                     | d., H-16               |  | M M / D D / Y Y Y Y<br>10 07 2019   |
| City<br>Anchorage  | State<br>AK            | Zip Code<br>99503-7137                               | Transaction ID : 13394640<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                 | С                      |  | 30.00   |
| Name of Employer (for Individual)<br>ANI                                   | Occi<br>Brol           | upation (for Individual)<br>ker                      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate              | Year-to-Date ▼<br>240.00                             | ]   |
| Full Name of Individual (Last, First, Mide<br><b>B.</b> Torban, Eric, , ,  |                        | rganization Name                                     | Date of Receipt   |
| Mailing Address 630 W Germantown Pike                                      | STE 215                | Zip Code   | 10 07 2019  |
| Plymouth Meeting   | PA                     | 19462-1069   | Transaction ID : 13394644<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                 | С                      |  | 30.00   |
| Name of Employer (for Individual)<br>Emerson Reid & Co                     |                        | upation (for Individual)<br>ker Relationship Manager | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate              | Year-to-Date ▼<br>300.00                             | ]   |
| Full Name of Individual (Last, First, Mido<br>C. Galardini, Richard, F., , | lle Initial) or Full O | rganization Name                                     | Date of Receipt   |
| Mailing Address 7000 Stonewood Dr<br>Suite 251                             |                        |  | 10 / Y Y Y Y Y<br>2019  |
| City<br>Wexford  | State<br>PA            | Zip Code<br>15090-7376                               | Transaction ID : 13395203           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                 | C                      |  | 125.00  |
| Name of Employer (for Individual)<br>JRG Advisors, LLC                     |                        | upation (for Individual)<br>irman & CEO              | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate              | Year-to-Date ▼<br>1250.00                            | 1   |
| SUBTOTAL of Receipts This Page (option                                     | al)                    |  | 185.00  |
| TOTAL This Period (last page this line nu                                  | mber only)             |  |   |

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

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

(check only one)

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|                | EIVITZED RECEIFIS   |               |       | etailed Summary Page   | ×   | 11a                               |      | 1    | 1b                         |                    | 11c                |       | 12               |    |  |  |  |  |
|----------------|---|---------------|-------|------------------------|-----|-----------------------------------|------|------|----------------------------|--------------------|--------------------|-------|------------------|----|--|--|--|--|
|                |   |               |       |                        |     | 13                                |      | _    | 4                          |                    | 15                 |       | 16               | 17 |  |  |  |  |
|                | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |               |       |                        |     |                                   |      |      |                            |                    |                    |       |                  |    |  |  |  |  |
| $\left\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | ion Com       | nmit  | tee                    |     |                                   |      |      |                            |                    |                    |       |                  |    |  |  |  |  |
| A.             | Full Name of Individual (Last, First, Middle Initia<br>Balla, Donald, L., ,                       | al) or Full C | Organ | ization Name           |     | Date of                           | f Re | ece  | eipt                       |                    |                    |       |                  |    |  |  |  |  |
|                | Mailing Address 371 Steeplechase Drive  |               |       |                        |     | M M / D D / Y Y Y Y<br>10 08 2019 |      |      |                            |                    |                    |       |                  |    |  |  |  |  |
|                | City<br>Cranberry Twp   | State<br>PA   |       | Zip Code<br>16066-2239 |     |                                   |      |      |                            |                    | 339520<br>ceipt th |       | eriod            |    |  |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С             |       |                        |     |                                   |      | ,    |                            |                    |                    |       | 30.0             | 0  |  |  |  |  |
|                | Name of Employer (for Individual)<br>CHS Alera Group  | Occ<br>Brol   | •     | on (for Individual)    |     | M                                 | emc  | o l' | tem                        |                    |                    |       |                  |    |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year  | -to-Date ▼<br>300.00   |     |                                   |      |      |                            |                    |                    |       |                  |    |  |  |  |  |
|                | Full Name of Individual (Last, First, Middle Initia<br>Fusco, Joan, A., ,                         | al) or Full C | Drgan | ization Name           |     | Date of                           | f Re | ece  | eipt                       |                    |                    |       |                  |    |  |  |  |  |
|                | Mailing Address 25B Hanover Rd., Suite 220  |               |       |                        |     |                                   |      |      | 10 / D D / Y Y Y Y<br>2019 |                    |                    |       |                  |    |  |  |  |  |
|                | City<br>Florham Park  | State<br>NJ   |       |                        |     |                                   |      |      |                            | 339520<br>ceipt th | -                  | eriod | _                |    |  |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С             |       | 100.00                 |     |                                   |      |      |                            |                    |                    | 0     |                  |    |  |  |  |  |
|                | Name of Employer (for Individual)<br>Savoy Associates   | Occ<br>Bro    |       | M                      | emc | o l'                              | tem  |      |                            |                    |                    |       |                  |    |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     |       |                        |     |                                   |      |      |                            |                    |                    |       |                  |    |  |  |  |  |
|                | Full Name of Individual (Last, First, Middle Initia<br>Rice, Russell, Lee, ,                      | al) or Full C | Drgan | ization Name           |     | Date of                           | f Re | ece  | eipt                       |                    |                    |       |                  |    |  |  |  |  |
|                | Mailing Address 8830 Buckskin Dr  |               |       |                        |     | <sup>M</sup> 10                   | /    | l    | 08                         |                    | / Y                |       | )19 <sup>°</sup> | Ŷ  |  |  |  |  |
|                | City<br>Boerne  | State<br>TX   |       | Zip Code<br>78006-5554 |     |                                   |      |      |                            |                    | 339520<br>ceipt th |       | eriod            |    |  |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С             |       |                        |     | <u> </u>                          |      | 9    |                            | _                  | 9                  | _     | 85.0             | 0  |  |  |  |  |
|                | Name of Employer (for Individual)<br>AVESIS, Inc.   | Occ<br>Brok   | •     | on (for Individual)    |     | М                                 | emo  | l c  | ltem                       |                    |                    |       |                  |    |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year  | -to-Date ▼<br>1475.00  |     |                                   |      |      |                            |                    |                    |       |                  |    |  |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)  |               |       | •                      |     |                                   |      | 7    |                            |                    | 9                  |       | 215.0            | 0  |  |  |  |  |
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#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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| 17        |   | Use separate schedule(s)                                |   |          |                 | (check only one) |            |                         |                         |    |  |  |  |
|-----------|---|---|---|----------|-----------------|------------------|------------|-------------------------|-------------------------|----|--|--|--|
| 111       | EIVILED RECEIPIS  | EIPTS for each category of the<br>Detailed Summary Page |   |          |                 |                  | 11b        | 11c                     | 12                      |    |  |  |  |
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |   |   |          |                 |                  |            |                         |                         |    |  |  |  |
|           | NAME OF COMMITTEE (In Full)   |   | duress of any political committee                 | e 10 51  |                 | TUTIC            | Julions    |                         |                         |    |  |  |  |
| $\rangle$ | Health Underwriters Political Act   | ion Com   | mittee  |          |                 |                  |            |                         |                         |    |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initia<br>Tandrow, Tara, , ,                       | al) or Full O   | rganization Name                                  |          | Date of         | Re               | eceipt     |                         |                         |    |  |  |  |
|           | Mailing Address P O Box 5815  |   |   |          | <sup>M</sup> 10 | /                | 08         |                         | ү ү<br>2019             | Y  |  |  |  |
|           | City<br>Boise   | State<br>ID   | Zip Code<br>83705-0815                            |          |                 |                  |            | : 1339520<br>Receipt th | 07<br>nis Period        |    |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С   |   |          |                 |                  | -          | <b>F</b>                | 30.0                    | 00 |  |  |  |
|           | Name of Employer (for Individual)<br>HUB International  | Occu<br>Brok  | upation (for Individual)<br>ker                   |          | Me              | emo              | b Item     |                         |                         |    |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>270.00                          | ]        |                 |                  |            |                         |                         |    |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Initia Matsushita, David, , ,                      | al) or Full O   | rganization Name                                  |          | Date of         | Re               | eceipt     |                         |                         |    |  |  |  |
|           | Mailing Address 25B Hanover Road Suite 220  |   |   |          | 10 <sup>M</sup> | 1                | 08         |                         | y y<br>2019             | Y  |  |  |  |
|           | City  | State<br>NJ   | Zip Code  |          |                 |                  |            | 1339520                 |                         |    |  |  |  |
|           | Florham Park  |   | 07932-1443  |          | Amount          | to i             | Each F     | Receipt th              | nis Period              | _  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | C   |   |          | <u>L</u> .      |                  | - <b>J</b> |                         | 50.0                    | 00 |  |  |  |
|           | Name of Employer (for Individual)<br>Savoy Associates   |   | upation (for Individual)<br>ior Account Executive |          | Me              | emo              | o Item     |                         |                         |    |  |  |  |
|           | Receipt For:  | Aggregate   | Year-to-Date 🔻                                    |          |                 |                  |            |                         |                         |    |  |  |  |
|           | Other (specify) ▼   |   | 500.00  | 1        |                 |                  |            |                         |                         |    |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initia<br>Shores, Thomas, E., ,                    | al) or Full O   | rganization Name                                  |          | Date of         | Re               | eceipt     |                         |                         |    |  |  |  |
|           | Mailing Address 8596 W Bolsa Ct.  |   |   |          | <sup>M</sup> 10 | 1                | 08         | 3                       | 2019                    | Y  |  |  |  |
|           | City<br>Boise   | State<br>ID   | Zip Code<br>83709-5196                            |          |                 |                  |            | : 1339520<br>Receipt th | <b>)9</b><br>his Period |    |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С   |   |          | Ľ.              |                  | y          |                         | 42.0                    | 00 |  |  |  |
|           | Name of Employer (for Individual)<br>T.A. Shores Inc.   | Occu<br>Brok  | upation (for Individual)<br>er                    |          | Me              | emo              | o Item     |                         |                         |    |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>462.00                          | ]        |                 |                  |            |                         |                         |    |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |   |   | ► '      |                 |                  | 9          | . ,                     | 122.0                   | 00 |  |  |  |
| т         | OTAL This Period (last page this line number o  | nly)  |   | <b>→</b> | <b>—</b>        |                  |            | 1 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<br>Detailed Summary Page                      | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|-----------|--|------------------|--|---|--|--|--|--|--|--|--|--|
|           | for commercial purposes, other than using the  |                  |  | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.    |  |  |  |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac  | ction Com        | mittee   |   |  |  |  |  |  |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle In Theesfeld, Angela, A., ,   | itial) or Full C | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
|           | Mailing Address 403 Toyah Brk  |                  |  | 10 / Y Y Y Y<br>10 08 2019  |  |  |  |  |  |  |  |  |
|           | City<br>San Antonio  | State<br>TX      | Zip Code<br>78258-2564   | Transaction ID : 13395211<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С                |  | 42.00   |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)         Davidson Camp Insurance Services, LLC         Receipt For:         Primary       General         Other (specify) | Acc              | upation (for Individual)<br>ount Executive<br>Year-to-Date ▼<br>342.00 | Memo Item   |  |  |  |  |  |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle In<br>Patrician, James, P., ,<br>Mailing Address 923 N. Plum Grove Road, Sui                                  | ·                | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
|           | City<br>Schaumburg<br>FEC ID number of contributing<br>federal political committee.  | State<br>IL      | Zip Code<br>60173-5152   | 10     08     2019       Transaction ID : 13395214       Amount of Each Receipt this Period       25.00   |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Coordinated Benefits Company  |                  | upation (for Individual)<br>sident                                     | Memo Item   |  |  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate        | Year-to-Date ▼<br>250.00   | ]   |  |  |  |  |  |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle In<br>Pendergraft, Ross, W., ,  | itial) or Full C | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
|           | Mailing Address 21820 Burbank Blvd,<br>North Building, Suite 300   |                  |  | 10 / D D / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
|           | City<br>Woodland Hills   | State<br>CA      | Zip Code<br>91367-6476   | Transaction ID : 13395215           Amount of Each Receipt this Period                                    |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С                |  | 85.00   |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Leavitt Group<br>Receipt For:   | Occ<br>Brok      | upation (for Individual)<br>ker  | Memo Item   |  |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify)   | Aggregate        | Year-to-Date ▼<br>1025.00  | ]   |  |  |  |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                  |  | 152.00  |  |  |  |  |  |  |  |  |
| Т         | <b>OTAL</b> This Period (last page this line number  | only)            |  |   |  |  |  |  |  |  |  |  |

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

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

(check only one)

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|             | EMIZED RECEIPTS  |              | Detailed Summary Page                                 | ×                                  | 11a                          | a   |      | 11    | b      | 11c             |      | 12     |    |
|-------------|--|--------------|---|------------------------------------|------------------------------|-----|------|-------|--------|-----------------|------|--------|----|
| Δ           | u information conied from such Departs and Olat  | omonto       | by not be cold or used by any re-                     |                                    | 13                           |     |      | 14    |        | 15              |      | 16     | 17 |
|             | y information copied from such Reports and State<br>for commercial purposes, other than using the na |              |   |                                    |                              |     |      |       |        |                 |      |        |    |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |              |   |                                    |                              |     |      |       |        |                 |      |        |    |
|             | Health Underwriters Political Action   | on Com       | mittee  |                                    |                              |     |      |       |        |                 |      |        |    |
| Α.          | Full Name of Individual (Last, First, Middle Initial)<br>Schwartz, Matt, B., ,                       |              | rganization Name                                      |                                    | Date                         | of  | Re   | ecei  | pt     |                 |      |        |    |
|             | Mailing Address 2950 Breckenridge Lane, Suite 8  |              |   |                                    | 10 / D D / Y Y Y Y Y<br>2019 |     |      |       |        |                 |      |        |    |
|             | City   | State<br>KY  | Zip Code  |                                    |                              |     |      |       |        | 13395           |      |        |    |
|             | Louisville   |              | 40220-1462  | - '                                | Amoi                         | unt | of   | Ea    | ch Re  | eceipt          | this | Period |    |
|             | FEC ID number of contributing<br>federal political committee.  | С            |   |                                    |                              |     |      | -     | _      |                 |      | 85.    | 00 |
|             | Name of Employer (for Individual)<br>Schwartz Insurance Group  | Occi<br>Brol | upation (for Individual)<br>ser                       |                                    |                              | Me  | emo  | o Ite | эm     |                 |      |        |    |
|             | Dessint For:   | Aggregate    | Year-to-Date ▼  | $\neg$                             |                              |     |      |       |        |                 |      |        |    |
|             | Primary General<br>Other (specify) ▼   |              | 850.00  |                                    |                              |     |      |       |        |                 |      |        |    |
|             | Full Name of Individual (Last, First, Middle Initial)<br>Garcia, J., Michael, ,                      | ) or Full O  | rganization Name                                      |                                    | Date                         | of  | Re   | cei   | ipt    |                 |      |        |    |
|             | Mailing Address 820 Jordan Street<br>Suite 400   |              |   |                                    | <sup>™</sup>                 | M   | /    | _     | 08     | /               |      | 019    | Y  |
|             | City   | State        | Zip Code  |                                    | Tra                          | nsa | acti | on    | ID : ′ | 13395           | 221  |        |    |
|             | Shreveport   | LA           | 71101-4522  | Amount of Each Receipt this Period |                              |     |      |       |        |                 |      |        |    |
|             | FEC ID number of contributing<br>federal political committee.  | С            |   |                                    | <u> </u>                     |     |      | -     | _      |                 |      | 25.    | 00 |
|             | Name of Employer (for Individual)<br>Moreman,Moore & Co. Inc.  |              | upation (for Individual)<br>es Manager                |                                    |                              | Me  | emo  | ) Ite | эm     |                 |      |        |    |
|             | Receipt For:       //         Primary       General         Other (specify) ▼                        | Aggregate    | Year-to-Date ▼<br>250.00                              |                                    |                              |     |      |       |        |                 |      |        |    |
|             | Full Name of Individual (Last, First, Middle Initial)<br>Crotty, Karen, R., ,                        | ) or Full O  | rganization Name                                      |                                    | Date                         | of  | Re   | ecei  | pt     |                 |      |        |    |
|             | Mailing Address 67 Walnut Avenue<br>Suite 304  |              |   |                                    | <sup>™</sup> 1(              |     | /    | Ľ     | 08     | /               |      | 2019   | Y  |
|             | City<br>Clark  | State<br>NJ  | Zip Code<br>07066-1640                                |                                    |                              |     |      |       |        | 13395<br>eceipt |      | Period |    |
|             | FEC ID number of contributing federal political committee.   | С            |   |                                    |                              |     |      | ,     | _      | ,               | _    | 150.   |    |
|             | Name of Employer (for Individual)<br>Kistler Tiffany Benefits  |              | upation (for Individual)<br>loyee Benefits Consultant |                                    |                              | Me  | emo  | o Ite | эm     |                 |      |        |    |
|             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>258.00                              |                                    |                              |     |      |       |        |                 |      |        |    |
| s           | UBTOTAL of Receipts This Page (optional)   |              | •   |                                    |                              |     |      | ,     |        | . ,             |      | 260.   | 00 |
| т           | OTAL This Period (last page this line number onl   | y)           |   |                                    |                              |     |      | -     |        |                 |      |        |    |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| 177       | EMIZED RECEIPTS   |                 |   |        |                 | (check only one) |          |                              |                         |     |  |  |  |
|-----------|---|-----------------|---|--------|-----------------|------------------|----------|------------------------------|-------------------------|-----|--|--|--|
|           |   |                 | for each category of the<br>Detailed Summary Page |        | <b>X</b> 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 committe                  | e to s | olicit cor      | ntrib            | utions t | rom suc                      | h committ               | ee. |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac               | tion Com        | mittee  |        |                 |                  |          |                              |                         |     |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Init<br>Casinelli, Patrick, , ,  | tial) or Full O | rganization Name                                  |        | Date of         | Re               | ceipt    |                              |                         |     |  |  |  |
|           | Mailing Address 450 B St # 1800   |                 |   |        | <sup>M</sup> 10 | 1                | 08       | ) / Y                        | 2019                    | Y   |  |  |  |
|           | City<br>San Diego   | State<br>CA     | Zip Code<br>92101-8005                            |        |                 |                  |          | 1339613<br>Receipt th        | <b>32</b><br>nis Period |     |  |  |  |
|           | FEC ID number of contributing federal political committee.                    | С               |   |        |                 |                  |          |                              | 63.                     | 00  |  |  |  |
|           | Name of Employer (for Individual)<br>Cavignac & Associates                    |                 | upation (for Individual)<br>cipal                 |        | Me              | emo              | Item     |                              |                         |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate       | Year-to-Date ▼<br>630.00                          |        |                 |                  |          |                              |                         |     |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Inite Renkar, Christopher, J., , | tial) or Full O | rganization Name                                  |        | Date of         | Re               | ceipt    |                              |                         |     |  |  |  |
|           | Mailing Address 8814 Fargo Road<br>Suite 125                                  |                 |   |        | 10 <sup>M</sup> | /                | 09       |                              | 2019                    | Y   |  |  |  |
|           | City<br>Richmond  | State<br>VA     | Zip Code<br>23229-4628                            |        |                 |                  |          | <b>1339676</b><br>Receipt th | <b>38</b><br>his Period |     |  |  |  |
|           | FEC ID number of contributing federal political committee.                    | С               |   |        |                 |                  |          |                              | 30.                     | 00  |  |  |  |
|           | Name of Employer (for Individual)<br>Independent Benefits LLC                 | Occ             | upation (for Individual)<br>ker                   |        | Me              | emo              | Item     |                              |                         |     |  |  |  |
|           | Receipt For:         Primary       General         Other (specify) ▼          | Aggregate       | Year-to-Date ▼<br>600.00                          |        |                 |                  |          |                              |                         |     |  |  |  |
|           | Full Name of Individual (Last, First, Middle Ini<br>Eckard, Brenda, A., ,     | tial) or Full O | rganization Name                                  |        | Date of         | Re               | ceipt    |                              |                         |     |  |  |  |
| •.        | Mailing Address 130 North 25th Street   |                 |   |        | 10 <sup>M</sup> | /                | 09       |                              | 2019                    | Y   |  |  |  |
|           | City<br>Fort Dodge  | State<br>IA     | Zip Code<br>50501-4338                            |        |                 |                  |          | 1339676<br>Receipt th        | 69<br>nis Period        |     |  |  |  |
|           | FEC ID number of contributing federal political committee.                    | С               |   |        |                 |                  | y .      | 9                            | 30.                     | 00  |  |  |  |
|           | Name of Employer (for Individual)<br>KHI Solutions                            | Occu<br>Brok    | upation (for Individual)<br>er                    |        | M               | emo              | ltem     |                              |                         |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate       | Year-to-Date ▼<br>270.00                          | ]      |                 |                  |          |                              |                         |     |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)                                      |                 |   | •      |                 |                  | ,        |                              | 123.0                   | 00  |  |  |  |
| Т         | OTAL This Period (last page this line number                                  | only)           |   | ►      | <b>—</b>        |                  |          |                              |                         |     |  |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|   |                       | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|---|-----------------------|---|---|--|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than usin                           |                       |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica           | I Action Com          | mittee  |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>Scholz, Paul, Joseph, , | le Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 4221 N 203rd St<br>Ste 200                            |                       |   | 10 / Y Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |  |
| City<br>Elkhorn   | State<br>NE           | Zip Code<br>68022-3473                            | Transaction ID : 13396770<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С                     |   | 85.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>OCI                              | Occi<br>Brol          | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate             | Year-to-Date ▼<br>925.00                          | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>Buffington, Tammy, , ,  | le Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 3112 South 13th                                       |                       |   | 10 / D D / Y Y Y Y<br>10 09 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Lincoln   | State<br>NE           | Zip Code<br>68502-4514                            | Transaction ID : 13396771<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                     |   | 85.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>A+ Brokerage                     | Occ<br>Age            | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate             | Year-to-Date ▼<br>850.00                          | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd                            |                       | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 6185 Magnolia Ave Ste                                 | 319                   |   | M M / D D / Y Y Y Y<br>10 09 2019   |  |  |  |  |  |  |  |  |  |
| City<br>Riverside   | State<br>CA           | Zip Code<br>92506-2524                            | Transaction ID : 13396772<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С                     |   | 30.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Jimison Insurance                | Occu<br>Agei          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                    | Aggregate             | Year-to-Date ▼<br>210.00                          | 1   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option:                               | al)                   |   | 200.00  |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

|    | INIZED RECEIPTS   |                  | Detailed Summar               |         | 1        | <b>K</b> 11a  |     | 11b    |                            | 11c                       | 12                      |    |  |  |  |  |  |  |
|----|---|------------------|-------------------------------|---------|----------|---|-----|--------|----------------------------|---------------------------|-------------------------|----|--|--|--|--|--|--|
|    |   |                  |                               |         |          | 13  |     | 14     |                            | 15                        | 16                      | 17 |  |  |  |  |  |  |
| or | v information copied from such Reports and S<br>for commercial purposes, other than using the |                  |                               |         |          |   |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                               | ction Com        | mittee                        |         |          |   |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle In<br>Deagle, Michael, P., ,                     | itial) or Full O | rganization Name              |         |          | Date of   | Re  | ceipt  |                            |                           |                         |    |  |  |  |  |  |  |
|    | Mailing Address 935 National Parkway<br>Suite 93550   | 0                | Zin Oarla                     |         |          | 10 <sup>M</sup>   | /   | 09     | 9                          |                           | y y<br>2019             | Y  |  |  |  |  |  |  |
|    | City<br>Schaumburg  | State<br>IL      | Zip Code<br>60173-5150        |         |          |   |     |        |                            | 339677                    | is Perioc               | 1  |  |  |  |  |  |  |
| -  | FEC ID number of contributing<br>rederal political committee.                                 | С                |                               |         |          |   |     | , Laun | ne                         |                           | 166                     | _  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>BenAxis, Inc.  | Occi<br>Broł     | upation (for Individua<br>ker | l)      |          | M   | emo | ltem   |                            |                           |                         |    |  |  |  |  |  |  |
| Ì  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Year-to-Date ▼<br>2           | 2166.70 | ]        |   |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle In Meredith, Griffin, , ,                        | itial) or Full O | rganization Name              |         |          | Date of   | Re  | ceipt  |                            |                           |                         |    |  |  |  |  |  |  |
|    | Mailing Address 550 S 5th St Unit 303   |                  |                               |         |          |   |     |        | 10 / D D / Y Y Y Y<br>2019 |                           |                         |    |  |  |  |  |  |  |
|    | City<br>Louisville  | State<br>KY      | Zip Code<br>40202-4309        |         |          | Transaction ID : 13396775<br>Amount of Each Receipt this Period |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | FEC ID number of contributing<br>rederal political committee.                                 | С                |                               | 85.00   |          |   |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Commonwealth Insurance Partners                          | Occ<br>Pre       |                               | M       | emo      | Item  |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Year-to-Date ▼                | 510.00  | ]        |   |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle In<br>Snowden, Scott, D., ,                      | itial) or Full O | rganization Name              |         |          | Date of   | Re  | ceipt  |                            |                           |                         |    |  |  |  |  |  |  |
|    | Mailing Address 812 Lyndon Lane, Suite 101  |                  |                               |         |          | 10 <sup>M</sup>   | /   | 0      |                            | / Y                       | 2019                    | Y  |  |  |  |  |  |  |
| -  | City<br>Louisville  | State<br>KY      | Zip Code<br>40222-3844        |         |          |   |     |        |                            | <b>339677</b><br>ceipt th | <b>'6</b><br>iis Perioc |    |  |  |  |  |  |  |
|    | FEC ID number of contributing<br>ederal political committee.                                  | С                |                               |         |          | <u> </u>  |     | 9      |                            | 9                         | 30                      | 00 |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Snowden & Associates, Inc.                               | Occi<br>Brok     | upation (for Individua<br>er  | l)      |          | М   | emo | Item   |                            |                           |                         |    |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate        | Year-to-Date ▼                | 300.00  | ]        |   |     |        |                            |                           |                         |    |  |  |  |  |  |  |
|    | JBTOTAL of Receipts This Page (optional)  |                  |                               |         | <u> </u> |   |     | , ,    |                            | 9                         | 281                     | 67 |  |  |  |  |  |  |

#### 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<br>Detailed Summary Page | ★         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|----|---|---|---|---|--|--|--|--|--|--|--|--|--|
|    | for commercial purposes, other than using the                             |   |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac           | tion Com  | mittee  |   |  |  |  |  |  |  |  |  |  |
| Α. | Dia seconda di a second   | f Individual (Last, First, Middle Initial) or Full Organization Name Laura, , , |   |   |  |  |  |  |  |  |  |  |  |
|    | Mailing Address 935 National Parkway<br>Suite 93550                       |   |   | 10 / Y Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |  |
|    | City<br>Schaumburg  | State<br>IL   | Zip Code<br>60173-5150                            | Transaction ID : 13396777<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                | С   |   | 30.00   |  |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>BenAxis, Inc.                        | Occ<br>Bro  | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate   | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |  |  |
| В. | Full Name of Individual (Last, First, Middle Init<br>Lindsay, Robert, , , | Date of Receipt   |   |   |  |  |  |  |  |  |  |  |  |
|    | Mailing Address 2560 Fairway Ct   | M M / D D / Y Y Y Y<br>10 09 2019   |   |   |  |  |  |  |  |  |  |  |  |
|    | City<br>Bettendorf  | State<br>IA   | Zip Code<br>52722-6206                            | Transaction ID : 13396778<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                | С   |   | 85.00   |  |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Arthur J. Gallagher & Company        |   | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate   | Year-to-Date ▼<br>680.00                          | ]   |  |  |  |  |  |  |  |  |  |
| С. | Full Name of Individual (Last, First, Middle Init<br>Rice, Lori, R., ,    | ial) or Full C  | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|    | Mailing Address 23787 W Insterstate 10                                    | M M / D D / Y Y Y Y<br>10 09 2019   |   |   |  |  |  |  |  |  |  |  |  |
|    | City<br>San Antonio   | State<br>TX   | Zip Code<br>78257                                 | Transaction ID : 13396779<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                | С   |   | 30.00   |  |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Frost Insurance Agency               | Occ<br>Brol   | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)                        | Aggregate   | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)                                  |   |   | 145.00  |  |  |  |  |  |  |  |  |  |
| Т  | OTAL This Period (last page this line number of                           | only)   |   |   |  |  |  |  |  |  |  |  |  |

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

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

(check only one)

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|   | INIZED RECEIPTS  |                  |                                   | tailed Summary Page    | ×    | 11a   |     | 11     | b  | 11c                  | 12   |        |    |  |  |  |
|---|--|------------------|-----------------------------------|------------------------|------|---|-----|--------|----|----------------------|--|--------|----|--|--|--|
|   |  |                  |                                   |                        |      | 13  |     | 14     |    | 15                   | 16   |        | 17 |  |  |  |
|   | v information copied from such Reports and S<br>or commercial purposes, other than using the |                  |                                   |                        |      |   |     |        |    |                      |  |        |    |  |  |  |
|   | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                              | ction Com        | nmitt                             | ee                     |      |   |     |        |    |                      |  |        |    |  |  |  |
|   | Full Name of Individual (Last, First, Middle In Haberman, Joshua, , ,                        | itial) or Full C | Organiz                           | ration Name            |      | Date of   | Re  | ecei   | pt |                      |  |        |    |  |  |  |
|   | Mailing Address 9301 Bryant Ave S<br>Suite 105   |                  |                                   |                        |      | <sup>M</sup> 10   | 1   | Ľ      | 09 | / Y                  | Y  | 1      |    |  |  |  |
|   | City<br>Bloomington  | State<br>MN      | Z                                 | /ip Code<br>55420-3473 |      |   |     |        |    | 1339678<br>eceipt th |  | d      |    |  |  |  |
|   | FEC ID number of contributing<br>rederal political committee.                                | C                |                                   |                        |      |   |     | ,      |    |                      | 8  | 5.00   |    |  |  |  |
|   | Name of Employer (for Individual)<br>Alexander & Haberman                                    | Occ<br>Brol      | •                                 | n (for Individual)     |      | M   | emo | o Ite  | əm |                      |  |        |    |  |  |  |
| Ī | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate        | Year-                             | to-Date ▼<br>975.00    |      |   |     |        |    |                      |  |        |    |  |  |  |
|   | I<br>Full Name of Individual (Last, First, Middle In<br>Sansevieri, Paul, F., ,              | itial) or Full C | Drganiz                           | ation Name             |      | Date of   | Re  | ecei   | pt |                      |  |        |    |  |  |  |
| I | Mailing Address P O Box 641  |                  | M M / D D / Y Y Y Y<br>10 09 2019 |                        |      |   |     |        |    |                      |  |        |    |  |  |  |
|   | City<br>Corona Del Mar   | State<br>CA      | Z                                 | lip Code<br>92625-0641 |      | Transaction ID : 13396784<br>Amount of Each Receipt this Period |     |        |    |                      |  |        | _  |  |  |  |
|   | FEC ID number of contributing ederal political committee.                                    | С                |                                   |                        |      |   |     | -<br>- |    |                      |  |        |    |  |  |  |
|   | Name of Employer (for Individual)<br>Sansevieri Insurance Services, Inc.                     |                  | upatio                            | n (for Individual)     |      | M   | emo | o Ite  | əm |                      |  |        |    |  |  |  |
| Ī | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate        | Year-                             | to-Date ▼<br>2500.00   |      |   |     |        |    |                      |  | 250.00 |    |  |  |  |
|   | Full Name of Individual (Last, First, Middle In Wright, Geoffrey, , ,                        | itial) or Full C | Organiz                           | ration Name            |      | Date of   | Re  | ecei   | pt |                      | / Y Y Y Y<br>2019  |        |    |  |  |  |
| l | Mailing Address 408 N Tioga Street   |                  |                                   |                        |      | M = M / D = D / Y = Y = Y = Y                                   |     |        |    |                      |  |        |    |  |  |  |
| - | City<br>Ithaca   | State<br>NY      | Z                                 | Zip Code<br>14850-4275 |      |   |     |        |    | 133967<br>eceipt tl  | ipt this Period<br>85.00<br>2019<br>96784<br>ipt this Period<br>250.00 |        |    |  |  |  |
|   | FEC ID number of contributing<br>rederal political committee.                                | С                |                                   |                        |      |   |     | 9      |    | ,                    |  | _      |    |  |  |  |
|   | Name of Employer (for Individual)<br>New York Life<br>Receipt For:                           | Age              | ent                               | n (for Individual)     |      | M   | emo | o Ite  | em |                      |  |        |    |  |  |  |
| I | Primary General<br>Other (specify)   | Aggregate        | Year-                             | to-Date ▼<br>350.00    |      |   |     |        |    |                      |  |        |    |  |  |  |
|   | JBTOTAL of Receipts This Page (optional)   |                  |                                   |                        | <br> |   |     | 9      | -  |                      | 38   | 5.00   | _  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 32 OF

| IT.                    | EMIZED RECEIPTS   |                 | (che  | (check only one) |           |           |   |            |  |       |  |  |  |  |  |  |
|------------------------|---|-----------------|---|------------------|-----------|-----------|---|------------|--|-------|--|--|--|--|--|--|
| 11                     |   |                 | for each category of the<br>Detailed Summary Page | ×                | 11a<br>13 | $\square$ | 11b       11c         14       15         rpose of solicitin         pose of solicitin         ition ID : 134409         Each Receipt         ion ID : 134409         Each Receipt         ion ID : 134409         Each Receipt         o Item         o Item | _          | 12   | 17    |  |  |  |  |  |  |
|                        | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |   |                  | for the   |           | ose of  | soliciting | g contribu   | tions |  |  |  |  |  |  |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                               | tion Com        | mittee  |                  |           |           |   |            |  |       |  |  |  |  |  |  |
| Α.                     | Full Name of Individual (Last, First, Middle Ini<br>Knight, Ronald David, , ,                 | tial) or Full O | rganization Name                                  |                  | Date of   | Re        | ceipt   |            |  |       |  |  |  |  |  |  |
|                        | Mailing Address PO Box 507  |                 |   |                  | м м<br>10 | 1         |   | / Y        | ү ү<br>2019  | Y     |  |  |  |  |  |  |
|                        | City<br>Carrollton  | State<br>GA     | Zip Code<br>30112-0009                            |                  |           |           |   |            |  |       |  |  |  |  |  |  |
|                        | FEC ID number of contributing federal political committee.                                    | С               |   |                  |           |           | ,   |            | 85.  | 00    |  |  |  |  |  |  |
|                        | Name of Employer (for Individual)<br>J. Smith Lanier & Co., Inc.                              |                 | Me  | emo              | ltem      |           |   |            |  |       |  |  |  |  |  |  |
|                        | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>765.00                          | N                | Ionthly   | Con       | tribution   | 1          | 16<br>16<br>16<br>16<br>16<br>2019<br>61<br>this Period<br>85.00<br>62<br>this Period<br>30.00<br>63 |       |  |  |  |  |  |  |
| B.                     | Full Name of Individual (Last, First, Middle Ini<br>Blanco, Jose, , ,                         | tial) or Full O | rganization Name                                  |                  | Date of   | Re        | ceipt   |            |  |       |  |  |  |  |  |  |
|                        | Mailing Address 155 2nd Avenue, North Suite 201 City  |                 | 10 10 2019  |                  |           |           |   |            |  |       |  |  |  |  |  |  |
|                        | Twin Falls  | State<br>ID     | Zip Code<br>83301-6163                            |                  |           |           |   |            |  |       |  |  |  |  |  |  |
|                        | FEC ID number of contributing federal political committee.                                    | С               |   |                  |           |           |   |            |  | 00    |  |  |  |  |  |  |
|                        | Name of Employer (for Individual)<br>Aflac  |                 | upation (for Individual)<br>Irance Agent          |                  | Me        | emo       | ltem  |            |  |       |  |  |  |  |  |  |
|                        | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | ]   |                  |           |           |   |            |  |       |  |  |  |  |  |  |
| с.                     | Full Name of Individual (Last, First, Middle Ini<br>Norris, Michael, A., ,                    | tial) or Full O | rganization Name                                  |                  | Date of   | Re        | ceipt   |            |  |       |  |  |  |  |  |  |
|                        | Mailing Address 295 E Palmer Street   |                 |   |                  |           |           | M M / D D / Y Y Y Y   |            |  |       |  |  |  |  |  |  |
|                        | City<br>Franklin  | State<br>NC     | Zip Code<br>28734-3049                            |                  |           |           |   |            | 2019<br>6 <b>3</b>   |       |  |  |  |  |  |  |
|                        | FEC ID number of contributing federal political committee.                                    | С               |   |                  | <u> </u>  |           | , .   | , <u>,</u> | 42.  | 00    |  |  |  |  |  |  |
|                        | Name of Employer (for Individual)<br>Wayah Employee Benefits / EbenConcepts                   |                 |   |                  |           |           |   |            |  |       |  |  |  |  |  |  |
|                        | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>420.00                          |                  |           |           |   |            |  |       |  |  |  |  |  |  |
| s                      | UBTOTAL of Receipts This Page (optional)  |                 |   | •                |           |           | ,   | . ,        | 157.   | 00    |  |  |  |  |  |  |
| т                      | OTAL This Period (last page this line number  | only)           |   |                  |           |           |   | 1.45       |  |       |  |  |  |  |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 33 OF

| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page | × | 11a<br>13   |      | 11b                |         | 11c<br>15  | 12   | 17              |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|------|--------------------|---------|------------|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                                | Action Com  | mittee  |   |   |      |                    |         |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| A. O'Connell, Daniel, J., ,   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>O'Connell, Daniel, J., ,<br>Mailing Address 5080 Spectrum Dr |   |   |   |      |                    |         |            |  | Date of Receipt |  |  |  |  |  |  |  |  |  |  |  |
| Suite 1200E   | State   | Zip Code  |   | 10  | acti | 10 20 <sup>2</sup> |         |            |  | Ŷ               |  |  |  |  |  |  |  |  |  |  |  |
| Addison   | TX  | 75001-4625  | A | mount   | of   | Each               | h Re    | ceipt th   | is Period  |                 |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С   |   |   |   |      | -                  |         | -9         | 85.  | 00              |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Next Level Insurance Agency                            |   | upation (for Individual)<br>President             |   | Me  | emo  | lten               | n       |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>850.00                          |   |   |      |                    |         |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Nigro, Samuel, , ,                       | Initial) or Full C  | rganization Name                                  |   | Date of   | Re   | eceipt             | t       |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 17117 Oak Drive<br>Suite D  |   |   |   | 10 / Y Y Y Y Y<br>2019  |      |                    |         |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| City<br>Omaha   | State<br>NE   | Zip Code<br>68130-2193                            | A | Transaction ID : 13440967<br>Amount of Each Receipt this Period |      |                    |         |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С   |   |   |   |      | - <b>J</b> -       | _       | -9         | 85.  | 00              |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Compass Benefit Advisors                               | Occ<br>Bro  | upation (for Individual)<br>ker                   |   | Me  | emo  | lten               | n       |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>1000.00                         |   |   |      |                    |         |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Fear, David, L., ,                       | Initial) or Full C  | rganization Name                                  |   | Date of   | Re   | ceipt              | t       |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 400 Sunrise Avenue,<br>Suite 150  |   |   |   | м м<br>10   | 1    |                    | р<br>10 |            | 2019   | Ŷ               |  |  |  |  |  |  |  |  |  |  |  |
| City<br>Roseville   | State<br>CA   | Zip Code<br>95661-4106                            |   |   |      | -                  |         | 344096     | 2019<br>6<br>is Period<br>85.00<br>2019<br>7<br>is Period<br>85.00<br>2019<br>2019 |                 |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С   |   |   | Arriouni  | O    | J                  |         | , ceipt th |  | 00              |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Shepler & Fear General Agency, Inc                     |   |   |   |   |      |                    |         |            |  | Memo Item       |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>270.00                          |   |   |      |                    |         |            |  |                 |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | )   |   |   |   |      |                    | _       |            | 200.   | 00              |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb   | per only)   |   | i |   |      | ,                  |         | ,          |  |                 |  |  |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|               | EMIZED RECEIPTS   |   |                         | for each category of the<br>Detailed Summary Page | ×                             | 11a<br> 13     | a  |     | 11<br>14        |          | 11c                   |    | 12<br>16    | 17 |  |  |  |  |
|---------------|---|---|-------------------------|---|-------------------------------|----------------|----|-----|-----------------|----------|-----------------------|----|-------------|----|--|--|--|--|
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| $\Big\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                     | on Com  | m                       | ittee   |                               |                |    |     |                 |          |                       |    |             |    |  |  |  |  |
| A.            | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelley, Dianne, M., , |   |                         |   |                               |                |    |     | Date of Receipt |          |                       |    |             |    |  |  |  |  |
|               | Mailing Address 7320 N La Cholla Blvd.<br>#154-219<br>City  | State   |                         | Zip Code  | _ [                           | M<br>10<br>Tra | 0  | /   | L               | 10<br>10 | /<br> 3440            |    | y y<br>2019 | Y  |  |  |  |  |
|               | Tucson  | AZ  |                         | 85741-2309  | A                             |                |    |     |                 |          |                       |    | Period      |    |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С   | Ì                       |   |                               |                |    |     | ,               |          |                       |    | 63          | _  |  |  |  |  |
|               | Name of Employer (for Individual)<br>Sandbrook Group  | Occi<br>Ins.                                  | •                       | tion (for Individual)<br>bker                     |                               |                | Me | mo  | lte             | em       |                       |    |             |    |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                     | Yea                     | ar-to-Date ▼<br>441.00                            |                               |                |    |     |                 |          |                       |    |             |    |  |  |  |  |
| в.            | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davis, Todd, A., ,    |   |                         |   |                               |                |    | Re  | cei             | pt       |                       |    |             |    |  |  |  |  |
|               | Mailing Address 4109 Bennedict LN   |   |                         |   | 10 / D D / Y Y Y Y<br>10 2019 |                |    |     |                 |          |                       |    |             |    |  |  |  |  |
|               | City<br>Austin  | State<br>TX                                   |                         | Zip Code<br>78746-1920                            |                               |                |    |     | -               |          | <b>3440</b><br>eceipt |    | Period      |    |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | s a l   |                         |   |                               |                |    |     | 30.00           |          |                       |    |             |    |  |  |  |  |
|               | Name of Employer (for Individual)<br>Capital Insurance Managers, Inc                                  | upa<br>ker                                    | tion (for Individual)   |   |                               | Me             | mo | lte | em              |          |                       |    |             |    |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                     | Yea                     | ar-to-Date ▼<br>300.00                            |                               |                |    |     |                 |          |                       |    |             |    |  |  |  |  |
| с.            | Full Name of Individual (Last, First, Middle Initia<br>West, James, E., ,                             | l) or Full O                                  | )rga                    | nization Name                                     |                               | Date           | of | Re  | cei             | pt       |                       |    |             |    |  |  |  |  |
|               | Mailing Address 28875 Frost Lane  |   | 10 10 / Y Y Y Y<br>2019 |   |                               |                |    |     |                 |          |                       |    |             |    |  |  |  |  |
|               | City<br>Adel  | State<br>IA                                   |                         | Zip Code<br>50003-2212                            | A                             |                |    |     |                 |          | 13441<br>eceipt       |    | Period      |    |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С   |                         | ļ   |                               |                |    | y   |                 | , ,      |                       | 30 | .00         |    |  |  |  |  |
|               | Name of Employer (for Individual)<br>NCMIC  | loyer (for Individual) Occupation (for Broker |                         |   |                               |                |    |     |                 | em       |                       |    |             |    |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                     | Yea                     | ar-to-Date ▼<br>210.00                            |                               |                |    |     |                 |          |                       |    |             |    |  |  |  |  |
| s             | UBTOTAL of Receipts This Page (optional)  |   |                         | •   | [                             |                |    |     | 9               |          | ,                     |    | 123         | 00 |  |  |  |  |
| т             | OTAL This Period (last page this line number or   | ıly)  |                         |   |                               |                |    |     | -               |          |                       |    |             |    |  |  |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|--|--|
|   | nd Statements may not be sold or used by any p<br>the name and address of any political committe | person for the purpose of soliciting contributions  |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                      | Action Committee   |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Lee, Kelli, , ,                | e Initial) or Full Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 510 L Street<br>Suite 270   |  | 10 / Y Y Y Y<br>10 11 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Anchorage   | StateZip CodeAK99501-1949  | Transaction ID : 13441152 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                        | C  | 30.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Moda Health                                  | Occupation (for Individual)<br>Executive Director  | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>300.00   | ]   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Brannon, William, J., ,        | Date of Receipt  |   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2 Terrace Way, Suite B  |  | 10 / Y Y Y Y<br>10 11 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Greensboro  | StateZip CodeNC27403-3663  | Transaction ID : 13441156<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                        | C  | 30.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Group US, Inc.                               | Occupation (for Individual)<br>Broker  | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>330,00   | ]   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Moore, Robert, L., ,           | e Initial) or Full Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1644 Plank Rd   |  | 10 / Y Y Y Y<br>10 11 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Duncansville  | StateZip CodePA16635-8376  | Transaction ID : 13441157 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                        | C  | 42.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>L.R. Webber Associates, Inc.<br>Receipt For: | Occupation (for Individual)<br>Broker  | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>420.00   | ]   |  |  |  |  |  |  |  |  |  |  |
|   | )  | 102.00  |  |  |  |  |  |  |  |  |  |  |

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

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FOR LINE NUMBER:

PAGE 36 OF

|    | EMIZED RECEIPTS   |   | for each categor<br>Detailed Summa |        | ×      | 11a<br>13 |      | 11b<br>14 |       | 11c<br>15         | 12<br>16         | 17    |
|----|---|---|------------------------------------|--------|--------|-----------|------|-----------|-------|-------------------|------------------|-------|
|    | y information copied from such Reports and St<br>for commercial purposes, other than using the                        |   |                                    |        |        | or the    |      | pose      |       | liciting          | contribu         | tions |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act  | tion Com                                    | mittee                             |        |        |           |      |           |       |                   |                  |       |
| Α. | Full Name of Individual (Last, First, Middle Init<br>Kitts, Lawrence, L., ,<br>Mailing Address 6500 City West Parkway | Date of Receipt                             |                                    |        |        |           |      |           |       |                   |                  |       |
|    | Suite 100<br>City<br>Eden Prairie   | State<br>MN                                 | Zip Code<br>55344-7704             |        |        |           |      | ion II    | -     | 44115             | -                |       |
|    | FEC ID number of contributing<br>federal political committee.   | C   | 55544-7704                         |        | _      | Amoun     | t of | Each      | 1 Rec | eipt th           | is Period<br>42. | _     |
|    | Name of Employer (for Individual)<br>Horizon Agency<br>Receipt For:   | Bro   |                                    | al)    |        | М         | emo  | ) Iten    | n     |                   |                  |       |
|    | Primary General<br>Other (specify) ▼  | Aggregate                                   | Year-to-Date ▼                     | 420.00 |        |           |      |           |       |                   |                  |       |
|    | Full Name of Individual (Last, First, Middle Initi<br>Stewart, Diana, , ,   |   | Date o                             | f Re   | eceipt | t         |      |           |       |                   |                  |       |
|    | Mailing Address 500 W. 36th Avenue Suite 300 City   | 10 / 11 / 2019<br>Transaction ID : 13441161 |                                    |        |        |           |      |           |       |                   |                  |       |
|    | Anchorage   | AK  | Zip Code<br>99503-5805             |        |        |           |      |           |       |                   | is Period        |       |
|    | FEC ID number of contributing federal political committee.  |   |                                    |        |        |           |      |           |       |                   | 00               |       |
|    | Name of Employer (for Individual)<br>RISQ Consulting  | cupation (for Individu<br>Acct Mgr          | al)                                |        | М      | emo       | lten | n         |       |                   |                  |       |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                   | Year-to-Date ▼                     | 420.00 |        |           |      |           |       |                   |                  |       |
|    | Full Name of Individual (Last, First, Middle Initi<br>Passe, Emma, M., ,  | ial) or Full C                              | Organization Name                  |        |        | Date o    | f Re | eceipt    | t     |                   |                  |       |
|    | Mailing Address 6984 SE Langwood St   | 10 / D D / Y Y Y Y<br>12 2019               |                                    |        |        |           |      |           |       |                   |                  |       |
|    | City<br>Hillsboro   | State<br>OR                                 | Zip Code<br>97123-6023             |        |        |           |      |           |       | 344119<br>eint th | is Period        |       |
|    | FEC ID number of contributing federal political committee.  | С   |                                    |        |        |           |      | y         | _     | J                 | 30.              | _     |
|    | Name of Employer (for Individual)<br>E Powered Benefits   | Occ<br>Brok                                 | upation (for Individu<br>ker       | al)    |        | М         | emo  | tten      | n     |                   |                  |       |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                   | Year-to-Date ▼                     | 300.00 |        |           |      |           |       |                   |                  |       |
| s  | UBTOTAL of Receipts This Page (optional)  |   |                                    | •••••  |        |           |      | 7         | _     | y                 | 114.             | 00    |
| т  | OTAL This Period (last page this line number of   | only)                                       |                                    | ►      |        |           |      | _         |       | -                 |                  |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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| 17                           |  |               | Use separate schedule(s)                          | (ch | eck only        | ı or | ne)     |                              |                         |              |
|------------------------------|--|---------------|---|-----|-----------------|------|---------|------------------------------|-------------------------|--------------|
|                              | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page | ×   | 11a             |      | 11b     | 11c                          | 12                      | <b>— 1 –</b> |
|                              | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |     |                 |      |         |                              |                         |              |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                 | ion Com       | mittee  |     |                 |      |         |                              |                         |              |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Van Nest, John, David, ,                  | al) or Full O | rganization Name                                  |     | Date of         | Re   | eceipt  |                              |                         |              |
|                              | Mailing Address 1777 Hamilton Ave<br>Suite 1000  |               |   |     | м м<br>10       | /    | D<br>12 |                              | 2019                    | Ŷ            |
|                              | City<br>San Jose   | State<br>CA   | Zip Code<br>95125-5416                            |     |                 |      |         | : <b>134411</b><br>Receipt t | <b>98</b><br>his Period |              |
|                              | FEC ID number of contributing federal political committee.                                       | С             |   |     |                 | _    | -       |                              | 42.                     | .00          |
|                              | Name of Employer (for Individual)<br>Van Nest Ventures Inc                                       | Occu<br>Brok  | upation (for Individual)<br>ker                   |     | Me              | mo   | tem     |                              |                         |              |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>372.00                          | ]   |                 |      |         |                              |                         |              |
| в.                           | Full Name of Individual (Last, First, Middle Initia<br>Fairbairn, Nicole, , ,                    | al) or Full O | rganization Name                                  |     | Date of         | Re   | eceipt  |                              |                         |              |
|                              | Mailing Address Creative Insurance Concepts In<br>8069 Little Circle Rd                          |               |   |     | м м<br>10       | 1    | D<br>12 |                              | 2019                    | Ŷ            |
|                              | City<br>Noblesville  | State<br>IN   | Zip Code<br>46060-1071                            |     |                 |      |         | <b>134412</b><br>Receipt t   | 02<br>his Period        |              |
|                              | FEC ID number of contributing federal political committee.                                       | С             |   |     |                 |      |         |                              | 30.                     | _            |
|                              | Name of Employer (for Individual)<br>Creative Insurance Concepts Inc.                            | Occi<br>Brol  | upation (for Individual)<br>ker                   |     | Me              | ∍mo  | tem     |                              |                         |              |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>300.00                          | ]   |                 |      |         |                              |                         |              |
| С.                           | Full Name of Individual (Last, First, Middle Initia<br>Pierce, Mary, Jeannette, ,                | al) or Full O | rganization Name                                  |     | Date of         | Re   | eceipt  |                              |                         |              |
|                              | Mailing Address 500 NE Multnomah St. #100  |               |   |     | 10 <sup>M</sup> | /    | D 12    |                              | 2019                    | Y            |
|                              | City<br>Portland   | State<br>OR   | Zip Code<br>97232-2031                            |     |                 |      | -       | : <b>134412</b><br>Receipt t | 03<br>his Period        |              |
|                              | FEC ID number of contributing federal political committee.                                       | С             |   |     | <u> </u>        | _    | , .     | . y                          | 49.                     | 00           |
|                              | Name of Employer (for Individual)<br>Kaiser Permanente   |               | upation (for Individual)<br>punt Manager          |     | Me              | €    | tem     |                              |                         |              |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>540.00                          | ]   |                 |      |         |                              |                         |              |
| s                            | UBTOTAL of Receipts This Page (optional)   |               |   | •   |                 |      | , .     |                              | 121.                    | 00           |
| т                            | OTAL This Period (last page this line number o   | nly)          |   | •   |                 |      |         | 1. 4P                        |                         |              |

Use separate schedule(s)

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| ידו       | EMIZED RECEIPTS  |                 | Use separate schedule(s)                                | (cł | neck only          | у о | ne)       | L                            |             |        |
|-----------|--|-----------------|---|-----|--------------------|-----|-----------|------------------------------|-------------|--------|
|           |  |                 | for each category of the<br>Detailed Summary Page       |     | <b>X</b> 11a<br>13 |     | 11b<br>14 | 11c<br>15                    | 12          | 1      |
|           | y information copied from such Reports and S for commercial purposes, other than using the |                 |   |     | for the            |     | pose of   | soliciting                   | g contrib   | utions |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                            | tion Com        | mittee  |     |                    |     |           |                              |             |        |
| Α.        | Full Name of Individual (Last, First, Middle Init<br>Riensche, Glen, E., ,                 | tial) or Full O | rganization Name  |     | Date of            | Re  | eceipt    |                              |             |        |
|           | Mailing Address 7501 O St<br>Ste 104   |                 |   |     | 10 <sup>M</sup>    | 1   | D 12      | ) / Y                        | ү ү<br>2019 | Y      |
|           | City<br>Lincoln  | State<br>NE     | Zip Code<br>68510-2485                                  |     |                    |     |           | <b>1344120</b><br>Receipt th |             | d      |
|           | FEC ID number of contributing federal political committee.                                 | С               |   |     | <u> </u>           |     | -         |                              |             | .00    |
|           | Name of Employer (for Individual)<br>RHD Financial   |                 | upation (for Individual)<br>ancial Professional         |     | M                  | emo | o Item    |                              |             |        |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate       | Year-to-Date ▼<br>300.00                                |     |                    |     |           |                              |             |        |
| в.        | Full Name of Individual (Last, First, Middle Init<br>Whitehead, Lisa, , ,                  | tial) or Full O | rganization Name  |     | Date of            | Re  | eceipt    |                              |             |        |
|           | Mailing Address 2720 E. Camelback Rd.<br>Suite 275   | State           | Zin Codo  |     | 10 <sup>M</sup>    | /   | D 12      |                              | 2019        | Y      |
|           | City<br>Phoenix  | State<br>AZ     | Zip Code<br>85016-4341                                  |     |                    |     |           | 1344120<br>Receipt th        |             | 4      |
|           | FEC ID number of contributing federal political committee.                                 | С               |   |     |                    |     |           |                              |             | 0.00   |
|           | Name of Employer (for Individual)<br>Wincline  |                 | upation (for Individual)<br>ployee Benefits Advisor     |     | M                  | emo | o Item    |                              |             |        |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate       | Year-to-Date ▼<br>300.00                                | ]   |                    |     |           |                              |             |        |
| С.        | Full Name of Individual (Last, First, Middle Init<br>Gertz, Josh, , ,                      | tial) or Full O | rganization Name  |     | Date of            | Re  | eceipt    |                              |             |        |
|           | Mailing Address 353 N Clark St   |                 |   |     | 10 <sup>M</sup>    | 1   | 12        |                              | 2019        | Y      |
|           | City<br>Chicago  | State<br>IL     | Zip Code<br>60654-4704                                  |     |                    |     |           | <b>1344120</b><br>Receipt th |             | d      |
|           | FEC ID number of contributing federal political committee.                                 | С               |   |     | <u> </u>           |     | y         | . ,                          | 85          | .00    |
|           | Name of Employer (for Individual)<br>ALLIANT INSURANCE                                     |                 | upation (for Individual)<br>npliance Project Specialist |     | M                  | emo | o Item    |                              |             |        |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>850.00                                | ]   |                    |     |           |                              |             |        |
| s         | UBTOTAL of Receipts This Page (optional)   |                 |   | •   |                    |     | y         | . ,                          | 145         | .00    |
| т         | OTAL This Period (last page this line number   | only)           |   | •   |                    |     |           | -                            |             |        |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | -                       | Use separate schedule(s)                          | (check only one)   |
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|   |                         | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         11  |
|   |                         |   | 13     14     15     16     15       erson for the purpose of soliciting contributions       e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic                  | al Action Com           | mittee  |  |
| Full Name of Individual (Last, First, Mic<br>A. Hagen, David, P., ,         | ddle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 1045 Wykoff Way   |                         |   | 10 / Y Y Y Y<br>2019   |
| City<br>Laguna Beach  | State<br>CA             | Zip Code<br>92651-3036                            | Transaction ID : 13441210<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | С                       |   | 30.00  |
| Name of Employer (for Individual)<br>Hagen Insurance & Financial Services   | Occi<br>Brol            | upation (for Individual)<br>ker                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate               | Year-to-Date ▼<br>270.00                          | 1  |
| Full Name of Individual (Last, First, Mic<br>B. Perry, Amy, , ,             | ddle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 851 International Pkwy<br><u>Suite 120</u><br>City          | State                   | Zip Code  | 10 / D D / Y Y Y Y<br>10 12 2019   |
| Richardson  | TX                      | 75081-2804  | Transaction ID : 13441211<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | С                       |   | 30.00  |
| Name of Employer (for Individual)<br>OneDigital                             |                         | upation (for Individual)<br>iior Account Manager  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate               | Year-to-Date ▼<br>300.00                          | 1  |
| Full Name of Individual (Last, First, Mic<br>C. May, Robert, L., ,          | dle Initial) or Full O  | rganization Name                                  | Date of Receipt  |
| Mailing Address 1416 East Main Suite  | Ą                       |   | 10 12 2019   |
| City<br>Puyallup  | State<br>WA             | Zip Code<br>98372-3170                            | Transaction ID : 13441213<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | С                       |   | 30.00  |
| Name of Employer (for Individual)<br>Robert L. May & Associates, Inc. DBA H |                         | upation (for Individual)<br>ker                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate               | Year-to-Date ▼<br>300.00                          | 1  |
| SUBTOTAL of Receipts This Page (optio                                       | nal)                    |   | 90.00  |
| TOTAL This Period (last page this line n                                    | umber only)             |   |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| IT.                          |   |                | Use separate schedule(s)                          | (cł   | neck onl        | у о  | ne)     |                              |                         |    |  |  |  |
|------------------------------|---|----------------|---|---|-----------------|------|---------|------------------------------|-------------------------|----|--|--|--|
| 11                           |   |                | for each category of the<br>Detailed Summary Page |   | <b>×</b> 11a    |      | 11b     | 11c                          | 12                      |    |  |  |  |
|                              | y information copied from such Reports and St for commercial purposes, other than using the |                |   |   |                 |      |         |                              |                         |    |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                            | tion Com       | mittee  |   |                 |      |         |                              |                         |    |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initi<br>Johnson, David, S., ,                 | ial) or Full O | rganization Name                                  |   | Date of         | f Re | eceipt  |                              |                         |    |  |  |  |
|                              | Mailing Address 12138 Big Canoe   |                |   |   | м м<br>10       | 1    | D<br>12 |                              | 2019                    | Y  |  |  |  |
|                              | City<br>Big Canoe   | State<br>GA    | Zip Code<br>30143-5157                            |   |                 |      |         | : <b>134412</b><br>Receipt t | <b>24</b><br>his Period |    |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                  | С              |   |   |                 |      | -y      | -                            | 100.                    | 00 |  |  |  |
|                              | Name of Employer (for Individual)<br>David S. Johnson Insurance                             | Occu<br>Broł   | upation (for Individual)<br>ker                   |   | М               | emo  | o Item  |                              |                         |    |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>1000.00                         | ]   |                 |      |         |                              |                         |    |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initi<br>Christensen, David, O.Belnap, ,       | ial) or Full O | rganization Name                                  |   | Date of         | f Re | eceipt  |                              |                         |    |  |  |  |
|                              | Mailing Address 180 McKnight Dr. Ste.4  |                |   |   | <sup>M</sup> 10 | /    | 13      |                              | 2019                    | Y  |  |  |  |
|                              | City<br>Laguna Beach  | State<br>CA    | Zip Code<br>92651-1237                            | Transaction ID : 13441226<br>Amount of Each Receipt this Period |                 |      |         |                              |                         |    |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                  | С              |   |   | 12.             | 00   |         |                              |                         |    |  |  |  |
|                              | Name of Employer (for Individual)<br>Colonial Life  | Occu<br>Brol   | upation (for Individual)<br>ker                   |   | М               | emo  | o Item  |                              |                         |    |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>208.00                          | ]   |                 |      |         |                              |                         |    |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initi<br>Buffum, Ronald, S., ,                 | ial) or Full O | rganization Name                                  |   | Date of         | f Re | eceipt  |                              |                         |    |  |  |  |
|                              | Mailing Address 106 South Harris Street<br># 237  |                |   |   | <sup>M</sup> 10 | J.   | D<br>13 | 3                            | 2019                    | Y  |  |  |  |
|                              | City<br>Round Rock  | State<br>TX    | Zip Code<br>78664-6081                            |   |                 |      |         | : 134412<br>Receipt t        | 27<br>his Period        |    |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                  | С              |   |   | <u> </u>        |      | y .     | ,                            | 42.                     | 00 |  |  |  |
|                              | Name of Employer (for Individual)<br>The Buffum Group LLC                                   | Occu<br>Brok   | upation (for Individual)<br>er                    |   | M               | emo  | o Item  |                              |                         |    |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>420.00                          | 1   |                 |      |         |                              |                         |    |  |  |  |
|                              | UBTOTAL of Receipts This Page (optional)  |                |   | •<br>•  |                 |      | , .     |                              | 154.0                   | 00 |  |  |  |

Use separate schedule(s)

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| IT.            |   |               | Use separate schedule(s)                          | (ch    | eck only        | y o  | ne)       |                         |                         |      |
|----------------|---|---------------|---|--------|-----------------|------|-----------|-------------------------|-------------------------|------|
|                |   |               | for each category of the<br>Detailed Summary Page |        | <b>1</b> 1a     |      | 11b<br>14 | 11c                     | 12                      | 17   |
|                | y information copied from such Reports and St for commercial purposes, other than using the |               |   |        | for the         |      | pose c    | of soliciting           | g contribut             | ions |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |               |   |        |                 |      |           |                         |                         |      |
| $\rangle$      | Health Underwriters Political Act   | ion Com       | mittee  |        |                 |      |           |                         |                         |      |
| Α.             | Full Name of Individual (Last, First, Middle Initi<br>Blakely, Russ, , ,                    | al) or Full O | rganization Name                                  |        | Date of         | f Re | eceipt    |                         |                         |      |
|                | Mailing Address 246 E 11th Street<br>Suite 302  |               |   |        | 10 <sup>M</sup> | 1    | D<br>13   |                         | y y<br>2019             | Y    |
|                | City<br>Chattanooga   | State<br>TN   | Zip Code<br>37402-4269                            |        |                 |      |           | : 1344123<br>Receipt th | 30<br>nis Period        |      |
|                | FEC ID number of contributing federal political committee.                                  | С             |   |        | <u> </u>        |      |           | F                       | 85.0                    | 00   |
|                | Name of Employer (for Individual)<br>Russ Blakely & Associates, LLC                         | Occu<br>Brok  | upation (for Individual)<br>ker                   |        | M               | emo  | o Item    |                         |                         |      |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>850.00                          |        |                 |      |           |                         |                         |      |
| в.             | Full Name of Individual (Last, First, Middle Initi<br>Daugherty, Cathy, M., ,               | al) or Full O | rganization Name                                  |        | Date of         | Re   | eceipt    |                         |                         |      |
|                | Mailing Address 1122 East Lincoln Avenue<br>Suite 203                                       |               |   |        | 10 <sup>M</sup> | /    | D<br>1:   |                         | 2019                    | Ŷ    |
|                | City<br>Orange  | State<br>CA   | Zip Code<br>92865-1908                            | -      |                 |      |           | : 1344123               | <b>31</b><br>his Period |      |
|                | FEC ID number of contributing federal political committee.                                  | С             |   |        | Amouni          |      | Each      |                         | 85.0                    | 00   |
|                | Name of Employer (for Individual)<br>Bridge Port Benefits                                   | Occi<br>Pari  | upation (for Individual)<br>tner                  |        | M               | emo  | o Item    |                         |                         |      |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>975.00                          | ]      |                 |      |           |                         |                         |      |
| С.             | Full Name of Individual (Last, First, Middle Initi<br>Schiebel, Al, C., ,                   | al) or Full O | rganization Name                                  |        | Date of         | Re   | eceipt    |                         |                         |      |
|                | Mailing Address 10 Glenlake Parkway<br>North Tower, Suite 1050                              |               |   |        | 10 <sup>M</sup> | 1    | D<br>1:   |                         | ү ү<br>2019             | Y    |
|                | City<br>Atlanta   | State<br>GA   | Zip Code<br>30328-3495                            |        |                 |      |           | : 134412:<br>Receipt th | 32<br>nis Period        |      |
|                | FEC ID number of contributing federal political committee.                                  | С             |   |        | Ē               |      | , .       | 9                       | 45.0                    | 00   |
|                | Name of Employer (for Individual)<br>Schiebel & Associates, LLC dba Shopben                 | Occu<br>Brok  | upation (for Individual)<br>ker                   |        | M               | em   | o Item    |                         |                         |      |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>500.00                          | ]      |                 |      |           |                         |                         |      |
| ⊢              | UBTOTAL of Receipts This Page (optional)  |               |   | ▶<br>► |                 | -    | ,         | · · ·                   | 215.0                   | 00   |

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|           | EMIZED RECEIPTS   |                  | for each category of the<br>Detailed Summary Page |   | _  | 11a<br>13       |     | ] 11<br>  14 |         | 11c<br>15           | 12                     | 17     |
|-----------|---|------------------|---|---|----|-----------------|-----|--------------|---------|---------------------|------------------------|--------|
|           | ny information copied from such Reports and s<br>for commercial purposes, other than using th |                  |   |   | fo | r the           |     | pos          | se of s | solicitin           | g contrib              | utions |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A                                | ction Com        | mittee  |   |    |                 |     |              |         |                     |                        |        |
| Α.        |   |                  | Organization Name                                 |   | Da | ate of          | Re  | ecei         | pt      |                     |                        |        |
|           | Mailing Address 498 Palm Springs Dr, Suite 2<br>City  | State            | Zip Code  |   | L  | 10 <sup>M</sup> | /   | L            | 13      |                     | 2019                   | Y      |
|           | Altamonte Springs   | FL               | 32701-7805  |   |    |                 |     | -            |         | 34412:<br>eceipt tl | 34<br>his Perio        | d      |
|           | FEC ID number of contributing federal political committee.                                    | С                |   |   | Ľ  |                 |     | -            |         |                     | 30                     | 0.00   |
|           | Name of Employer (for Individual)<br>Sherrill Insurance Brokerage                             | Occ<br>Brol      | upation (for Individual)<br>ker                   |   |    | Me              | emo | o Ite        | эm      |                     |                        |        |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Year-to-Date ▼<br>450.00                          | ] |    |                 |     |              |         |                     |                        |        |
| В.        | Full Name of Individual (Last, First, Middle In Matznick, Michael, E., ,                      | itial) or Full C | Organization Name                                 |   | Da | ate of          | Re  | ecei         | pt      |                     |                        |        |
|           | Mailing Address 3150 N. Elm Street<br>Suite 201   |                  |   |   |    | 10 <sup>M</sup> | /   |              | 13      | / Y                 | 2019                   | Y      |
|           | City<br>Greensboro  | State<br>NC      | Zip Code<br>27408-3840                            |   |    |                 |     | -            |         | 344123<br>eceipt tl | <b>35</b><br>his Perio | d      |
|           | FEC ID number of contributing federal political committee.                                    | С                |   |   | Ę  | _               |     | -            |         | -                   | 42                     | 2.00   |
|           | Name of Employer (for Individual)<br>EbenConcepts Company                                     | Occ<br>Bro       | upation (for Individual)<br>ker                   |   | ŀ  | Me              | emo | o Ite        | €       |                     |                        |        |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Year-to-Date ▼<br>420.00                          | ] |    |                 |     |              |         |                     |                        |        |
| С.        | Full Name of Individual (Last, First, Middle In Evans, Joseph, M., ,                          | itial) or Full C | Organization Name                                 |   | Da | ate of          | Re  | ecei         | pt      |                     |                        |        |
|           | Mailing Address 8450 Hickman Road<br>Suite 2  |                  |   |   | L  | 10 <sup>M</sup> | /   | L            | 13      | / Y                 | 2019 <sup>°</sup>      | Y      |
|           | City<br>Des Moines  | State<br>IA      | Zip Code<br>50325-4308                            |   |    |                 |     |              |         | 34412:<br>eceipt tl | <b>38</b><br>his Perio | d      |
|           | FEC ID number of contributing federal political committee.                                    | С                |   |   | Ę  |                 |     | <b>y</b>     |         | 9                   | 42                     | 2.00   |
|           | Name of Employer (for Individual)<br>Colonial Life  | Occ<br>Brok      | upation (for Individual)<br>ker                   |   |    | Me              | emo | o Ite        | əm      |                     |                        |        |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate        | Year-to-Date ▼<br>420.00                          | ] |    |                 |     |              |         |                     |                        |        |
| s         | UBTOTAL of Receipts This Page (optional)  |                  |   |   |    |                 |     | 5            |         | 5                   | 114                    | 1.00   |
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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|  |                    | Detailed Summary Page                    | × |                 |      | 11b      |        | 11c          | 12          |    |
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| NAME OF COMMITTEE (In Full)  | • • •              |  |   |                 |      |          |        |              |             |    |
| > Health Underwriters Political  | Action Com         | mittee                                   |   |                 |      |          |        |              |             |    |
| Full Name of Individual (Last, First, Middle<br>Fabini, Jeff, , ,          | Initial) or Full C | rganization Name                         |   | Date of         | f Re | eceipt   |        |              |             |    |
| Mailing Address P.O.Box 10806  |                    |  |   | M M             | /    | DI       | D /    | Y            | Y Y         | Y  |
| 632 W Hamilton Rd  |                    |  |   | 10              |      | 13       |        |              | 2019        |    |
| City   | State              | Zip Code                                 |   | Trans           | act  | ion ID : | : 134  | 41239        | )           |    |
| Fort Wayne   | IN                 | 46854-0806                               |   | Amoun           | t of | Each F   | Rece   | ipt this     | s Period    |    |
| FEC ID number of contributing federal political committee.                 | С                  |  |   |                 |      |          |        | - <b>J</b> - | 22.0        | 00 |
| Name of Employer (for Individual)<br>Secure Benefit Solutions              | Occ                | upation (for Individual)<br>ner          |   | М               | emc  | o Item   |        |              |             |    |
| Receipt For:   | Aggrogato          | Vear to Date V                           |   |                 |      |          |        |              |             |    |
| Primary General  | Ayyreyale          | Year-to-Date ▼                           |   |                 |      |          |        |              |             |    |
| Other (specify)  |                    | 220.00                                   |   |                 |      |          |        |              |             |    |
| Full Name of Individual (Last, First, Middle<br>Aszklar, Paul, , ,         | Initial) or Full C | rganization Name                         |   | Date of         | f Re | eceipt   |        |              |             |    |
| Mailing Address 67 Walnut Avenue<br>Suite 304                              |                    |  |   | <sup>M</sup> 10 | /    | D 13     |        | Y            | y y<br>2019 | Y  |
| City   | State              | Zip Code                                 |   | Trans           | acti | ion ID : | 134    | 41240        |             |    |
| Clark  | NJ                 | 07066-1640                               |   | Amoun           | t of | Each F   | Rece   | ipt this     | s Period    |    |
| FEC ID number of contributing federal political committee.                 | С                  |  |   |                 |      |          |        | -            | 30.0        | 00 |
| Name of Employer (for Individual)<br>Kistler Tiffany Benefits              | Occ<br>Bro         | upation (for Individual)<br>ker          |   | M               | emc  | b Item   |        |              |             |    |
| Receipt For:   | Aggregate          | Year-to-Date ▼                           |   |                 |      |          |        |              |             |    |
| Primary General<br>Other (specify) ▼                                       |                    | 300.00                                   | 1 |                 |      |          |        |              |             |    |
| Full Name of Individual (Last, First, Middle<br>C. Schroeder, Scott, R., , | Initial) or Full C | rganization Name                         |   | Date of         | f Re | eceipt   |        |              |             |    |
| Mailing Address 300 East First Street<br>P O Box 327                       |                    |  |   | <sup>M</sup> 10 |      | 13       |        | Y            | y y<br>2019 | Y  |
| City   | State              | Zip Code                                 |   | Trans           | sact | ion ID : | : 134  | 41241        |             |    |
| Mechanicsville   | IA                 | 52306-0327                               |   | Amoun           | t of | Each F   | Rece   | ipt this     | s Period    |    |
| FEC ID number of contributing federal political committee.                 | C                  |  |   |                 |      | y        |        | <b>y</b>     | 30.0        | 00 |
| Name of Employer (for Individual)<br>Schroeder & Associates                |                    | upation (for Individual)<br>sident/Agent |   | М               | emo  | o Item   |        |              |             |    |
| Receipt For:   | I                  | Year-to-Date ▼                           |   |                 |      |          |        |              |             |    |
| Primary General  | , 1991 09410       |  |   |                 |      |          |        |              |             |    |
| Other (specify)  |                    | 400.00                                   |   |                 |      |          |        |              |             |    |
| SUBTOTAL of Receipts This Page (optional)                                  | )                  |  |   |                 |      | 9        |        | ,            | 82.0        | 0  |
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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|                              |   |               |      | for each category of the<br>Detailed Summary Page |   | × 11 |         |          | -  | 11b | '       | $\square$ | 11c                       |         | 12       | <b>_</b> |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | ion Com       | m    | ittee   |   |      |         |          |    |     |         |           |                           |         |          |          |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Lee, Philip, W., ,                         | al) or Full O | rga  | nization Name                                     |   | Dat  | e of    | f Re     | ec | eip | ot      |           |                           |         |          |          |
|                              | Mailing Address 935 Moraga Road Suite 240 City  | State         |      | Zip Code  |   | ŀ    | 10      | <b>'</b> |    |     | 14      |           | / Y                       | 20      | )19      | Y        |
|                              | Lafayette   | CA            |      | 94549-4542  |   |      |         |          |    |     |         |           | 44124                     |         | eriod    |          |
|                              | FEC ID number of contributing federal political committee.  | С             | l    |   |   |      | Jun     |          | -  |     |         |           | -                         |         | 30.      |          |
|                              | Name of Employer (for Individual)<br>BLIS Corp. dba Lee Health Insurance Se<br>Receipt For:       | Pres          | side | tion (for Individual)<br>ent<br>ar-to-Date ▼      |   |      | M       | emo      | οI | Ite | m       |           |                           |         |          |          |
|                              | Primary General<br>Other (specify) ▼  | Aggregate     | ,    | 300.00  |   |      |         |          |    |     |         |           |                           |         |          |          |
| в.                           | Full Name of Individual (Last, First, Middle Initia<br>Durand, Tina, , ,                          | al) or Full O | rga  | nization Name                                     |   | Dat  | e of    | f Re     | ec | eip | ot      |           |                           |         |          |          |
|                              | Mailing Address 4717 Gollihar Road  |               |      |   |   |      | ™<br>10 | /        | 1  | D   | D<br>14 | 1         | / Y                       | y<br>20 | ү<br>19  | Y        |
|                              | City<br>Corpus Christi  | State<br>TX   |      | Zip Code<br>78411-1947                            | _ |      |         |          |    |     |         |           | <b>44124</b> 9<br>eipt th | -       | eriod    |          |
|                              | FEC ID number of contributing federal political committee.  | С             |      |   |   |      |         |          | -, | _   | _       | _         | -7-                       | _       | 42.      | 00       |
|                              | Name of Employer (for Individual)<br>Heavin, Otto & Leavitt Insurance Servi                       | Occ<br>Bro    | •    | tion (for Individual)                             |   |      | M       | emo      | οI | Ite | m       |           |                           |         |          |          |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea  | ar-to-Date ▼<br>470.00                            |   |      |         |          |    |     |         |           |                           |         |          |          |
| С.                           | Full Name of Individual (Last, First, Middle Initia Sherrod, Jeffrey, , ,                         | al) or Full O | rga  | nization Name                                     |   | Dat  | e of    | f Re     | ec | eip | ot      |           |                           |         |          |          |
|                              | Mailing Address 3810 Holly Ridge Drive  |               |      |   |   |      | ™<br>10 | /        |    | D   | р<br>14 |           | / Y                       |         | 19       | Y        |
|                              | City<br>Longview  | State<br>TX   |      | Zip Code<br>75605-2500                            |   |      |         |          |    |     |         | -         | 44125                     | -       | a vi a d | _        |
|                              | FEC ID number of contributing federal political committee.  | С             |      |   |   |      | Sun     |          | 5  |     |         | ec        | eipt thi                  | SP      | 30.      | 00       |
|                              | Name of Employer (for Individual)<br>United Healthcare Group                                      | Occi<br>Brok  | •    | tion (for Individual)                             |   |      | М       | emo      | 0  | lte | m       |           |                           |         |          |          |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea  | ar-to-Date ▼<br>300.00                            |   |      |         |          |    |     |         |           |                           |         |          |          |
| s                            | UBTOTAL of Receipts This Page (optional)  |               |      | ••••••  | • |      |         |          |    |     |         | Ī         | 9                         |         | 102.     | 00       |
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|   |   |               |   |         |                 |       |         |                              |                         |     |
| \   |   | name and a    | ddress of any political committee                 | e to so | olicit cor      | ntrib | utions  | from suc                     | h committ               | ee. |
| Health Under                                    | rwriters Political Act                          | ion Com       | mittee  |         |                 |       |         |                              |                         |     |
| Full Name of Indivi<br>A. Smith, Michael,       | dual (Last, First, Middle Initi<br>David, ,     | al) or Full O | rganization Name                                  |         | Date of         | Re    | ceipt   |                              |                         |     |
|   | 200 Stone Hill Farms Parkway                    | /             |   |         | 10 <sup>M</sup> | /     | D<br>14 |                              | 2019                    | Y   |
| City<br>Flower Mound                            |   | State<br>TX   | Zip Code<br>75028-4312                            |         |                 |       |         | <b>134412</b><br>Receipt th  | <b>51</b><br>nis Period |     |
| FEC ID number of federal political con          | 0   | С             |   |         |                 |       | -       | -                            | 30.                     | 00  |
| Name of Employer<br>The Brokerage, Inc.         |   | Occi<br>Broł  | upation (for Individual)<br>ker                   |         | Me              | emo   | Item    |                              |                         |     |
| Receipt For:<br>Primary<br>Other (specify       | General<br>/) ▼                                 | Aggregate     | Year-to-Date ▼<br>950.00                          | ]       |                 |       |         |                              |                         |     |
| Full Name of Indivi<br>B. Webb, Amy, R          | dual (Last, First, Middle Initi                 | al) or Full O | rganization Name                                  |         | Date of         | Re    | ceipt   |                              |                         |     |
|   | E. Main Street<br>uite 200                      |               |   |         | 10 <sup>M</sup> | /     | D 14    |                              | у у<br>2019             | Y   |
| City<br>Moorestown                              |   | State<br>NJ   | Zip Code<br>08057-3339                            |         |                 |       |         | <b>1344125</b><br>Receipt th | 52<br>nis Period        |     |
| FEC ID number of federal political con          | 0   | С             |   |         |                 |       |         |                              | 30.0                    | 00  |
| Name of Employer<br>Saratoga Benefit Se         |   | Occi<br>Brol  | upation (for Individual)<br>ker                   |         | Me              | emo   | Item    |                              |                         |     |
| Receipt For:<br>Primary<br>Other (specify       | General<br>/) ▼                                 | Aggregate     | Year-to-Date ▼<br>300.00                          | ]       |                 |       |         |                              |                         |     |
| Full Name of Indivi<br><b>c.</b> Castellani, Lo | dual (Last, First, Middle Initi<br>relei, G., , | al) or Full O | rganization Name                                  |         | Date of         | Re    | ceipt   |                              |                         |     |
| Mailing Address Po                              |   |               |   |         | 10 <sup>M</sup> | /     | 14      |                              | y y<br>2019             | Y   |
| City<br>Branchville                             |   | State<br>NJ   | Zip Code<br>07826-0905                            |         |                 |       |         | : 134412:<br>Receipt th      | 53<br>nis Period        |     |
| FEC ID number of<br>federal political con       | 0   | С             |   |         | <u> </u>        |       | ,       | 9                            | 30.                     | 00  |
| Name of Employer<br>Benefit Guidance S          | ,   | Occu<br>Brok  | upation (for Individual)<br>ker                   |         | Me              | emo   | ltem    |                              |                         |     |
| Receipt For:<br>Primary<br>Other (specify       | General<br>/)                                   | Aggregate     | Year-to-Date ▼<br>300.00                          | ]       |                 |       |         |                              |                         |     |
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|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                               | tion Com       | imi | ittee   |   |   |                 |      |                |         |          |                         |         |        |     |
| Α. |  | ial) or Full O | rga | nization Name                                     |   | D | ate o           | f Re | ece            | eipt    |          |                         |         |        |     |
|    | Mailing Address 7065 W Ann Rd #130-619   | 01-1-          |     | 7. 0.4  |   | L | 10 <sup>M</sup> |      | l              | D 14    |          | / Y                     | 201     |        | Y   |
|    | City<br>Las Vegas  | State<br>NV    |     | Zip Code<br>89130-3865                            |   |   |                 |      | -              |         | -        | 44125<br>eipt th        |         | riod   |     |
|    | FEC ID number of contributing federal political committee.                                     | С              | _   |   |   |   |                 |      | ,              |         |          | -9-                     |         | 30.0   | 0   |
|    | Name of Employer (for Individual)<br>Nevada Insurance Enrollment Marketplac                    | Occi<br>Brol   | •   | tion (for Individual)                             |   | 2 | М               | emc  | o It           | em      |          |                         |         |        |     |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Yea | ar-to-Date ▼<br>228.00                            | ] |   |                 |      |                |         |          |                         |         |        |     |
| в. | Full Name of Individual (Last, First, Middle Init<br>Sutton, Trent, J., ,                      | ial) or Full O | rga | nization Name                                     |   | D | ate o           | f Re | ece            | eipt    |          |                         |         |        |     |
|    | Mailing Address 2824 Poleline Rd., # A   |                |     |   |   | Ľ | 10              | 1    | I              | D D D   | <b>_</b> | / Y                     | 2019    |        | Y   |
|    | City<br>Pocatello  | State<br>ID    |     | Zip Code<br>83201-6177                            |   |   |                 |      |                |         | -        | <b>44125</b><br>eipt th | -       | riod   |     |
|    | FEC ID number of contributing federal political committee.                                     | С              | _   |   |   | ļ |                 |      | -              |         | -        | - 1                     | _       | 30.0   | 0   |
|    | Name of Employer (for Individual)<br>Independent Health Insurance Broker                       | Occ<br>Bro     |     | tion (for Individual)                             |   |   | М               | emc  | o It           | em      |          |                         |         |        |     |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Yea | ar-to-Date ▼<br>264.00                            | ] |   |                 |      |                |         |          |                         |         |        |     |
| С. | Full Name of Individual (Last, First, Middle Init<br>Patton, Rhonda, L., ,                     | ial) or Full O | rga | nization Name                                     |   | D | ate o           | f Re | ece            | eipt    |          |                         |         |        |     |
|    | Mailing Address PO Box 751180  |                |     |   |   | Γ | 10 <sup>M</sup> | /    | I              | D 14    |          | / Y                     | 2019    | 9      | Y   |
|    | City<br>Petaluma   | State<br>CA    |     | Zip Code<br>94975-1180                            |   |   |                 |      |                |         |          | 44125<br>eipt th        |         | riod   |     |
|    | FEC ID number of contributing federal political committee.                                     | С              | -   |   |   | ļ |                 |      | y              |         | -        | y                       | _       | 30.0   | 0   |
|    | Name of Employer (for Individual)<br>Patton & Spahr Insurance Services                         |                | •   | tion (for Individual)<br>ce Agent                 |   |   | M               | emo  | o li           | tem     |          |                         |         |        |     |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Yea | ar-to-Date ▼<br>300.00                            | 1 |   |                 |      |                |         |          |                         |         |        |     |
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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Actio                                  | on Com        | mittee  |       |                                    |       |      |           |           |             |          |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Initial Jones, Cynthia, M., ,                          | ) or Full Or  | ganization Name                                   |       | Date                               | of R  | lece | eipt      |           |             |          |  |  |  |  |
|           | Mailing Address 1918 Riverside Drive  | 1             |   |       | ™<br>1(                            |       | /    | D D<br>14 | / Y       | 2019        | Y        |  |  |  |  |
|           | City  | State<br>CA   | Zip Code  |       |                                    |       |      |           | 1344126   |             |          |  |  |  |  |
|           | Los Angeles   |               | 90039-3705  |       | Amo                                | unt o | fΕ   | ach Re    | eceipt th | nis Period  |          |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С             |   |       | _                                  |       | -,   |           |           | 30.         | 00       |  |  |  |  |
|           | Name of Employer (for Individual)<br>Dickerson Insurance Services                                   |               | pation (for Individual)<br>keting Director        |       |                                    | Mem   | io I | ltem      |           |             |          |  |  |  |  |
|           | Receipt For:  |               | Year-to-Date ▼                                    |       |                                    |       |      |           |           |             |          |  |  |  |  |
|           | Primary General<br>Other (specify) ▼  |               | 300.00  |       |                                    |       |      |           |           |             |          |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Initial Walker, Mychal, H., ,                          | ) or Full Or  | rganization Name                                  |       | Date                               | of R  | lece | eipt      |           |             |          |  |  |  |  |
|           | Mailing Address 3455 Peachtree Industrial Blvd<br>Ste 305   |               |   |       | м<br>1(                            |       | /    | D D<br>14 | / Y       | y y<br>2019 | Y        |  |  |  |  |
|           | City  | State         | Zip Code  |       | Tra                                | nsac  | tio  | n ID : 1  | 344126    | 2           |          |  |  |  |  |
|           | Duluth  | GA            | 30096-5176  |       | Amount of Each Receipt this Period |       |      |           |           |             |          |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С             |   |       | 63.00                              |       |      |           |           |             |          |  |  |  |  |
|           | Name of Employer (for Individual)<br>Tricomm Financial Services                                     | Occu<br>Brok  | upation (for Individual)<br>ter                   |       |                                    | Mem   | io I | ltem      |           |             |          |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>378.00                          |       |                                    |       |      |           |           |             |          |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Initial<br>Katz, Alan, S., ,                           | ) or Full Or  | ganization Name                                   |       | Date                               | of R  | lece | eipt      |           |             |          |  |  |  |  |
|           | Mailing Address 3905 State Street, #7-281   |               |   |       | <sup>™</sup> 1(                    |       | /    | D D 14    | / Y       | y y<br>2019 | Y        |  |  |  |  |
|           | City  | State         | Zip Code  |       | Tra                                | nsac  | tio  | n ID : '  | 1344148   | 30          |          |  |  |  |  |
|           | Santa Barbara   | CA            | 93105-3138  | ·     | Amo                                | unt o | fΕ   | ach Re    | eceipt th | nis Period  |          |  |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.                                       | С             |   |       |                                    |       | ,    |           | ,         | 1000.       | 00       |  |  |  |  |
|           | Name of Employer (for Individual)<br>NextAgency   | Occu<br>Broke | pation (for Individual)<br>er                     |       |                                    | Mem   | no I | ltem      |           |             |          |  |  |  |  |
|           |   | Aggregate `   | Year-to-Date 🔻                                    |       |                                    |       |      |           |           |             |          |  |  |  |  |
|           | Other (specify)   |               | 1050.00   |       |                                    |       |      |           |           |             |          |  |  |  |  |
|           | JBTOTAL of Receipts This Page (optional)  |               |   |       |                                    | -     | 5    |           | - y       | 1093.       | 00       |  |  |  |  |
| T         | <b>DTAL</b> This Period (last page this line number on  | ıy)           |   | • 🕨 🔰 |                                    |       | 7    | _         |           | 1 1 1       | _        |  |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 48 OF

|          |  |   | Use separate schedule(s)                                   | (ch    | neck only   | y or  | ne)        | L                       |                   |          |  |  |  |  |
|----------|--|---|--|--------|---|---|------------|-------------------------|-------------------|----------|--|--|--|--|
|          |  | for each category of the<br>Detailed Summary Page |  |        | <b>K</b> 11a  |   | 11b        | 11c                     | 12                | <u> </u> |  |  |  |  |
|          | information copied from such Reports and Sta<br>or commercial purposes, other than using the r |   |  |        |   |   |            |                         |                   |          |  |  |  |  |
| <u> </u> | AME OF COMMITTEE (In Full)   |   | iduless of any political comm                              |        |   | TUTIC                                       | Julions    |                         | 1 commu           |          |  |  |  |  |
| \        | Health Underwriters Political Acti   | on Com  | mittee   |        |   |   |            |                         |                   |          |  |  |  |  |
|          | ull Name of Individual (Last, First, Middle Initia<br>Hain, Erica, R., ,                       | l) or Full O                                      | Prganization Name  |        | Date of Receipt   |   |            |                         |                   |          |  |  |  |  |
| N        | lailing Address MC 32-20<br>100 North Academy Avenue   |   |  |        | 10 / Y Y Y Y Y<br>10 15 2019                                    |   |            |                         |                   |          |  |  |  |  |
|          | ity<br>Danville  | State<br>PA                                       | Zip Code<br>17822-0001                                     |        | Transaction ID : 13441788<br>Amount of Each Receipt this Period |   |            |                         |                   |          |  |  |  |  |
|          | EC ID number of contributing<br>deral political committee.                                     | C   |  |        |   |   | -          |                         | 100.0             | 00       |  |  |  |  |
| 0        | ame of Employer (for Individual)<br>eisinger Health Plan                                       |   | upation (for Individual)<br>ior Director, Commercial Sales | S      | M   | emo   | tem        |                         |                   |          |  |  |  |  |
| H        | eceipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>1000.00                                  |        |   |   |            |                         |                   |          |  |  |  |  |
|          | ull Name of Individual (Last, First, Middle Initia<br>Carter, Lori, , ,                        | ll) or Full O                                     | organization Name  |        | Date of   | Re  | eceipt     |                         |                   |          |  |  |  |  |
| _        | lailing Address 27 Locksley Place  |   |  |        |   | 10 / 15 / 2019<br>Transaction ID : 13441790 |            |                         |                   |          |  |  |  |  |
|          | ity<br>Forest  | State<br>VA                                       | Zip Code<br>24551-4149                                     |        |   |   |            |                         | -                 |          |  |  |  |  |
| F        | EC ID number of contributing<br>ederal political committee.                                    | C   |  | Amount | : Of  | Each F                                      | Receipt th | us Period<br>42.0       | 00                |          |  |  |  |  |
|          | lame of Employer (for Individual)<br>eneficial Associates, Inc.                                | Occi<br>Bro                                       | upation (for Individual)<br>ker                            |        | M   | emo   | tem        |                         |                   |          |  |  |  |  |
| F        | eceipt For:<br>Primary General   | Aggregate   | Year-to-Date ▼   |        |   |   |            |                         |                   |          |  |  |  |  |
|          | Other (specify) V  |   | , 420.00   |        |   |   |            |                         |                   |          |  |  |  |  |
|          | ull Name of Individual (Last, First, Middle Initia<br>Manning, Richard, K., ,                  | l) or Full O                                      | organization Name  |        | Date of   | Re  | eceipt     |                         |                   |          |  |  |  |  |
| _        | lailing Address 10315 Woodley Avenue, #131   |   |  |        | <sup>M</sup> 10   | /   | D 15       |                         | 2019 <sup>°</sup> | Y        |  |  |  |  |
|          | ity<br>Granada Hills   | State<br>CA                                       | Zip Code<br>91344-6953                                     |        |   |   |            | : 1344179<br>Receipt th |                   |          |  |  |  |  |
|          | EC ID number of contributing deral political committee.  | С   |  |        | <u> </u>  |   | ,          | 9                       | 85.0              | 00       |  |  |  |  |
| A        | ame of Employer (for Individual)<br>accessible Health Insurance Services.                      | Occu<br>Brok                                      | upation (for Individual)<br>ker                            |        | M   | emo   | o Item     |                         |                   |          |  |  |  |  |
| H        | eceipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>850.00                |  |        |   |   |            |                         |                   |          |  |  |  |  |
| SU       | BTOTAL of Receipts This Page (optional)  |   |  |        |   |   | ,          |                         | 227.0             | 00       |  |  |  |  |
| то       | TAL This Period (last page this line number or   | ıly)  |  | 🕨      |   |   |            |                         |                   |          |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| IT.                          |   |   | Use separate schedule(s)                | (cł       | neck onl                     | у ог | ne)       | L                            |           |       |  |  |  |  |  |
|------------------------------|---|---|---|-----------|------------------------------|------|-----------|------------------------------|-----------|-------|--|--|--|--|--|
|                              |   | for each category of the<br>Detailed Summary Page |   |           | <b>X</b> 11a<br>13           |      | 11b<br>14 | 11c<br>15                    | 12        | 17    |  |  |  |  |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |   |   |           | for the                      |      | pose of   | soliciting                   | contribu  | tions |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com   | mittee                                  |           |                              |      |           |                              |           |       |  |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initi Easterling, Sy, , ,                          | al) or Full O                                     | organization Name                       |           | Date of Receipt              |      |           |                              |           |       |  |  |  |  |  |
|                              | Mailing Address 213 Porter Ave  |   |   |           | 10 / Y Y Y Y<br>10 15 / 2019 |      |           |                              |           |       |  |  |  |  |  |
|                              | City<br>Biloxi  | State<br>MS                                       | Zip Code<br>39530-2950                  |           |                              |      |           | 1344179<br>Receipt th        |           |       |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С   |   |           | <u> </u>                     |      | -         |                              | 30.       | 00    |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Stewart Sneed Hewes/BancorpSouth Insur                     |   | upation (for Individual)<br>e President |           | М                            | emo  | tem Item  |                              |           |       |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>300.00                |           |                              |      |           |                              |           |       |  |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initi Skinner, Douglas, , ,                        | al) or Full O                                     | Organization Name                       |           | Date of                      | f Re | eceipt    |                              |           |       |  |  |  |  |  |
|                              | Mailing Address PO Box 1277   |   |   |           | 10 / Y Y Y Y<br>10 2019      |      |           |                              |           |       |  |  |  |  |  |
|                              | City<br>Bloomington   | StateZip CodeIN47402-1277                         |   |           |                              |      |           | <b>1344179</b><br>Receipt th | -         | _     |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С   |   | 30.00     |                              |      |           |                              |           |       |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Hoosier Dental Plans                                       | Occi<br>Brol                                      |   | Memo Item |                              |      |           |                              |           |       |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>300.00                |           |                              |      |           |                              |           |       |  |  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initi<br>Rider, Susan, M., ,                       | al) or Full O                                     | Organization Name                       |           | Date of                      | f Re | eceipt    |                              |           |       |  |  |  |  |  |
|                              | Mailing Address 803 Touralosa Dr  |   |   |           | <sup>M</sup> 10              | /    | 15        |                              | ү<br>2019 | Y     |  |  |  |  |  |
|                              | City<br>Westfield   | State<br>IN                                       | Zip Code<br>46074-7303                  |           |                              |      | -         | 1344179<br>Receipt th        |           |       |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С   |   |           | <u> </u>                     |      | y 1       | , ,                          | 63.       | 00    |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Gregory & Appel Insurance                                  | Occu<br>Brok                                      | upation (for Individual)<br>ker         |           | М                            | emo  | o Item    |                              |           |       |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Aggregate Year-to-Date ▼<br>630.00      |           |                              |      |           |                              |           |       |  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |   |   |           |                              |      | ,         | 5                            | 123.      | 00    |  |  |  |  |  |
| т                            | OTAL This Period (last page this line number o  | only)   |   |           |                              |      |           |                              |           |       |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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|             | EWIZED RECEIF 15   |               |           | Detailed Summary Page       | ×       |                                    |       | -   | 11b       |         | 110           | ; [   |          | 2              |           |  |
|-------------|--|---------------|-----------|-----------------------------|---------|------------------------------------|-------|-----|-----------|---------|---------------|-------|----------|----------------|-----------|--|
| An          | y information copied from such Reports and Sta                                       | atements ma   | l<br>av n | ot be sold or used by any n | erson f | 13<br>or the                       |       | _   | 14<br>ose | of      | 15<br>solicit | ina ( |          | 6<br>ributi    | 17<br>ons |  |
|             | for commercial purposes, other than using the  |               |           |                             |         |                                    |       |     |           |         |               |       |          |                |           |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |               |           |                             |         |                                    |       |     |           |         |               |       |          |                |           |  |
| $\sum$      | Health Underwriters Political Act  | ion Com       | mi        | ttee                        |         |                                    |       |     |           |         |               |       |          |                |           |  |
| Α.          | Full Name of Individual (Last, First, Middle Initia<br>Stearns, Candius, Michelle, , | al) or Full O | rgar      | nization Name               |         | Date o                             | of R  | ec  | ceipt     | :       |               |       |          |                |           |  |
|             | Mailing Address 3315 W Big Beaver Rd   |               |           |                             |         | <sup>™</sup> 10                    |       | /   |           | D<br>15 | /             | Y     | Y<br>201 | Y<br>I Q       | Y         |  |
|             | Ste 125<br>City  | State         |           | Zip Code                    | -       |                                    | sac   | tic | -         |         | 13443         | 3077  | 20       |                |           |  |
|             | Тгоу   | MI            |           | 48084-2808                  |         | Amour                              |       |     |           |         |               |       | Pe       | riod           |           |  |
|             | FEC ID number of contributing federal political committee.                           | С             |           |                             |         |                                    |       | -   | ,         | _       |               |       |          | 85.0           | 0         |  |
|             | Name of Employer (for Individual)<br>Stearns HR & Compliance Consulting              | Occu<br>Brok  | •         | ion (for Individual)        |         | N                                  | /lem  | 0   | Iten      | n       |               |       |          |                |           |  |
|             | Receipt For:   | Aggregate     | Yea       | r-to-Date ▼                 |         |                                    |       |     |           |         |               |       |          |                |           |  |
|             | Primary General<br>Other (specify) ▼   |               | 1         | 925.00                      | ]       |                                    |       |     |           |         |               |       |          |                |           |  |
|             | Full Name of Individual (Last, First, Middle Initia<br>Hartmann, Chris, , ,          | al) or Full O | rgar      | nization Name               |         | Date o                             | of R  | ec  | ceipt     |         |               |       |          |                |           |  |
|             | Mailing Address 1212 New York Ave, Suite 1100  | )             |           |                             |         | <sup>™</sup> 10                    | /     | /   |           | D<br>15 | /             | Y     | ү<br>201 | 9              | Y         |  |
|             | City   | State         |           | Zip Code                    |         | Tran                               | sact  | tio | on IC     | ):1     | 3443          | 129   |          |                |           |  |
|             | Washington   | DC            |           | 20005-3987                  | /       | Amount of Each Receipt this Period |       |     |           |         |               |       |          |                |           |  |
|             | FEC ID number of contributing federal political committee.                           | С             |           | 1000.00                     |         |                                    |       |     |           |         |               |       |          |                |           |  |
|             | Name of Employer (for Individual)<br>NAHU  | Occi<br>staf  |           | N                           | /lem    | 0                                  | Iten  | n   |           |         |               |       |          |                |           |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate     | Yea       | r-to-Date ▼<br>1000.00      | ]       |                                    |       |     |           |         |               |       |          |                |           |  |
| с.          | Full Name of Individual (Last, First, Middle Initia<br>Jurney, Gary, , ,             | al) or Full O | rgar      | nization Name               |         | Date o                             | of R  | ec  | ceipt     | :       |               |       |          |                |           |  |
|             | Mailing Address 16545 Village Drive, Bldg B  |               |           |                             |         | <sup>™</sup> 10                    | Л     | /   |           | 16      | /             |       | y<br>201 | 9 <sup>°</sup> | Y         |  |
|             | City<br>Jersey Village   | State<br>TX   |           | Zip Code<br>77040-1158      |         |                                    |       |     |           |         | 13443         |       |          |                |           |  |
|             |  |               | _         |                             |         | Amoui                              | nt of | ΓĒ  | =ach      | n Re    | eceipt        | this: | Pe       | rıod           | _         |  |
|             | FEC ID number of contributing federal political committee.                           | С             |           |                             |         |                                    |       | ,   | y         | _       | ,             |       | _        | 85.0           | 0         |  |
|             | Name of Employer (for Individual)<br>Kainos Partners Inc                             | Occu<br>Pres  |           | ion (for Individual)<br>ht  |         | N                                  | /lem  | 10  | Iten      | n       |               |       |          |                |           |  |
|             | Receipt For:   | Aggregate     | Yea       | r-to-Date ▼                 |         |                                    |       |     |           |         |               |       |          |                |           |  |
|             | Other (specify)  |               | -         | 765.00                      | ]       |                                    |       |     |           |         |               |       |          |                |           |  |
| s           | UBTOTAL of Receipts This Page (optional)   |               |           |                             | •       |                                    | Ì     |     | 9         |         | . ,           |       | 11       | 70.0           | 0         |  |
| т           | OTAL This Period (last page this line number o                                       | nly)          |           |                             |         |                                    |       |     |           |         |               |       |          | -              |           |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| 171            |   |   | Use separate schedule(s)                   | (cł        | neck only   | y or | ne)                     |                       |                         |    |  |  |  |  |
|----------------|---|---|--|------------|---|------|-------------------------|-----------------------|-------------------------|----|--|--|--|--|
| 11             | EMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page |  |            | <b>X</b> 11a<br>13  |      | 11b<br>14               | 11c                   | 12                      | 47 |  |  |  |  |
|                | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |   |  |            | for the   |      | pose of                 |                       | g contribu              |    |  |  |  |  |
| $\left\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | ion Com   | mittee                                     |            |   |      |                         |                       |                         |    |  |  |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Initia<br>Guzman, Wayne, , ,                         | al) or Full O                                     | organization Name                          |            | Date of Receipt   |      |                         |                       |                         |    |  |  |  |  |
|                | Mailing Address 8608 Utica Ave, Suite 220WG   |   |  |            | 10 / D D / Y Y Y Y<br>10 16 2019                                |      |                         |                       |                         |    |  |  |  |  |
|                | City<br>Rancho Cucamonga  | State<br>CA                                       | Zip Code<br>91730-4877                     |            | Transaction ID : 13443136<br>Amount of Each Receipt this Period |      |                         |                       |                         |    |  |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С   |  |            |   |      |                         |                       | 30.                     | 00 |  |  |  |  |
|                | Name of Employer (for Individual)<br>Goosehead Insurance  | Occu<br>Brok                                      | upation (for Individual)<br>ker            |            | Me  | emo  | tem                     |                       |                         |    |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>300.00                   | 1          |   |      |                         |                       |                         |    |  |  |  |  |
| в.             | Full Name of Individual (Last, First, Middle Initia Owens, David, Patrick, ,                      | al) or Full O                                     | organization Name                          |            | Date of   | Re   | eceipt                  |                       |                         |    |  |  |  |  |
|                | Mailing Address 101 Eisenhower Parkway<br>Second Floor  |   |  | 10 16 2019 |   |      |                         |                       |                         |    |  |  |  |  |
|                | City<br>Roseland  | State<br>NJ                                       | Zip Code<br>07068-1032                     |            | Trans<br>Amount   |      | <b>44</b><br>his Period |                       |                         |    |  |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С   |  | 85.0       |   |      |                         |                       |                         |    |  |  |  |  |
|                | Name of Employer (for Individual)<br>E.B. Cohen & Co., Inc.                                       | Occupation (for Individual)<br>Principal          |  |            |   | emo  | tem                     |                       |                         |    |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>850.00                   | ]          |   |      |                         |                       |                         |    |  |  |  |  |
| C.             | Full Name of Individual (Last, First, Middle Initia<br>Biers, Danielle, , ,                       | al) or Full O                                     | organization Name                          |            | Date of   | Re   | eceipt                  |                       |                         |    |  |  |  |  |
|                | Mailing Address 3800 N. Central Ave., 9th Floor   | -   |  |            | 10 <sup>M</sup>   | 1    | D<br>16                 |                       | 2019                    | Υ  |  |  |  |  |
|                | City<br>Phoenix   | State<br>AZ                                       | Zip Code<br>85012-1979                     |            |   |      | -                       | : 134431<br>Receipt t | <b>49</b><br>his Period |    |  |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С   |  |            | <u> </u>  |      | y                       | . ,                   | 30.                     | 00 |  |  |  |  |
|                | Name of Employer (for Individual)<br>Black, Gould & Associates<br>Receipt For:                    |   | upation (for Individual)<br>ount Executive |            | M   | emo  | o Item                  |                       |                         |    |  |  |  |  |
|                | Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>300.00                   | 1          |   |      |                         |                       |                         |    |  |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)  |   |  | •          |   |      | 9                       | , ,                   | 145.                    | 00 |  |  |  |  |
| т              | OTAL This Period (last page this line number or   | nly)  |  |            |   |      |                         | -                     |                         |    |  |  |  |  |

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FOR LINE NUMBER:

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| IT.       |   |   | Use separate schedule(s)                                | (che  | eck only                           | у о  | ne)        |                                       |             |        |  |  |  |
|-----------|---|---|---|---|------------------------------------|------|------------|---------------------------------------|-------------|--------|--|--|--|
|           |   | for each category of the<br>Detailed Summary Page |   |   |                                    |      | 11b<br>14  | 11c<br>15                             | 12          | 17     |  |  |  |
|           | y information copied from such Reports and St for commercial purposes, other than using the |   |   |   |                                    |      | pose of    | soliciting                            | g contribu  | utions |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                            | tion Com  | mittee  |   |                                    |      |            |                                       |             |        |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initi<br>Wallace, Keith, , ,                   | ial) or Full O                                    | rganization Name  |   | Date of Receipt                    |      |            |                                       |             |        |  |  |  |
|           | Mailing Address 1400 Broadway   |   |   |   | 10 / D D / Y Y Y Y Y<br>10 16 2019 |      |            |                                       |             |        |  |  |  |
|           | City<br>Bellingham  | State<br>WA                                       | Zip Code<br>98225-3036                                  |   |                                    |      |            | 1344315<br>Receipt th                 |             | d      |  |  |  |
|           | FEC ID number of contributing federal political committee.                                  | С   |   |   |                                    |      |            | 250                                   | .00         |        |  |  |  |
|           | Name of Employer (for Individual)<br>Www.RiceInsurance.Com                                  | Occi<br>Broł                                      | upation (for Individual)<br>ker                         |   | M                                  | emo  | ttem       |                                       |             |        |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>2550.00                               | ]   |                                    |      |            |                                       |             |        |  |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initi Shears, Debra, S., ,                     | ial) or Full O                                    | rganization Name  |   | Date of                            | f Re | eceipt     |                                       |             |        |  |  |  |
|           | Mailing Address 2961 Centerville Road<br>Suite 300<br>City                                  | State   |   | 10 / 16 / 2019<br>Transaction ID : 13443152 |                                    |      |            |                                       |             |        |  |  |  |
|           | Wilmington  | DE  | Zip Code<br>19808-1671                                  |   |                                    |      |            | 1344315<br>Receipt th                 |             | 4      |  |  |  |
|           | FEC ID number of contributing federal political committee.                                  | С   |   | 30.00                                       |                                    |      |            |                                       |             |        |  |  |  |
|           | Name of Employer (for Individual)<br>Weiner Benefits Group                                  | Occi<br>Pari                                      | Memo Item   |   |                                    |      |            |                                       |             |        |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>300.00                                | ]   |                                    |      |            |                                       |             |        |  |  |  |
| С.        | Full Name of Individual (Last, First, Middle Initi<br>Douglas, James, F., ,                 | ial) or Full O                                    | rganization Name  |   | Date of                            | f Re | eceipt     |                                       |             |        |  |  |  |
|           | Mailing Address 17322 Whetmore Lane   |   |   |   | <sup>M</sup> 10                    | 1    | D 16       |                                       | ү ү<br>2019 | Y      |  |  |  |
|           | City<br>Huntington Beach  | State<br>CA                                       | Zip Code<br>92647-5600                                  | ,   |                                    |      | -          | 1344315<br>Receipt th                 |             | ł      |  |  |  |
|           | FEC ID number of contributing federal political committee.                                  | С   |   |   | _:                                 |      | ,          | , , , , , , , , , , , , , , , , , , , | 35          | .00    |  |  |  |
|           | Name of Employer (for Individual)<br>Health Sync Insurance                                  |   | upation (for Individual)<br>President Employee Benefits |   | M                                  | emo  | o Item     |                                       |             |        |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>450.00                                | 1   |                                    |      |            |                                       |             |        |  |  |  |
|           | UBTOTAL of Receipts This Page (optional)  |   |   |   |                                    |      | 9 1<br>7 1 |                                       | 315         | .00    |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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|  |                                 | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |  |
|--|---------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                                 | for each category of the<br>Detailed Summary Page | <b>X</b> 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 Fu<br>Health Underwriters I                |                                 | nmittee   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, F<br>A. Hynes, Bernard, J., ,     | irst, Middle Initial) or Full C | Drganization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 3200 N. Centra<br>Suite 1170                     |                                 |   | 10 / Y Y Y Y<br>10 16 / 2019   |  |  |  |  |  |  |  |  |  |
| City<br>Phoenix  | State<br>AZ                     | Zip Code<br>85012-2419                            | Transaction ID : 13443156<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.       | C                               |   | 30.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individu<br>Hynes Benefits Consulting, LLC | ,                               | cupation (for Individual)<br>ncipal               | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼              | Aggregate                       | e Year-to-Date ▼<br>300.00                        | ]  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, I<br>B. Sullivan, Audra, I., ,    | irst, Middle Initial) or Full C | Drganization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1201 N Watso<br>Ste 287<br>City                  | n Rd<br>State                   | Zip Code  | 10 / D D / Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |  |
| Arlington  | TX                              | 76006-6222  | Transaction ID : 13443159<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.       | С                               |   | 42.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individu<br>Vogue Insurance Agency, LLC    |                                 | cupation (for Individual)<br>oker                 | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼              | Aggregate                       | e Year-to-Date ▼<br>348.00                        | ]  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, I<br>C. Ramsay, Robert, Gene      |                                 | Drganization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1836 Harrison                                    |                                 |   | 10 / Y Y Y Y Y<br>10 17 2019   |  |  |  |  |  |  |  |  |  |
| City<br>Gardendale   | State<br>AL                     | Zip Code<br>35071-3468                            | Transaction ID : 13443755<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.       | C                               |   | 30.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individu<br>Your Benefits Advisor          |                                 | cupation (for Individual)<br>nefits Advisor       | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify)                |                                 | e Year-to-Date ▼<br>300.00                        | 1  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Pag                                    | e (optional)                    |   | 102.00   |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page th                                  | s line number only)             |   |  |  |  |  |  |  |  |  |  |  |

| Use separate schedule(s)                          | FOR LINE NUMBER:<br>(check only one) |
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| for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b                     |

| ידו                          |   |   | Use separate schedule(s)                          | ) ( | check only  | y on     | e)          |                      |                         |       |  |  |  |
|------------------------------|---|---|---|-----|---|----------|-------------|----------------------|-------------------------|-------|--|--|--|
| 111                          |   |   | for each category of the<br>Detailed Summary Page |     |   |          | 11b         | 11c                  | 12                      | 17    |  |  |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |   |   |     |   | purp     | ose of      | soliciting           | g contribut             | tions |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com                                 | mittee  |     |   |          |             |                      |                         |       |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initia<br>Tompkins, Daniel, R., ,                  | al) or Full O                           | organization Name                                 |     | Date of Receipt   |          |             |                      |                         |       |  |  |  |
|                              | Mailing Address 1720 Windward Concourse<br>Suite 290  |   |   |     | 10 / Y Y Y Y Y<br>10 17 2019                                    |          |             |                      |                         |       |  |  |  |
|                              | City<br>Alpharetta  | State<br>GA                             | Zip Code<br>30005-2291                            |     | Transaction ID : 13443757<br>Amount of Each Receipt this Period |          |             |                      |                         |       |  |  |  |
|                              | FEC ID number of contributing<br>federal political committee.                                   | С                                       |   |     |   | <b>,</b> |             | 85.0                 | 00                      |       |  |  |  |
|                              | Name of Employer (for Individual)<br>Admin America, Inc.  | Occu<br>Brok                            | upation (for Individual)<br>ker                   |     | Me  | əmo      | Item        |                      |                         |       |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                               | Year-to-Date ▼<br>900.00                          |     |   |          |             |                      |                         |       |  |  |  |
| З.                           | Full Name of Individual (Last, First, Middle Initia<br>Ameling, Mary, K, ,                      | al) or Full O                           | Prganization Name                                 |     | Date of   | Red      | ceipt       |                      |                         |       |  |  |  |
|                              | Mailing Address 1202 Wood Lily Circle   |   | M M<br>10   | /   | D D<br>17   | / Y      | y y<br>2019 | Y                    |                         |       |  |  |  |
|                              | City<br>Leland  | State<br>NC                             | Zip Code<br>28451-7686                            |     | Transaction ID : 13443758<br>Amount of Each Receipt this Period |          |             |                      |                         |       |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | C                                       |   |     | 30.00   |          |             |                      |                         |       |  |  |  |
|                              | Name of Employer (for Individual)<br>Ganey, Byrd, & Dunn Insurance Group, I                     | Occupation (for Individual)<br>Producer |   |     | Me  | emo      | Item        |                      |                         |       |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                               | Year-to-Date ▼<br>240.00                          |     |   |          |             |                      |                         |       |  |  |  |
| <b>.</b>                     | Full Name of Individual (Last, First, Middle Initia<br>Wolfe, Rosanne, , ,                      | al) or Full O                           | organization Name                                 |     | Date of   | Red      | ceipt       |                      |                         |       |  |  |  |
|                              | Mailing Address PO Box 17236  |   |   |     | 10 <sup>M</sup>   |          | D D D 17    | L                    | 2019                    | Y     |  |  |  |
|                              | City<br>Tucson  | State<br>AZ                             | Zip Code<br>85731-7236                            |     |   |          |             | 1344376<br>eceipt th | <b>53</b><br>his Period |       |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С                                       |   |     |   | _        | y .         | y                    | 30.                     | 00    |  |  |  |
|                              | Name of Employer (for Individual)<br>Wolfe Insurance & Consultants, LLC                         | Occu<br>Brok                            | upation (for Individual)<br>ker                   |     | M   | emo      | ltem        |                      |                         |       |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                               | Year-to-Date ▼<br>475.00                          |     |   |          |             |                      |                         |       |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |   |   | 🕨   |   |          | , .         | . ,                  | 145.(                   | 00    |  |  |  |
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| IT.                          | EMIZED RECEIPTS   |   | Use separate schedule(s)          | (ch             | eck only  | у оі   | ne)                        |                              |                         |          |  |  |  |
|------------------------------|---|---|-----------------------------------|-----------------|---|--------|----------------------------|------------------------------|-------------------------|----------|--|--|--|
|                              |   | for each category of the<br>Detailed Summary Page |                                   |                 | 11a   |        | 11b                        | 11c                          | 12                      | <u> </u> |  |  |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |   |                                   |                 |   |        |                            |                              |                         |          |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | ion Com   | mittee                            |                 |   |        |                            |                              |                         |          |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Bailey, Andrea, , ,                        | al) or Full O                                     | rganization Name                  |                 | Date of Receipt   |        |                            |                              |                         |          |  |  |  |
|                              | Mailing Address 3800 North Central Ave<br>9th Floor   |   |                                   |                 | 10 / Y Y Y Y<br>10 17 2019                                      |        |                            |                              |                         |          |  |  |  |
|                              | City<br>Phoenix   | State<br>AZ                                       | Zip Code<br>85012-1979            |                 | Transaction ID : 13443768<br>Amount of Each Receipt this Period |        |                            |                              |                         |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С   |                                   |                 |   |        | -                          |                              | 30.                     | 00       |  |  |  |
|                              | Name of Employer (for Individual)<br>Black, Gould & Associates                                    |   | upation (for Individual)<br>ident |                 | Me  | emo    | o Item                     |                              |                         |          |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>450.00          | ]               |   |        |                            |                              |                         |          |  |  |  |
| В.                           | Full Name of Individual (Last, First, Middle Initia Dalrymple, Eric, Douglas, ,                   | al) or Full O                                     | rganization Name                  | Date of Receipt |   |        |                            |                              |                         |          |  |  |  |
|                              | Mailing Address 1402 Pankratz Street, Ste 103   |   | 10 / D D / Y Y Y Y Y<br>2019      |                 |   |        |                            |                              |                         |          |  |  |  |
|                              | City<br>Madison   | State<br>WI                                       |                                   |                 |   |        | <b>134437</b><br>Receipt t | 6 <b>9</b><br>his Period     |                         |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C   |                                   | 30.00           |   |        |                            |                              |                         |          |  |  |  |
|                              | Name of Employer (for Individual)<br>Vista Benefits   | Occupation (for Individual)<br>Broker/Owner       |                                   |                 | Me  | emo    | tem                        |                              |                         |          |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | ]                                 |                 |   |        |                            |                              |                         |          |  |  |  |
| С.                           | Full Name of Individual (Last, First, Middle Initia<br>King, Colleen, , ,                         | al) or Full O                                     | rganization Name                  |                 | Date of   | Re     | eceipt                     |                              |                         |          |  |  |  |
|                              | Mailing Address 8427 Beckford Ave.  |   |                                   |                 | <sup>M</sup> 10   | 1      | D<br>17                    |                              | 2019                    | Y        |  |  |  |
|                              | City<br>Northridge  | State<br>CA                                       | Zip Code<br>91324-4208            |                 |   |        |                            | : <b>134437</b><br>Receipt t | <b>71</b><br>his Period |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C   |                                   |                 | <u> </u>  |        | y 1                        | . ,                          | 42.                     | 00       |  |  |  |
|                              | Name of Employer (for Individual)<br>Colleen King Insurance Agency                                | Occu<br>Four                                      |                                   | M               | emo   | o Item |                            |                              |                         |          |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | gregate Year-to-Date ▼<br>294.00  |                 |   |        |                            |                              |                         |          |  |  |  |
| $\vdash$                     | UBTOTAL of Receipts This Page (optional)  |   |                                   | •<br>-          |   |        | ,                          | y                            | 102.                    | 00       |  |  |  |

Use separate schedule(s) (check only one)

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| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page           | X         11a         11b         11c         12           13         14         15         16         17   |  |  |  |  |  |  |  |  |  |
|---|------------------------|---|---|--|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than usin   |                        |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica   | I Action Com           | mittee  |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>Trevino, Terrie, L., ,<br>Mailing Address 1822 E Townline Way | lle Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| City  | State                  | Zip Code  | 10 17 2019<br>Transaction ID : 13444367   |  |  |  |  |  |  |  |  |  |
| Meridian  | ID                     | 83646-6511  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                      |   | 42.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>PayneWest Insurance  | Occi<br>Brol           | upation (for Individual)<br>ker                             | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date ▼  |   |  |  |  |  |  |  |  |  |  |
| Other (specify)   |                        | 324.00  |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br><b>B.</b> Susie, John, D., ,                                  | le Initial) or Full O  | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 8682 Hawick Ct N  |                        |   | M         M         /         D         D         /         Y |  |  |  |  |  |  |  |  |  |
| City<br>Dublin  | State<br>OH            | Zip Code<br>43017-9618                                      | Transaction ID : 13444409<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                      |   | 20.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>National United Brokers, Inc   | Occ<br>Bro             | upation (for Individual)<br>ker                             | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>220.00                                    |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Brody, Andrea, , ,   | le Initial) or Full O  | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 6018 E Lowden Rd.   |                        |   | 10 / D D / Y Y Y Y Y<br>10 18 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Cave Creek  | State<br>AZ            | Zip Code<br>85331-3004                                      | Transaction ID : 13444411<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                      |   | 38.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>RXBenefits   |                        | upation (for Individual)<br>President of Business Developme | n Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate              | Year-to-Date ▼<br>332.00                                    |   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optionation)<br>TOTAL This Period (last page this line nur                  |                        |   |   |  |  |  |  |  |  |  |  |  |

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| IT.                          |   |  | Use separate schedule(s) for each category of the | (ch                         | eck onl   | у о       | ne)          |                              |             |      |  |  |  |
|------------------------------|---|--|---|-----------------------------|---|-----------|--------------|------------------------------|-------------|------|--|--|--|
|                              |   |  |   | <b>′</b> 11a<br>13          |   | 11b<br>14 | 11c          | 12                           |             | 17   |  |  |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |   |                             | for the   |           | pose of      | soliciting                   | g contrib   |      |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com                                  | mittee  |                             |   |           |              |                              |             |      |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initi Buechler, Anthony, C, ,                      | al) or Full O                            | organization Name                                 |                             | Date of Receipt   |           |              |                              |             |      |  |  |  |
|                              | Mailing Address 1203 Colonial Circle  |  |   |                             | 10 / P P Y Y Y<br>10 18 2019                                    |           |              |                              |             |      |  |  |  |
|                              | City<br>Papillion   | State<br>NE                              | Zip Code<br>68046-6109                            |                             | Transaction ID : 13444412<br>Amount of Each Receipt this Period |           |              |                              |             |      |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С  |   |                             |   |           | -            |                              | 30          | 0.00 |  |  |  |
|                              | Name of Employer (for Individual)<br>Buechler Insurance Services                                | Occu<br>Brok                             | upation (for Individual)<br>ker                   |                             | М   | emo       | ttem         |                              |             |      |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Year-to-Date ▼<br>300.00                          |                             |   |           |              |                              |             |      |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initi Cogdill, Barry, , ,                          | al) or Full O                            | organization Name                                 |                             | Date of   | f Re      | eceipt       |                              |             |      |  |  |  |
|                              | Mailing Address 4710 4th Street<br>Ste. 300   |  |   | 10 / 18 / Y Y Y Y Y<br>2019 |   |           |              |                              |             |      |  |  |  |
|                              | City<br>La Mesa   | StateZip CodeCA91941-5384                |   |                             |   |           |              | <b>1344441</b><br>Receipt th |             | d    |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С  |   | 30.00                       |   |           |              |                              |             |      |  |  |  |
|                              | Name of Employer (for Individual)<br>Business Choice Insurance Services                         | Occupation (for Individual)<br>President |   |                             | M   | emo       | tem          |                              |             |      |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | ]   |                             |   |           |              |                              |             |      |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initi<br>Scott, Nicole, , ,                        | al) or Full O                            | organization Name                                 |                             | Date of   | f Re      | eceipt       |                              |             |      |  |  |  |
|                              | Mailing Address 6200 Northwest Pkwy   |  |   |                             | <sup>M</sup> 10   | 1         | D 18         |                              | ү ү<br>2019 | Y    |  |  |  |
|                              | City<br>San Antonio   | State<br>TX                              | Zip Code<br>78249-3348                            |                             |   |           |              | : 1344441<br>Receipt th      |             | d    |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С  |   |                             | <u> </u>  |           | <u>y</u>     | ,<br>,                       | 30          | .00  |  |  |  |
|                              | Name of Employer (for Individual)<br>United Healthcare  | Occu<br>Brok                             | upation (for Individual)<br>ker                   |                             | М   | emo       | o Item       |                              |             |      |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                | regate Year-to-Date ▼<br>300.00                   |                             |   |           |              |                              |             |      |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |  |   |                             |   |           | y            |                              | 90          | .00  |  |  |  |
| т                            | OTAL This Period (last page this line number o  | nly)                                     | ······  |                             |   |           | <del>.</del> | -                            |             |      |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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| ITE         |  |   | Use separate schedule(s)         | (ch                              | eck only                   | y or  | ne)                          |                         |                  |     |  |  |
|-------------|--|---|----------------------------------|----------------------------------|----------------------------|-------|------------------------------|-------------------------|------------------|-----|--|--|
|             | MIZED RECEIPTS   | for each category of the<br>Detailed Summary Page |                                  |                                  | <b>1</b> 1a                |       | 11b                          | 11c                     | 12               |     |  |  |
|             | information copied from such Reports and Sta                               |   |                                  |                                  |                            |       |                              |                         |                  |     |  |  |
|             | or commercial purposes, other than using the                               | name and a  | doress of any political committe | e to so                          | Dicit cor                  | ntric | outions                      | from suc                | n committ        | ee. |  |  |
|             | IAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act           | ion Com   | mittee                           |                                  |                            |       |                              |                         |                  |     |  |  |
|             | ull Name of Individual (Last, First, Middle Initia<br>Griffey, Don, R., ,  | al) or Full O                                     | rganization Name                 |                                  | Date of Receipt            |       |                              |                         |                  |     |  |  |
| N           | lailing Address 56294 Prim Rose Circle                                     |   |                                  |                                  | 10 / Y Y Y Y<br>10 18 2019 |       |                              |                         |                  |     |  |  |
|             | iity<br>Elkhart  | State<br>IN                                       | Zip Code<br>46516-1509           |                                  |                            |       |                              | 1344441<br>Receipt th   | 17<br>nis Period |     |  |  |
|             | EC ID number of contributing ederal political committee.                   | C   |                                  |                                  |                            |       | -                            | -                       | 75.0             | 00  |  |  |
|             | lame of Employer (for Individual)<br>lailey-Campbell, Inc                  | Occi<br>Broł                                      |                                  | Me                               | emo                        | ttem  |                              |                         |                  |     |  |  |
| F           | eceipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate   | Year-to-Date ▼<br>825.00         | ]                                |                            |       |                              |                         |                  |     |  |  |
|             | ull Name of Individual (Last, First, Middle Initia<br>Rose, Vincent, J., , | al) or Full O                                     | rganization Name                 |                                  | Date of                    | Re    | eceipt                       |                         |                  |     |  |  |
| _           | failing Address 620 South Lake Street                                      |   |                                  | 10 / D D / Y Y Y Y<br>10 18 2019 |                            |       |                              |                         |                  |     |  |  |
|             | Sity<br>Aarquette  | State<br>MI                                       |                                  |                                  |                            |       | <b>1344441</b><br>Receipt th | <b>8</b><br>nis Period  |                  |     |  |  |
|             | EC ID number of contributing ederal political committee.                   | С   |                                  | 30.00                            |                            |       |                              |                         |                  |     |  |  |
| -<br>N<br>4 | lame of Employer (for Individual)<br>4North                                | Occupation (for Individual)<br>Broker             |                                  |                                  | Me                         | emo   | ttem                         |                         |                  |     |  |  |
| F           | Receipt For:   | Aggregate   | Year-to-Date 🔻                   |                                  |                            |       |                              |                         |                  |     |  |  |
|             | Other (specify)  |   | 1                                |                                  |                            |       |                              |                         |                  |     |  |  |
|             | ull Name of Individual (Last, First, Middle Initia                         | al) or Full O                                     | rganization Name                 |                                  | Date of                    | Re    | eceipt                       |                         |                  |     |  |  |
| _           | lailing Address 8430 W Lake Mead #100                                      |   |                                  |                                  | <sup>M</sup> 10            | 1     | D<br>18                      |                         | 2019             | Y   |  |  |
|             | ity<br>_as Vegas   | State<br>NV                                       | Zip Code<br>89128-7674           |                                  |                            |       |                              | : 1344442<br>Receipt th | 25<br>nis Period |     |  |  |
|             | EC ID number of contributing<br>ederal political committee.                | С   |                                  |                                  | Ľ.                         |       | y                            | 9                       | 50.0             | 00  |  |  |
| h           | lame of Employer (for Individual)<br>nsurance Concepts of Nevada           | Occu<br>Ager                                      | upation (for Individual)<br>nt   |                                  | M                          | emo   | o Item                       |                         |                  |     |  |  |
| H           | eceipt For:<br>Primary General<br>Other (specify)                          | Aggregate Year-to-Date ▼<br>500.00                |                                  |                                  |                            |       |                              |                         |                  |     |  |  |
| SU          | BTOTAL of Receipts This Page (optional)                                    |   |                                  | •                                |                            |       | y                            |                         | 155.0            | 00  |  |  |
| то          | TAL This Period (last page this line number o                              | nly)  |                                  | •                                |                            |       |                              | TP                      |                  |     |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| 171                   |   |                                       | Use separate schedule(s)                          | (ch            | eck only  | y or | ne)       | L                     |             |       |  |  |  |  |  |
|-----------------------|---|---------------------------------------|---|----------------|---|------|-----------|-----------------------|-------------|-------|--|--|--|--|--|
| 111                   |   |                                       | for each category of the<br>Detailed Summary Page | ×              | 11a<br>13   |      | 11b<br>14 | 11c<br>15             | 12          | 17    |  |  |  |  |  |
|                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                                       |   |                | for the   |      | pose of   | soliciting            | contribu    | tions |  |  |  |  |  |
| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com                               | mittee  |                |   |      |           |                       |             |       |  |  |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Initi<br>Brooks, Mark, , ,                         | al) or Full O                         | rganization Name                                  |                | Date of   | Re   | eceipt    |                       |             |       |  |  |  |  |  |
|                       | Mailing Address P.O. Box 10876  |                                       |   |                | 10 <sup>M</sup>   | /    | D 19      | ) / Y                 | ү ү<br>2019 | Y     |  |  |  |  |  |
|                       | City<br>Lynchburg   | State<br>VA                           | Zip Code<br>24506-0876                            |                |   |      |           | 1344463<br>leceipt th |             |       |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      | С                                     |   |                |   |      |           | т ут.                 | 30          | 00    |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Personal Design Financial Services, In                     | Occi<br>Broł                          | upation (for Individual)<br>ker                   |                | M   | emc  | tem       |                       |             |       |  |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                             | Year-to-Date ▼<br>300.00                          | ]              |   |      |           |                       |             |       |  |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Initi<br>Ward, Michael, , ,                        | al) or Full O                         | rganization Name                                  |                | Date of   | Re   | eceipt    |                       |             |       |  |  |  |  |  |
|                       | Mailing Address 3219 E. Camelback Road<br>#569  | State                                 |   | 10 / 19 / 2019 |   |      |           |                       |             |       |  |  |  |  |  |
|                       | City<br>Phoenix   | AZ                                    | Zip Code<br>85018-2307                            |                | Transaction ID : 13444639<br>Amount of Each Receipt this Period |      |           |                       |             |       |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      | С                                     |   |                |   |      |           |                       | 42          | _     |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Emerging Benefits Consultants, LLC                         | Occupation (for Individual)<br>Broker |   |                | M   | emc  | tem       |                       |             |       |  |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                             | Year-to-Date ▼<br>420.00                          | ]              |   |      |           |                       |             |       |  |  |  |  |  |
| с.                    | Full Name of Individual (Last, First, Middle Initi<br>Stewart, Rachel, , ,                      | al) or Full O                         | rganization Name                                  |                | Date of   | Re   | eceipt    |                       |             |       |  |  |  |  |  |
|                       | Mailing Address 1119 E Blackhawk Dr   |                                       |   |                | 10 <sup>M</sup>   | 1    | 19        |                       | ү ү<br>2019 | Y     |  |  |  |  |  |
|                       | City<br>Phoenix   | State<br>AZ                           | Zip Code<br>85024-4178                            |                |   |      |           | 1344464<br>Receipt th |             |       |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      | С                                     |   |                | <u> </u>  |      | ,         | , <u>,</u>            | 30          | 00    |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>RS Assurance   | Occu<br>Ager                          | upation (for Individual)<br>nt                    |                | M   | emo  | ) Item    |                       |             |       |  |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                             | Year-to-Date ▼<br>300.00                          | ]              |   |      |           |                       |             |       |  |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |                                       |   | •              |   |      | , .       | .,                    | 102.        | 00    |  |  |  |  |  |
| т                     | OTAL This Period (last page this line number o  | nly)                                  |   | •              | Γ.  |      |           |                       |             |       |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 60 OF

|   | -                     | Use separate schedule(s)                          | (check only one)  |
|---|-----------------------|---|---|
| ITEMIZED RECEIPTS   |                       | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |
|   |                       |   | 13     14     15     16       berson for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                   | I Action Com          | mittee  |   |
| Full Name of Individual (Last, First, Midd<br>Denz, Stephanie, , ,            | le Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 1100 Wild Ginger Lane   |                       |   | 10 19 2019  |
| City<br>Fleming Island  | State<br>FL           | Zip Code<br>32003-3224                            | Transaction ID : 13444641 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                    | С                     |   | 85.00   |
| Name of Employer (for Individual)<br>Aetna                                    |                       | upation (for Individual)<br>keting Director       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate             | Year-to-Date ▼<br>850.00                          | ]   |
| Full Name of Individual (Last, First, Midd<br>B. Powell, Rita, H., ,          | le Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 3342 Greystone Way  |                       |   | 10 / Y Y Y Y<br>2019  |
| City<br>Valdosta  | State                 | Zip Code<br>31605-1096                            | Transaction ID : 13444646<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                    | С                     |   | 63.00   |
| Name of Employer (for Individual)<br>H&H Insurance Solutions, Inc.            | Occ<br>Bro            | upation (for Individual)<br>ker                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate             | Year-to-Date ▼<br>630.00                          | ]   |
| Full Name of Individual (Last, First, Midd<br>c. Raymond, Garrin, Mitchell, , | le Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 13201 N.W. Fwy. Suite 2                                       |                       |   | 10 / D D / Y Y Y Y<br>2019  |
| City<br>Houston   | State<br>TX           | Zip Code<br>77040-6165                            | Transaction ID : 13444649 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                    | C                     |   | 30.00   |
| Name of Employer (for Individual)<br>Northwest General                        | Occi<br>Brok          | upation (for Individual)<br>er                    | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate             | Year-to-Date ▼<br>400.00                          | ]   |
| SUBTOTAL of Receipts This Page (optional                                      | al)                   |   | 178.00  |
| TOTAL This Period (last page this line nur                                    | nber only)            |   |   |

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|           | EMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page     |   | ×  | 11a<br>13           |       | ] 11<br>  14 |         | 11c<br>15                        | 12               | 17     |  |  |
|-----------|---|-----------------|---|---|--|---------------------|-------|--------------|---------|----------------------------------|------------------|--------|--|--|
|           | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |   |   |  | or the              |       | pos          | se of s | olicitin                         | g contrib        | utions |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                               | tion Com        | mittee  |   |  |                     |       |              |         |                                  |                  |        |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Init<br>Weirich, Lynn, , ,                       | tial) or Full C | rganization Name                                      |   |  | ate of              | Re    | ecei         |         |                                  |                  |        |  |  |
|           | Mailing Address 500 N Loop 1604 E<br>   | State           | Zip Code  |   | L  | 10<br><b>T</b> rong | /<br> | L            | 20      | <sup>/</sup> <sup>Y</sup> 344465 | 2019             | Y      |  |  |
|           | San Antonio   | TX              | 78232-1240  |   |  |                     |       | -            |         |                                  | his Period       | d      |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |   |  |                     |       | -<br>-       |         |                                  | 30               | .00    |  |  |
|           | Name of Employer (for Individual)<br>Business Financial Group                                 | Occ<br>Bro      | upation (for Individual)<br>ker                       |   | l  | Me                  | emo   | o Ite        | эm      |                                  |                  |        |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>300.00                              | ] |  |                     |       |              |         |                                  |                  |        |  |  |
| в.        | Full Name of Individual (Last, First, Middle Init<br>Bartholomew, Rhonda, , ,                 | tial) or Full C | rganization Name                                      |   | D  | ate of              | Re    | ecei         | pt      |                                  |                  |        |  |  |
|           | Mailing Address PO Box 5099   |                 |   |   | Γ  | м м<br>10           | /     | ľ            | 20      | / Y                              | 2019             | Ŷ      |  |  |
|           | City<br>Twin Falls  | State<br>ID     | Zip Code<br>83303-5099                                |   | Transaction ID : 13444657         Amount of Each Receipt this Period         42.00 |                     |       |              |         |                                  |                  |        |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |   |  |                     |       |              |         |                                  |                  |        |  |  |
|           | Name of Employer (for Individual)<br>HUB International  |                 | upation (for Individual)<br>up Division Manager       |   | ļ  | Me                  | emo   | o Ite        | эm      |                                  |                  |        |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>424.00                              | ] |  |                     |       |              |         |                                  |                  |        |  |  |
| C.        | Full Name of Individual (Last, First, Middle Init<br>Greene, Sean, C., ,                      | tial) or Full C | rganization Name                                      |   | D  | ate of              | Re    | ecei         | pt      |                                  |                  |        |  |  |
|           | Mailing Address 6096 Innovation Way   |                 |   |   | Γ  | 10 <sup>M</sup>     | /     | ľ            | 21      | / Y                              | 2019             | Ŷ      |  |  |
|           | City<br>Carlsbad  | State<br>CA     | Zip Code<br>92009-1741                                |   |  |                     |       |              |         | 344460                           | 61<br>his Period | 4      |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |   | ļ  |                     |       | ,            | _       |                                  |                  | .00    |  |  |
|           | Name of Employer (for Individual)<br>Morrison Insurance Services                              |                 | upation (for Individual)<br>bloyee Benefit Specialist |   |  | M                   | emo   | o Ite        | əm      |                                  |                  |        |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>450.00                              | ] |  |                     |       |              |         |                                  |                  |        |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                 |   | ► | [  | -                   | _     | ,            | -       |                                  | 102              | .00    |  |  |
| Т         | OTAL This Period (last page this line number  | only)           | •••••••   | • | I.   |                     |       | -            | _       |                                  |                  |        |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|    | EMIZED RECEIPTS   |                  | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|----|---|------------------|---|---|--|--|--|--|--|--|--|--|
|    | for commercial purposes, other than using the                                   |                  |   | berson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                 | tion Com         | mittee  |   |  |  |  |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Ini<br>Johnson, Sandra, , ,        | itial) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|    | Mailing Address 12500 Network Blvd, # 403                                       |                  |   | 10 / Y Y Y Y Y<br>21 2019   |  |  |  |  |  |  |  |  |
|    | City<br>San Antonio   | State<br>TX      | Zip Code<br>78249-3310                            | Transaction ID : 13444663           Amount of Each Receipt this Period                                    |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                      | С                |   | 30.00   |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Hairston, Johnson & Associates, PLLC       | Occ              | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate        | Year-to-Date ▼<br>380.00                          | ]   |  |  |  |  |  |  |  |  |
| в. | Full Name of Individual (Last, First, Middle Ini<br>Farrell, Jennifer, Liane, , | itial) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|    | Mailing Address 3800 North Central Avenue<br>9th Floor<br>City                  | State            | Zip Code  | 10 / D D / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
|    | Phoenix   | AZ               | 85012-1979  | Transaction ID : 13444664<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                      | С                |   | 85.00   |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Black, Gould & Associates                  |                  | cupation (for Individual)<br>ker                  | Memo Item   |  |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate        | Year-to-Date ▼<br>1225.00                         | ]   |  |  |  |  |  |  |  |  |
| С. | Full Name of Individual (Last, First, Middle Ini<br>McDermott, H., Luke, ,      | tial) or Full O  | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|    | Mailing Address 883 West Baxter Drive   |                  |   | M M / D D / Y Y Y Y<br>10 21 2019   |  |  |  |  |  |  |  |  |
|    | City<br>South Jordan  | State<br>UT      | Zip Code<br>84095-8506                            | Transaction ID : 13444666<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                      | С                |   | 30.00   |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>McDermott Company & Associates             | Occi<br>Brok     | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate        | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                  |   | 145.00  |  |  |  |  |  |  |  |  |
| т  | OTAL This Period (last page this line number                                    | only)            |   |   |  |  |  |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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|           |  |                | Detailed Summary Page                   | ×                                  | -                         |      | 11b        | 11c        | 12          |     |  |  |  |  |  |
|-----------|--|----------------|---|------------------------------------|---------------------------|------|------------|------------|-------------|-----|--|--|--|--|--|
|           |  |                |   |                                    | 13                        |      | 14         | 15         | 16          | 17  |  |  |  |  |  |
|           | y information copied from such Reports and SI<br>for commercial purposes, other than using the |                |   |                                    |                           |      |            |            |             |     |  |  |  |  |  |
| <u>.</u>  | NAME OF COMMITTEE (In Full)  |                |   |                                    |                           |      |            |            |             |     |  |  |  |  |  |
| $\rangle$ | Health Underwriters Political Act  | tion Com       | mittee                                  |                                    |                           |      |            |            |             |     |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Init<br>Woodward, Thomas, Nathan, ,               | ial) or Full C | organization Name                       | [                                  | Date of                   | Re   | eceipt     |            |             |     |  |  |  |  |  |
|           | Mailing Address 430 West Bankhead Hwy  |                |   |                                    | <sup>M</sup> 10           | /    | D D<br>21  | / Y        | y y<br>2019 | Ŷ   |  |  |  |  |  |
|           | City   | State          | Zip Code                                |                                    | Trans                     | act  | ion ID:'   | 1344466    | B           |     |  |  |  |  |  |
|           | Villa Rica   | GA             | 30180-1701                              | A                                  | Amount                    | t of | Each Re    | eceipt thi | s Period    | 1   |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С              |   |                                    | _                         |      | -          |            |             | .00 |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>MY FINANCIAL SERVICES LLC                                 |                | upation (for Individual)<br>e President |                                    | M                         | emo  | o Item     |            |             |     |  |  |  |  |  |
|           | Receipt For:   | Aggregate      | Year-to-Date V                          |                                    |                           |      |            |            |             |     |  |  |  |  |  |
|           | Primary General  | 00 - 0         |   |                                    |                           |      |            |            |             |     |  |  |  |  |  |
|           | Other (specify)  |                | 228.00                                  |                                    |                           |      |            |            |             |     |  |  |  |  |  |
| <u></u>   | Full Name of Individual (Last, First, Middle Init<br>Leavitt, Scott, A., ,                     | ial) or Full C | Prganization Name                       |                                    | Date of                   | Re   | eceipt     |            |             |     |  |  |  |  |  |
|           | Mailing Address 12988 W. Paint Dr.   |                |   |                                    | M M                       | /    | D D        | / Y        | YY          | Y   |  |  |  |  |  |
|           |  |                |   |                                    | 10                        |      | 22         |            | 2019        |     |  |  |  |  |  |
|           | City   | State          | Zip Code                                |                                    | Transaction ID : 13444928 |      |            |            |             |     |  |  |  |  |  |
|           | Boise  | ID             | 83713-1947                              | Amount of Each Receipt this Period |                           |      |            |            |             |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С              |   |                                    | 30.00                     |      |            |            |             |     |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Scott Leavitt Insurance                                   | Occ<br>Bro     | upation (for Individual)<br>ker         |                                    | M                         | emo  | o Item     |            |             |     |  |  |  |  |  |
|           | Receipt For:   | Aggregate      | Year-to-Date V                          |                                    |                           |      |            |            |             |     |  |  |  |  |  |
|           | Primary     General       Other (specify) ▼  |                | , 300.00                                | 1                                  |                           |      |            |            |             |     |  |  |  |  |  |
| С.        | Full Name of Individual (Last, First, Middle Init<br>Burns, Patrick, , ,                       | ial) or Full C | organization Name                       |                                    | Date of                   | Re   | eceipt     |            |             |     |  |  |  |  |  |
|           | Mailing Address 5653 Maxwelton Road  |                |   |                                    | <sup>M</sup> 10           | /    | D D<br>22  | / Y        | y y<br>2019 | Y   |  |  |  |  |  |
|           | City   | State          | Zip Code                                |                                    | Trans                     | act  | ion ID : ' | 1344493    | 0           |     |  |  |  |  |  |
|           | Oakland  | CA             | 94618-2654                              | A                                  | Amount                    | t of | Each Re    | eceipt thi | s Period    | l   |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С              |   |                                    |                           |      | y          | , y        | 170         | .00 |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Burns Employee Benefits Insurance Serv                    | Occ            | upation (for Individual)<br>ker         |                                    | M                         | emo  | o Item     |            |             |     |  |  |  |  |  |
|           | Receipt For:   | Aggregate      | Year-to-Date V                          |                                    |                           |      |            |            |             |     |  |  |  |  |  |
|           | Primary General  |                |   |                                    |                           |      |            |            |             |     |  |  |  |  |  |
|           | Other (specify)  | <u> </u>       | 1780.00                                 | 4                                  |                           |      |            |            |             |     |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                |   |                                    |                           |      | , .        |            | 230         | .00 |  |  |  |  |  |
| Т         | OTAL This Period (last page this line number of  | only)          |   |                                    |                           |      |            |            |             |     |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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FOR LINE NUMBER:

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|             |  |               | for each category of the<br>Detailed Summary Page          |   | × | 11a<br>13       |      | 11<br>  12 |           | 11c                          | 12                             | 17    |
|-------------|--|---------------|--|---|---|-----------------|------|------------|-----------|------------------------------|--------------------------------|-------|
| or for c    | ormation copied from such Reports and Sta<br>ommercial purposes, other than using the                                    |               |  |   |   | or the          |      | pos        | se of a   | soliciting                   | g contribu                     | tions |
|             | IE OF COMMITTEE (In Full)<br>alth Underwriters Political Act   | ion Com       | mittee   |   |   |                 |      |            |           |                              |                                |       |
| A. Ch       | Name of Individual (Last, First, Middle Initia<br>eney, Jessica, R., ,<br>ng Address 3033 N. Central Avenue<br>Suite 810 | al) or Full O | rganization Name   |   |   | Date o          | /    | C          | D D<br>22 | / Y                          | ү ү<br>2019                    | Y     |
|             | enix   | AZ            | 85012-2804   |   |   |                 |      |            |           | 344493                       | nis Period                     |       |
|             | ID number of contributing ral political committee.   | С             |  |   |   | Amoun           |      | 1          |           |                              | 30.                            | _     |
| Arcv        | e of Employer (for Individual)<br>vood Consulting<br>eipt For:<br>Primary General<br>Other (specify) ▼                   | Age           | upation (for Individual)<br>nt<br>Year-to-Date ▼<br>390.00 | ] | - | M               | lemo | o It       | em        |                              |                                |       |
|             | Name of Individual (Last, First, Middle Initia<br>rgsma, Lori, , ,   | al) or Full O | rganization Name   |   | [ | Date o          | f Re | ece        | ipt       |                              |                                |       |
| City        | ng Address Balanced Rock Insurance<br>643 Canyon Drive   | State<br>ID   | Zip Code<br>83301-3014                                     |   |   |                 | acti | ion        |           | / <b>344493</b><br>eceipt th | 2019<br><b>3</b><br>iis Period |       |
| fede        | ID number of contributing<br>ral political committee.  | C             | 35.00<br>Memo Item   |   |   |                 |      |            |           | 00                           |                                |       |
|             | e of Employer (for Individual)<br>nced Rock Insurance Agency, Inc.   | Brol          | upation (for Individual)<br>ker                            |   |   |                 |      | 5 10       | CIII      |                              |                                |       |
|             | eipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>330.00                                   |   |   |                 |      |            |           |                              |                                |       |
| <b>с</b> Са | Name of Individual (Last, First, Middle Initiangliola, David, A., ,  | al) or Full O | rganization Name   |   |   | Date o          | f Re | ece        | ipt       |                              |                                |       |
| Maili       | ng Address 1041 Old Cassatt Rd   |               |  |   |   | <sup>M</sup> 10 | /    | Г          | D D D 22  | / Y                          | 2019                           | Y     |
| City<br>Ber | wyn  | State<br>PA   | Zip Code<br>19312-1152                                     |   |   |                 |      |            |           | <b>1344493</b><br>eceipt th  | <b>34</b><br>nis Period        |       |
|             | ID number of contributing ral political committee.   | С             |  |   |   |                 |      | y          |           | 9                            | 85.                            | 00    |
| Sim         | e of Employer (for Individual)<br>kiss & Block   | Occu<br>Brok  | upation (for Individual)<br>xer                            |   |   | N               | lemo | o It       | em        |                              |                                |       |
|             | eipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>850.00                                   |   |   |                 |      |            |           |                              |                                |       |
|             | DTAL of Receipts This Page (optional)  |               |  |   |   | _               |      | ,          | -         | ,                            | 150.                           | 00    |

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|----|--|--------------|---|------------------|-----------------|------|-----------|---------------------------------|-------------|--------|
|    |  |              | for each category of the<br>Detailed Summary Page | ×                | 11a<br>13       |      | 11b<br>14 | 11c                             | 12          | 17     |
|    | v information copied from such Reports and Sta<br>or commercial purposes, other than using the n |              |   |                  | or the          |      | pose o    | f soliciting                    | g contribu  | utions |
| \  | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                | on Com       | mittee  |                  |                 |      |           |                                 |             |        |
|    | Full Name of Individual (Last, First, Middle Initia<br>Henry, Thomas, L., ,                      | l) or Full O | rganization Name                                  | [                | Date of         | Re   | eceipt    |                                 |             |        |
| I  | Mailing Address 430 W NAPA ST. SUITE F   |              |   |                  | <sup>M</sup> 10 | /    | 22        |                                 | ү ү<br>2019 | Y      |
|    | City<br>SONOMA   | State<br>CA  | Zip Code<br>95476-6545                            |                  |                 |      |           | : <b>134449</b> 3<br>Receipt th |             | d      |
|    | FEC ID number of contributing<br>rederal political committee.                                    | С            |   |                  |                 |      | -         |                                 | 85          | .00    |
| I  | Name of Employer (for Individual)<br>RealCare Insurance Marketing, Inc.                          | Occu<br>Brok | upation (for Individual)<br>ter                   |                  | M               | emo  | tem       |                                 |             |        |
| I  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>850.00                          | 1                |                 |      |           |                                 |             |        |
|    | Full Name of Individual (Last, First, Middle Initia Wild, Trei, , ,                              | l) or Full O | rganization Name                                  |                  | Date of         | Re   | eceipt    |                                 |             |        |
| -  | Mailing Address 3724 Hearst Castle Way   | 1            | Zip Code  |                  | м м<br>10       | 1    | D<br>22   |                                 | ү ү<br>2019 | Y      |
|    | City<br>Plano  | State<br>TX  |   |                  |                 |      | 1344493   |                                 | -1          |        |
| -  | FEC ID number of contributing<br>rederal political committee.                                    | C            |   | nis Perioo<br>85 | .00             |      |           |                                 |             |        |
|    | Name of Employer (for Individual)<br>Protect Plans   | Occu<br>Broł | upation (for Individual)<br>ker                   |                  | M               | emc  | tem       |                                 |             |        |
| Ī  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>850.00                          | ]                |                 |      |           |                                 |             |        |
|    | Full Name of Individual (Last, First, Middle Initia<br>Cunningham, Jerilyn, B., ,                | l) or Full O | rganization Name                                  |                  | Date of         | Re   | eceipt    |                                 |             |        |
| I  | Mailing Address 6570 N 130th Lane  |              |   |                  | 10 <sup>M</sup> | 1    | D 22      |                                 | y y<br>2019 | Y      |
| (  | City<br>Glendale   | State<br>AZ  | Zip Code<br>85307-4506                            |                  |                 |      |           | : 134449:<br>Receipt th         |             | d      |
|    | FEC ID number of contributing ederal political committee.  | С            |   |                  |                 |      | ,         | , ,                             | 30          | .00    |
|    | Name of Employer (for Individual)<br>Humana  |              | ipation (for Individual)<br>ager of Engagement    |                  | M               | emo  | o Item    |                                 |             |        |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>300.00                          | ]                |                 |      |           |                                 |             |        |
|    | JBTOTAL of Receipts This Page (optional)   |              | ,   |                  |                 | -    | , .       |                                 | 200         | .00    |

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | -                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
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|   |                      | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16  |  |  |  |  |  |  |  |  |
|   |                      |   | 13     14     15     16       berson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                | Action Com           | mittee  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>Boaz, Daniel, J., ,          | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 5565 Roberts Drive <u>Suite 100</u>                         |                      |   | M M / D D / Y Y Y Y<br>10 22 2019   |  |  |  |  |  |  |  |  |
| City<br>Atlanta   | State<br>GA          | Zip Code<br>30338-3350                            | Transaction ID : 13444939<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                    |   | 30.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>HealthLife Group, LLC                  | Occi<br>Brol         | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate            | Year-to-Date ▼<br>300.00                          | 1   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Lindstrom, Betty, J., ,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address PO Box 4026   |                      |   | M M / D D / Y Y Y Y<br>10 22 2019   |  |  |  |  |  |  |  |  |
| City<br>Felton  | State<br>CA          | Zip Code<br>95018-0349                            | Transaction ID : 13444942<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                    |   | 30.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Lindstrom Insurance                    | Occ<br>Bro           | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate            | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Qualizza, Jacqueline, , , | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 12877 W. 151st Street                                       |                      |   | 10 / Y Y Y Y<br>22 2019   |  |  |  |  |  |  |  |  |
| City<br>Olathe  | State<br>KS          | Zip Code<br>66062-9707                            | Transaction ID : 13444943           Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                    |   | 25.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Associate Insurance Services, Inc.     | Occi<br>Brok         | upation (for Individual)<br>xer                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate            | Year-to-Date ▼<br>250.00                          | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                     | l)                   |   | 85.00   |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                  | ber only)            |   |   |  |  |  |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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|                              | EMIZED RECEIPTS  |             |            | or each category of<br>Detailed Summary |       | > | _   | 11a             |       | 111      | b  | 11c                       |         | 12    |    |
|------------------------------|--|-------------|------------|---|-------|---|-----|-----------------|-------|----------|----|---------------------------|---------|-------|----|
|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |             |            |   |       |   | for |                 |       |          |    |                           |         |       |    |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Actio                                   | n Com       | nmi        | ttee                                    |       |   |     |                 |       |          |    |                           |         |       |    |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Wilson, Thomas, R., ,                       | or Full C   | Orgai      | nization Name                           |       |   |     | ate of          | Re    | ceip     | ot |                           |         |       |    |
|                              | Mailing Address 701 Lamar  | State       |            | Zip Code                                |       |   | L   | 10              | /<br> | L        | 23 | 344538                    | 20      | 019   | Ŷ  |
|                              | Wichita Falls  | TX          |            | 76301-6824                              |       |   |     |                 |       |          |    | ceipt th                  |         | eriod |    |
|                              | FEC ID number of contributing federal political committee.   | С           |            |   |       |   |     |                 |       | -        |    |                           |         | 170.0 | 00 |
|                              | Name of Employer (for Individual)<br>Boley Featherston Insurance Agency                              | Occ<br>Brol | •          | tion (for Individual)                   |       |   | C   | M               | emo   | ) Ite    | em |                           |         |       |    |
|                              | Receipt For:       A         Primary       General         Other (specify) ▼                         | ggregate    | Yea        | ur-to-Date ▼<br>19                      | 50.00 |   |     |                 |       |          |    |                           |         |       |    |
| в.                           | Full Name of Individual (Last, First, Middle Initial)<br>Kohlsdorf, Eric, , ,                        | or Full C   | Orgai      | nization Name                           |       |   | Da  | ate of          | Re    | ceip     | ot |                           |         |       |    |
|                              | Mailing Address 1501 Ingersoll Ave<br>Suite 200  |             |            |   |       |   | N   | 10 <sup>M</sup> | /     | D        | 23 | / Y                       | ү<br>20 | 19    | Y  |
|                              | City<br>Des Moines   | State<br>IA |            | Zip Code<br>50309-3102                  |       |   |     |                 |       | -        |    | <b>344538</b><br>ceipt th | -       | eriod |    |
|                              | FEC ID number of contributing federal political committee.   | С           |            |   |       |   | Ľ   |                 |       | 7        |    | -                         |         | 85.   | 00 |
|                              | Name of Employer (for Individual)<br>Prisma Strategies   |             | upa<br>ker | tion (for Individual)                   |       |   |     | M               | emo   | lte      | em |                           |         |       |    |
|                              | Receipt For:     A       Primary     General       Other (specify) ▼                                 | ggregate    | Yea        | ar-to-Date ▼<br>9                       | 25.00 |   |     |                 |       |          |    |                           |         |       |    |
| <u>с.</u>                    | Full Name of Individual (Last, First, Middle Initial)<br>Winson, Shelly, K., ,                       | or Full C   | Orgai      | nization Name                           |       |   | Da  | ate of          | Re    | ceip     | ot |                           |         |       |    |
|                              | Mailing Address PO Box 1914  |             |            |   |       |   |     | 10              | /     | D        | 23 | / Y                       |         | 19    | Y  |
|                              | City<br>Chandler   | State<br>AZ |            | Zip Code<br>85244-1914                  |       |   |     |                 |       | -        |    | 344538<br>ceipt th        | -       | eriod |    |
|                              | FEC ID number of contributing federal political committee.   | С           |            |   |       |   | Ę   |                 |       | <b>y</b> |    | 9                         |         | 30.   | 00 |
|                              | Name of Employer (for Individual)<br>True Choice Benefits LLC  | Occ<br>Brok | •          | tion (for Individual)                   |       |   |     | M               | emo   | lte      | em |                           |         |       |    |
|                              | Receipt For:     A       Primary     General       Other (specify)                                   | vggregate   | Yea        | ar-to-Date ▼<br>2                       | 70.00 |   |     |                 |       |          |    |                           |         |       |    |
|                              | UBTOTAL of Receipts This Page (optional)   |             |            |   | F     |   | Γ   | -               |       | 9        | -  | 9                         |         | 285.( | 00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   | -                       | Use separate schedule(s)                          | (checl    | < only                  | on  | e)    |                              |                   |          |  |  |  |  |  |  |
|---|-------------------------|---|-----------|-------------------------|-----|-------|------------------------------|-------------------|----------|--|--|--|--|--|--|
|   |                         | for each category of the<br>Detailed Summary Page | X         | ŀ                       |     | 11b   | 11c                          | 12                | <u> </u> |  |  |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than us |                         |   | erson for |                         |     |       |                              |                   |          |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic                            | al Action Com           | mittee  |           |                         |     |       |                              |                   |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>A. Ackerman, Mark, K., ,                 | ddle Initial) or Full O | rganization Name                                  | Da        | Date of Receipt         |     |       |                              |                   |          |  |  |  |  |  |  |
| Mailing Address 3700 Forest Drive<br>Suite 300  |                         |   | Ň         | 10 <sup>M</sup>         | /   | 23    | ) / Y                        | ү ү<br>2019       | Y        |  |  |  |  |  |  |
| City<br>Columbia  | State<br>SC             | Zip Code<br>29204-4010                            |           |                         |     |       | <b>1344539</b><br>Receipt th | 91<br>nis Period  |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |   |           |                         |     | ,     |                              | 85.0              | 00       |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Insurance Management Group, Inc.                 | Occi<br>Brol            | upation (for Individual)<br>ker                   |           | Me                      | mo  | ltem  |                              |                   |          |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate               | Year-to-Date ▼<br>850.00                          | ]         |                         |     |       |                              |                   |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>B. Clingan, Nedra, C., ,                 | ddle Initial) or Full O | rganization Name                                  | Da        | ate of                  | Red | ceipt |                              |                   |          |  |  |  |  |  |  |
| Mailing Address 13222 Huisache Way  |                         |   | N         | 10 23 / Y Y Y Y<br>2019 |     |       |                              |                   |          |  |  |  |  |  |  |
| City<br>Helotes   | State<br>TX             | Zip Code<br>78023-3606                            |           |                         |     |       | <b>1344539</b><br>Receipt th | 4<br>nis Period   |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |   |           |                         |     |       | 30.00                        |                   |          |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Renaissance Family of Companies                  | Occ<br>Bro              | upation (for Individual)<br>ker                   |           | Me                      | mo  | Item  |                              |                   |          |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate               | Year-to-Date ▼<br>300.00                          | ]         |                         |     |       |                              |                   |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>C. Berger, Stephanie, , ,                | ddle Initial) or Full O | rganization Name                                  | Da        | ate of                  | Ree | ceipt |                              |                   |          |  |  |  |  |  |  |
| Mailing Address 79 Daily Dr #276  |                         |   | N         | 10 <sup>M</sup>         | /   | 23    |                              | 2019 <sup>°</sup> | Y        |  |  |  |  |  |  |
| City<br>Camarillo   | State<br>CA             | Zip Code<br>93010-5807                            |           |                         |     | -     | 1344539<br>Receipt th        | 95<br>nis Period  |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |   |           | -                       |     | g     | . ,                          | 40.0              | 00       |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Collaborative Insurance Solutions                | Occi<br>Brok            | upation (for Individual)<br>er                    |           | Me                      | emo | ltem  |                              |                   |          |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate               | Year-to-Date ▼<br>400.00                          | ]         |                         |     |       |                              |                   |          |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optio   | nal)                    |   |           |                         |     | ,     | . ,                          | 155.0             | 00       |  |  |  |  |  |  |
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|    | EMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page |        | _  | 11a<br>13       |     | 11b<br>14 |    | 11c<br>15          | 12<br>16          | 17     |  |  |  |
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|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac   | tion Com        | mittee  |        |  |                 |     |           |    |                    |                   |        |  |  |  |
| A. | Full Name of Individual (Last, First, Middle Init<br>Blain, Bradford, H., ,                                 | tial) or Full C | rganization Name                                  |        | D  | ate of          | Re  | ceipt     | t  |                    |                   |        |  |  |  |
|    | Mailing Address 343 Waller Avenue<br>Suite 101  |                 |   |        | Ľ  | <sup>M</sup> 10 | 1   |           | 23 | / Y                | 2019              | Y      |  |  |  |
|    | City<br>Lexington   | State<br>KY     | Zip Code<br>40504-2912                            |        |  |                 |     | -         |    | 344539<br>ceipt th | 6<br>nis Period   | 1      |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С               |   |        | [  |                 |     | 7         | _  | -                  | 30.               | .00    |  |  |  |
|    | Name of Employer (for Individual)<br>Al Torstrick Insurance Agency, Inc.<br>Receipt For:<br>Primary General | Brol            | Year-to-Date ▼                                    |        |  | Me              | emo | lten      | n  |                    |                   |        |  |  |  |
| в. | Under (specify) ▼<br>Full Name of Individual (Last, First, Middle Init<br>Hebert, Hedy, S., ,               | tial) or Full C | 300.00<br>rganization Name                        | 1      | D  | ate of          | Re  | ceipt     | t  |                    |                   |        |  |  |  |
|    | Mailing Address 390 Plaza Loop.   | State           | Zip Code  |        |  | 10 <sup>M</sup> | 1   |           | 23 | / Y                | 2019              | Y      |  |  |  |
|    | Bossier City  | LA              | 71111-4390  |        | Transaction ID : 13445398           Amount of Each Receipt this Period |                 |     |           |    |                    |                   |        |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С               |   | 85.00  |  |                 |     |           |    |                    |                   |        |  |  |  |
|    | Name of Employer (for Individual)<br>Benefit Consulting Services  | Occ<br>Bro      | upation (for Individual)<br>ker                   |        |  | Me              | emo | lten      | n  |                    |                   |        |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>850.00                          | ]      |  |                 |     |           |    |                    |                   |        |  |  |  |
| С. | Full Name of Individual (Last, First, Middle Ini<br>Heemskerk, Cornelis, A., ,                              | tial) or Full C | rganization Name                                  |        | D  | ate of          | Re  | ceipt     | t  |                    |                   |        |  |  |  |
|    | Mailing Address 1901 Butterfield Road<br>Suite 120  |                 |   |        | E  | 10 <sup>M</sup> | /   |           | 23 | / Y                | 2019 <sup>Y</sup> | Y      |  |  |  |
|    | City<br>Downers Grove   | State<br>IL     | Zip Code<br>60515-7928                            |        |  |                 |     |           |    | 344539<br>ceipt th | 99<br>nis Period  | 1      |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С               |   |        | ļ  | _               |     | 7         | _  | -<br>7             | 20.               | .00    |  |  |  |
|    | Name of Employer (for Individual)<br>Everlong Group Medical Captive Service<br>Receipt For:                 | Brok            |   |        |  | Me              | emo | lten      | n  |                    |                   |        |  |  |  |
|    | Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>380.00                          | ]      |  |                 |     |           |    |                    |                   |        |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                 |   | ►<br>_ | ļ  | -               | _   | 9         | -  | 9                  | 135.              | 00     |  |  |  |
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| ITEMIZED RECEIPTS  |                               | Use separate schedule(s)                          | (check o     | nly o   | ne)    | L                       |                         |    |  |  |  |  |  |  |
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| II EIVIIZED KEGEIFIS   |                               | for each category of the<br>Detailed Summary Page | <b>×</b> 11a |   | 11b    | 11c                     | 12                      |    |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  | -                             |   |              |   |        |                         |                         |    |  |  |  |  |  |  |
| > Health Underwriters Po   | olitical Action Com           | mittee  |              |   |        |                         |                         |    |  |  |  |  |  |  |
| Full Name of Individual (Last, Fir<br>A. LaFay, Stacey, S., ,              |                               | rganization Name                                  | Date         | of Re   | eceipt |                         |                         |    |  |  |  |  |  |  |
| Mailing Address 2444 East Hill Ro  | J.                            |   | M<br>10      |   | 23 D   |                         | ү ү<br>2019             | Y  |  |  |  |  |  |  |
| City<br>Grand Blanc  | State<br>MI                   | Zip Code<br>48439-5098                            |              |   |        | : 1344540<br>Receipt th | <b>00</b><br>his Period |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                             |   |              |   |        |                         | 110.0                   | 00 |  |  |  |  |  |  |
| Name of Employer (for Individual<br>Franklin Benefit Soutions              | ) Occu<br>Brok                | upation (for Individual)<br>ker                   |              | Mem   | o Item |                         |                         |    |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate                     | Year-to-Date ▼<br>1165.00                         | ]            |   |        |                         |                         |    |  |  |  |  |  |  |
| Full Name of Individual (Last, Fir<br>B. McClaskey, Barbara, A., ,         |                               | rganization Name                                  | Date         | of R  | eceipt |                         |                         |    |  |  |  |  |  |  |
| Mailing Address 1965 Pine Street   |                               |   | 10           |   | 23     |                         | 2019                    | Y  |  |  |  |  |  |  |
| City<br>Redding  | State<br>CA                   | Zip Code<br>96001-1921                            |              | Transaction ID : 13445401<br>Amount of Each Receipt this Period |        |                         |                         |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                             | С   |              |   |        | 42                      |                         |    |  |  |  |  |  |  |
| Name of Employer (for Individual<br>Barbara McClaskey Insurance Ser        |                               | upation (for Individual)<br>ker                   |              | Mem   | o Item |                         |                         |    |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate                     | Year-to-Date ▼<br>470.00                          | ]            |   |        |                         |                         |    |  |  |  |  |  |  |
| Full Name of Individual (Last, Fir<br>C. Reeves, Valerie, , ,              | st, Middle Initial) or Full O | rganization Name                                  | Date         | of R  | eceipt |                         |                         |    |  |  |  |  |  |  |
| Mailing Address 3702 Brownsbor   | o Rd                          |   | M<br>10      |   | 23     |                         | 2019                    | Y  |  |  |  |  |  |  |
| City<br>Louisville   | State<br>KY                   | Zip Code<br>40207-1820                            |              |   |        | : 1344540<br>Receipt th | 02<br>nis Period        |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                             |   |              |   | , .    | 7                       | 42.0                    | 00 |  |  |  |  |  |  |
| Name of Employer (for Individual<br>Preferred Benefits, LLC                | ) Occu<br>Brok                | upation (for Individual)<br>er                    |              | Mem   | o Item |                         |                         |    |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate                     | Year-to-Date ▼<br>420.00                          | ]            |   |        |                         |                         |    |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page   | (optional)                    |   |              |   | , .    | 7                       | 194.0                   | 00 |  |  |  |  |  |  |
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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 1 <sup>1</sup>   |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using | d Statements ma<br>the name and a   | l<br>ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     1       berson for the purpose of soliciting contributions re to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                                 | Action Com  | mittee   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Tellesbo-Kembel, Marsha, , ,              | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Tellesbo-Kembel, Marsha, , , |  |   |  |  |  |  |  |  |  |  |  |
| Mailing Address 1001 4th Avenue, Suite 32  | 10 23 2019  |  |   |  |  |  |  |  |  |  |  |  |
| City<br>Seattle  | State<br>WA   | Zip Code<br>98154-1003   | Transaction ID : 13445403<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С   |  | 170.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Tellesbo & Company                                      | Tellesbo & Company Broker   |  |   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>1700.00  | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Munger, David, , ,                 | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Munger, David, , ,           |  |   |  |  |  |  |  |  |  |  |  |
| Mailing Address 3312 W. Magistrate Loop  | Mailing Address 3312 W. Magistrate Loop   |  |   |  |  |  |  |  |  |  |  |  |
| City<br>Hayden   | State<br>ID   | Zip Code<br>83835-5019   | Transaction ID : 13445406<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С   |  | 100.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Munger Insurance  | Occ<br>Bro  | upation (for Individual)<br>ker  | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>1050.00  | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Baskett, John, , ,                           | Date of Receipt   |  |   |  |  |  |  |  |  |  |  |  |
| Mailing Address 2601C Blanding Ave #222  | 10 / 23 / Y Y Y Y<br>2019   |  |   |  |  |  |  |  |  |  |  |  |
| City<br>Alameda  | State<br>CA   | Zip Code<br>94501-1507   | Transaction ID : 13445408           Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С   |  | 30.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>John Baskett Insurance Services                         | Occ<br>Brol   | upation (for Individual)<br>ker  | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>300.00   | ]   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |   |  | 300.00  |  |  |  |  |  |  |  |  |  |
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|    | EMIZED RECEIPTS  |                                       |     | for each category of the<br>Detailed Summary Page |   | _   | 1a<br>3  |           | 11<br>  14 | - H  | 11c       | 12         | 17     |  |  |  |
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|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac  | tion Com                              | ımi | ittee   |   |   |  |           |            |      |           |            |        |  |  |  |
| A. | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Braner, Jodie, E., ,       |                                       |     |   |   |   | Date of Receipt  |           |            |      |           |            |        |  |  |  |
|    | Mailing Address 5 Concourse Parkway 18th Floor   |                                       |     |   |   |   |  |           |            |      |           |            |        |  |  |  |
|    | City<br>Atlanta  | State Zip Code<br>GA 30328-5350       |     |   |   |   | Transaction ID : 13445409 Amount of Each Receipt this Period |           |            |      |           |            |        |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С                                     |     |   |   |   |  |           |            |      |           |            |        |  |  |  |
|    | Name of Employer (for Individual)<br>Willis  | Occupation (for Individual)<br>Broker |     |   |   |   |  | Memo Item |            |      |           |            |        |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                             | Yea | ar-to-Date ▼<br>300.00                            | ] |   |  |           |            |      |           |            |        |  |  |  |
| в. | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Copeland, Bob, , ,         |                                       |     |   |   |   | Date of Receipt  |           |            |      |           |            |        |  |  |  |
|    | Mailing Address 1299 4th Street Suite 208  |                                       |     |   |   |   |  |           |            |      |           |            |        |  |  |  |
|    | City<br>San Rafael   | State<br>CA                           |     | Zip Code<br>94901-3028                            |   | Transaction ID : 13445411<br>Amount of Each Receipt this Period |  |           |            |      |           |            | ł      |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C                                     |     |   |   |   | 85.00  |           |            |      |           |            |        |  |  |  |
|    | Name of Employer (for Individual)<br>Copeland Insurance Services   | Occupation (for Individual)<br>Broker |     |   |   |   | M  | emo       | ) Ite      | m    |           |            |        |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>850.00    |     |   |   |   |  |           |            |      |           |            |        |  |  |  |
| С. | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Goodwin, Carolyn, L., , |                                       |     |   |   |   | te of  | Re        | ecei       | pt   |           |            |        |  |  |  |
|    | Mailing Address 12740 Hillcrest Road<br>Suite 275  |                                       |     |   |   |   | 10 / Y Y Y Y<br>10 23 2019                                   |           |            |      |           |            |        |  |  |  |
|    | City<br>Dallas   | State<br>TX                           |     | Zip Code<br>75230-7129                            |   | Transaction ID : 13445414<br>Amount of Each Receipt this Period |  |           |            |      |           | d          |        |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С                                     |     | Ľ   |   |   | ,  | _         | ,          |      | .00       |            |        |  |  |  |
|    | Name of Employer (for Individual)<br>Goodwin Benefits Group, LLC   | Occupation (for Individual)<br>Broker |     |   |   |   | Memo Item  |           |            |      |           |            |        |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>432.00    |     |   |   |   |  |           |            |      |           |            |        |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                                       |     |   | I |   |  |           | 9          | -    | 9         | 157        | .00    |  |  |  |
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| ITEIWIZED RECEIPTS  |                    | Detailed Summary Page                                       | × | -   |      | 11b    |      | 11c                | 12                            | <u> </u> |  |  |  |
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political  | Action Com         | mittee  |   |   |      |        |      |                    |                               |          |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Griffey, Patricia, A., ,<br>Mailing Address 56294 Primrose Circle<br>City                | Initial) or Full C | Zip Code  |   | Date of Receipt<br>10 / 23 / 2019<br>Transaction ID : 13445415  |      |        |      |                    |                               |          |  |  |  |
| Elkhart<br>FEC ID number of contributing<br>federal political committee.  |                    | 46516-1509  | / |   |      |        |      |                    | s Period<br>100.              | 00       |  |  |  |
| Name of Employer (for Individual)<br>Page 1 Medicare<br>Receipt For:  | Occ<br>Brol        | upation (for Individual)<br>ker<br>Year-to-Date ▼           |   | M   | emo  | ) Iter | m    |                    | 4                             |          |  |  |  |
| Primary General<br>Other (specify) ▼  |                    | 1125.00   | ] |   |      |        |      |                    |                               |          |  |  |  |
| Full Name of Individual (Last, First, Middle         B.       Howard, Michelle, S., ,         Mailing Address       2850 West Grand Bouleva | -                  | rganization Name  |   | Date of   | f Re |        | ot   | / Y                | YY                            | Y        |  |  |  |
| City<br>Detroit<br>FEC ID number of contributing  | State<br>MI        | Zip Code<br>48202-2643                                      |   | 10     23     2019       Transaction ID : 13445416       Amount of Each Receipt this Period       12.00 |      |        |      |                    |                               |          |  |  |  |
| federal political committee.<br>Name of Employer (for Individual)<br>Health Alliance Plan   | C<br>Occ<br>Bro    | upation (for Individual)<br>ker                             |   | M   | emo  | ) Iter | m    | -¶                 | 12.                           | 00       |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>266.00                                    | ] |   |      |        |      |                    |                               |          |  |  |  |
| C. Embry, Jeanne, A., ,<br>Mailing Address 26240 Wacker Drive   | initial) or Full C | organization Name   |   | Date of   | F Re |        | ot D | / Y                | YY                            | Y        |  |  |  |
| City<br>Chesterfield<br>FEC ID number of contributing<br>federal political committee.   | State<br>MI        | Zip Code<br>48051-3306                                      |   |   |      | ion I  |      | 344541<br>ceipt th | 2019<br>8<br>is Period<br>30. |          |  |  |  |
| Name of Employer (for Individual)<br>Comprehensive Benefits<br>Receipt For:<br>Primary General<br>Other (specify)                           | Brok               | upation (for Individual)<br>ker<br>Year-to-Date ▼<br>550.00 | ] | М   | emo  | ) Iter | m    |                    |                               |          |  |  |  |
| SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl  | ,<br>              |   |   |   |      | ,      | -    | ,                  | 142.                          | 00       |  |  |  |

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| 171       | EMIZED RECEIPTS   |                | Use separate schedule(s)                          | (ch | neck only       | / or | ne)   |                                 |                  |    |  |  |  |
|-----------|---|----------------|---|-----|-----------------|------|-------|---------------------------------|------------------|----|--|--|--|
|           |   |                | for each category of the<br>Detailed Summary Page |     | <b>K</b> 11a    |      | 11b   | 11c                             | 12               |    |  |  |  |
|           | y information copied from such Reports and S<br>for commercial purposes, other than using the |                |   |     |                 |      |       |                                 |                  |    |  |  |  |
|           | NAME OF COMMITTEE (In Full)   | name anu a     | duress of any political committee                 |     |                 |      |       |                                 |                  |    |  |  |  |
| $\rangle$ | Health Underwriters Political Ac  | tion Com       | mittee  |     |                 |      |       |                                 |                  |    |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Init<br>Perry, Jeff, , ,                         | ial) or Full O | rganization Name                                  |     | Date of Receipt |      |       |                                 |                  |    |  |  |  |
|           | Mailing Address P O Box 51019   |                |   |     | <sup>M</sup> 10 | /    | D 23  |                                 | 2019             | Y  |  |  |  |
|           | City<br>Idaho Falls   | State<br>ID    | Zip Code<br>83405-1019                            |     |                 |      |       | 1344542<br>Receipt tl           | 20<br>nis Period |    |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С              |   |     | <u> </u>        |      |       |                                 | 30.              | 00 |  |  |  |
|           | Name of Employer (for Individual)<br>The Hartwell Corporation                                 | Occi<br>Brol   | upation (for Individual)<br>ker                   |     | Me              | emo  | ltem  |                                 |                  |    |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>300.00                          | 1   |                 |      |       |                                 |                  |    |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Init<br>Sterner, Heidi, J., ,                    | ial) or Full O | rganization Name                                  |     | Date of         | Re   | ceipt |                                 |                  |    |  |  |  |
|           | Mailing Address 3402 Cinnamon Creek Avenue  | ;              |   |     | м м<br>10       | /    | 23    |                                 | y y<br>2019      | Y  |  |  |  |
|           | City<br>North Las Vegas   | State<br>NV    | Zip Code<br>89031-3520                            |     |                 |      |       | 1344542                         |                  |    |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С              | Amount of Each Receipt this Period 30.00          |     |                 |      |       |                                 |                  |    |  |  |  |
|           | Name of Employer (for Individual)<br>Leavitt Group Benefits Services                          |                | upation (for Individual)<br>urance Consultant     |     | Me              | emo  | Item  |                                 |                  |    |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>450.00                          | ]   |                 |      |       |                                 |                  |    |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Init<br>Franke, Gary, , ,                        | ial) or Full O | rganization Name                                  |     | Date of         | Re   | ceipt |                                 |                  |    |  |  |  |
|           | Mailing Address 227 Bellevue Way NE<br>Suite 715  | Ototo          | Zin Oode  |     | 10 <sup>M</sup> | 1    | 23    |                                 | 2019             | Ŷ  |  |  |  |
|           | City<br>Bellevue  | State<br>WA    | Zip Code<br>98004-5721                            |     |                 |      |       | : <b>134454</b> :<br>Receipt th | 27<br>nis Period |    |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С              |   |     | <u> </u>        |      | , i   | 9                               | 30.              | 00 |  |  |  |
|           | Name of Employer (for Individual)<br>Achieve Alpha Insurance, LLC                             |                | upation (for Individual)<br>Ith Insurance Broker  |     | Me              | emc  | ttem  |                                 |                  |    |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>300.00                          | 1   |                 |      |       |                                 |                  |    |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                |   | •   |                 |      | , .   | . ,                             | 90.              | 00 |  |  |  |
| т         | OTAL This Period (last page this line number of   | only)          |   | •   |                 |      |       |                                 |                  |    |  |  |  |

#### 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<br>Detailed Summary Page |        | ×                         | 11a<br>13       |     | 11<br>  14 |      | 11c<br>15              | 12                     | ſ       | 17  |  |  |
|----|--|----------------|---|--------|---------------------------|-----------------|-----|------------|------|------------------------|------------------------|---------|-----|--|--|
|    | y information copied from such Reports and SI<br>for commercial purposes, other than using the |                |   |        |                           |                 |     |            |      | solicitir              | ng contr               | ributio | ons |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                               | tion Com       | mittee  |        |                           |                 |     |            |      |                        |                        |         |     |  |  |
| Α. | Full Name of Individual (Last, First, Middle Init<br>Mackin, Martin, John, ,                   | ial) or Full C | Organization Name                                 |        | Date of Receipt           |                 |     |            |      |                        |                        |         |     |  |  |
|    | Mailing Address P O Box 29607  |                |   |        | l                         | <sup>M</sup> 10 | /   | Ľ          | 23   |                        | y y<br>2019            |         | ſ   |  |  |
|    | City<br>San Francisco  | State<br>CA    | Zip Code<br>94129-0607                            |        |                           |                 |     |            |      | 34454<br>eceipt 1      | <b>129</b><br>this Per | iod     |     |  |  |
|    | FEC ID number of contributing federal political committee.                                     | С              |   |        | l                         |                 |     | -          |      |                        |                        | 63.00   | )   |  |  |
|    | Name of Employer (for Individual)<br>Foresight Benefits, Inc.                                  | Occ<br>Bro     | upation (for Individual)<br>ker                   |        | l                         | M               | emo | o Ite      | em   |                        |                        |         |     |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>630.00                          | ]      |                           |                 |     |            |      |                        |                        |         |     |  |  |
| В. | Full Name of Individual (Last, First, Middle Init<br>Patton, Jesse, A., ,                      | ial) or Full C | Organization Name                                 |        | D                         | ate of          | Re  | ecei       | ipt  |                        |                        |         |     |  |  |
|    | Mailing Address 1112 Maple Street  |                |   |        | 10 / Y Y Y Y<br>23 / 2019 |                 |     |            |      |                        |                        |         |     |  |  |
|    | City<br>West Des Moines  | State<br>IA    | Zip Code<br>50265-4420                            |        |                           |                 |     | -          |      | 34454<br>eceipt 1      | <b>31</b><br>this Per  | iod     |     |  |  |
|    | FEC ID number of contributing federal political committee.                                     | С              |   |        | ļ                         |                 |     | -          |      | -                      | 4                      | 15.00   | )   |  |  |
|    | Name of Employer (for Individual)<br>Associations Marketing Group, Inc.                        |                | upation (for Individual)<br>ker                   |        | ļ                         | M               | emo | o Ite      | em   |                        |                        |         |     |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date ▼<br>4150.00                         | ]      |                           |                 |     |            |      |                        |                        |         |     |  |  |
| С. | Full Name of Individual (Last, First, Middle Init<br>Hartin, Dennis, S., ,                     | ial) or Full C | Organization Name                                 |        | D                         | ate of          | Re  | ecei       | ipt  |                        |                        |         |     |  |  |
|    | Mailing Address 3115 Phoenix Ave   |                |   |        | l                         | <sup>M</sup> 10 | /   | Г          | D 23 | /                      | 2019                   | 9       | ŕ   |  |  |
|    | City<br>Oldsmar  | State<br>FL    | Zip Code<br>34677-5609                            |        |                           |                 |     |            |      | <b>34454</b><br>eceipt | 132<br>this Per        | iod     |     |  |  |
|    | FEC ID number of contributing federal political committee.                                     | С              |   |        | ļ                         |                 |     | 9          |      | 9                      |                        | 85.00   | )   |  |  |
|    | Name of Employer (for Individual)<br>Hartin Dynamics   | Occ<br>Brok    | upation (for Individual)<br>ker                   |        | ļ                         | M               | ema | o Ite      | em   |                        |                        |         |     |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼<br>303.00                          | ]      |                           |                 |     |            |      |                        |                        |         |     |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                |   | ►<br>_ | [                         | _               | _   | 9          | _    |                        | 56                     | 63.00   | )   |  |  |
| Т  | OTAL This Period (last page this line number of  | only)          | •••••••••••••••••••••••••••••••••••••••           | •      | L                         |                 |     | -          |      |                        | _                      | -       |     |  |  |

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|---|--------------------------|---|-------------------------------|-----------------|------|----------|------------------------------------|-------------------------|-----|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                          | for each category of the<br>Detailed Summary Page | ×                             |                 |      | 11b      | 11c                                | 12                      |     |  |  |  |  |  |  |  |
| Any information copied from such Report<br>or for commercial purposes, other than u |                          |   | erson for                     |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   | sing the name and a      | doress of any political committe                  | e to solic                    | it con          | trib | outions  | from suc                           | n committ               | ee. |  |  |  |  |  |  |  |
| Health Underwriters Politic   | cal Action Com           | mittee  |                               |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>A. Siino, Thomas, , ,                    | iddle Initial) or Full C | rganization Name                                  | Da                            | Date of Receipt |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| Mailing Address 1126 Clifton Avenue   |                          |   | ľ                             | 10 <sup>M</sup> | /    | D<br>23  |                                    | ү ү<br>2019             | Y   |  |  |  |  |  |  |  |
| City<br>Clifton   | State<br>NJ              | Zip Code<br>07013-3622                            |                               |                 |      |          | : <b>1344543</b><br>Receipt th     | <b>34</b><br>his Period |     |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | C                        |   |                               | _               |      |          |                                    | 30.0                    | 00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Executive Benefits Group, LLC                  | Occ<br>Brol              | upation (for Individual)<br>ker                   |                               | Me              | mo   | ltem     |                                    |                         |     |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                | Aggregate                | Year-to-Date ▼<br>300.00                          | ]                             |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>B. Pleasants, Jennifer, , ,              | iddle Initial) or Full C | rganization Name                                  | Da                            | ite of          | Re   | eceipt   |                                    |                         |     |  |  |  |  |  |  |  |
| Mailing Address 6726 Stuyvesant Ct.   | 1                        |   | 10 / D D / Y Y Y Y<br>23 2019 |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| City<br>Corrue Christi  | State                    | Zip Code  |                               |                 |      |          | 1344543                            |                         |     |  |  |  |  |  |  |  |
| Corpus Christi  |                          | TX 78414-4269                                     |                               |                 |      |          | Amount of Each Receipt this Period |                         |     |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | C                        | C   |                               |                 |      | 30.00    |                                    |                         |     |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>UnitedHealthcare Employer & Individua          |                          | upation (for Individual)<br>count Executive       |                               | Me              | mo   | ltem     |                                    |                         |     |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate                | Year-to-Date ▼                                    |                               |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| Other (specify) ▼   |                          | 300.00  | ]                             |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>Embry, Michael, A., ,                    |                          | rganization Name                                  | Da                            | ite of          | Re   | eceipt   |                                    |                         |     |  |  |  |  |  |  |  |
| Mailing Address 26555 Evergreen Roa<br>Suite 535                                    | 1                        | 7.0.4   | _ L                           | 10 <sup>M</sup> | /    | 23       |                                    | 2019                    | Y   |  |  |  |  |  |  |  |
| City<br>Southfield  | State<br>MI              | Zip Code<br>48076-4213                            |                               |                 |      |          | : 1344593<br>Receipt th            | is Period               |     |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | C                        |   |                               | _               |      | <u>,</u> | 5                                  | 265.0                   | 00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Comprehensive Benefits                         | Occ<br>Brok              | upation (for Individual)<br>ker                   |                               | Me              | ₽mo  | tem Item |                                    |                         |     |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                  | Aggregate                | Year-to-Date ▼<br>5000.00                         | ]                             |                 |      |          |                                    |                         |     |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opti  | onal)                    | )   |                               |                 |      | ,        |                                    | 325.0                   | 00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line i  | number only)             |   |                               |                 |      |          | -                                  |                         |     |  |  |  |  |  |  |  |

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

| Use separate schedule(s)                          | FOR LINE NUMBER:<br>(check only one) |
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| for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b                     |

| IT.       |   |               | Use separate schedule(s)                          | (check     | only            | / or | ne)       | ·                          |   |                    |     |
|-----------|---|---------------|---|------------|-----------------|------|-----------|----------------------------|---|--------------------|-----|
|           |   |               | for each category of the<br>Detailed Summary Page | <b>X</b> 1 | 1a<br>3         |      | 11b<br>14 | 11c                        |   | 12<br>16           | 17  |
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   | erson for  | the p           |      | pose of   | solicitin                  |   | ntributio          | ons |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com       | mittee  |            |                 |      |           |                            |   |                    |     |
| Α.        | Full Name of Individual (Last, First, Middle Initi<br>Brown, Carey, H., ,                       | al) or Full O | rganization Name                                  | Da         | te of           | Re   | eceipt    |                            |   |                    |     |
|           | Mailing Address Six Concourse Parkway Suite 2750  |               |   |            | 10 <sup>™</sup> | 1    | 24        |                            |   | 019                | Ý   |
|           | City<br>Atlanta   | State<br>GA   | Zip Code<br>30328-6243                            |            |                 |      |           | <b>134469</b><br>Receipt t |   | <sup>2</sup> eriod |     |
|           | FEC ID number of contributing federal political committee.                                      | С             |   |            | _               |      |           | т <del>у</del> -           | _ | 50.0               | 0   |
|           | Name of Employer (for Individual)<br>The Benefit Company  | Occu<br>Brok  | upation (for Individual)<br>ker                   |            | Me              | emc  | tem       |                            |   |                    |     |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>500.00                          |            |                 |      |           |                            |   |                    |     |
| 3.        | Full Name of Individual (Last, First, Middle Initi McConnaughey, John, R., ,                    | al) or Full O | rganization Name                                  | Da         | te of           | Re   | eceipt    |                            |   |                    |     |
|           | Mailing Address PO Box 805  |               |   | M          | м<br>10         | 1    | 24        |                            |   | )<br>19            | Ý   |
|           | City<br>West Chester  | State<br>OH   | Zip Code<br>45071-0805                            |            |                 |      |           | <b>134469</b><br>Receipt t |   | Period             | _   |
|           | FEC ID number of contributing federal political committee.                                      | С             | 42.00   |            |                 |      |           |                            |   |                    |     |
|           | Name of Employer (for Individual)<br>JRM & Associates Agency, Inc                               | Occi<br>Brol  | upation (for Individual)<br>ker                   |            | Me              | emo  | ) Item    |                            |   |                    |     |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>420.00                          |            |                 |      |           |                            |   |                    |     |
| ).        | Full Name of Individual (Last, First, Middle Initi<br>Todd, Richard, H., ,                      | al) or Full O | rganization Name                                  | Da         | te of           | Re   | eceipt    |                            |   |                    |     |
|           | Mailing Address PO Box 56166  |               |   | M          | 10 <sup>M</sup> | 1    | D 24      |                            |   | 019                | Ý   |
|           | City<br>Little Rock   | State<br>AR   | Zip Code<br>72215-6166                            |            |                 |      | -         | <b>134469</b><br>Receipt t | - | Period             |     |
|           | FEC ID number of contributing federal political committee.                                      | С             |   |            | _               |      | , .       | . ,                        |   | 30.00              | C   |
|           | Name of Employer (for Individual)<br>The Todd Agency, Inc.                                      | Occu<br>Brok  | upation (for Individual)<br>er                    |            | Me              | əmc  | tem       |                            |   |                    |     |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>300.00                          |            |                 |      |           |                            |   |                    |     |
| s         | UBTOTAL of Receipts This Page (optional)  |               | •••••   |            | -               |      | y .       | 5                          | - | 122.00             | )   |
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| IT. |   |               | Use separate schedule(s)                          | (che | eck only        | у оі | ne)       |                       |             |       |
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| 11  |   |               | for each category of the<br>Detailed Summary Page | ×    | 11a<br>13       |      | 11b<br>14 | 11c<br>15             | 12          | 17    |
|     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |      | for the         |      | pose of   | soliciting            | contribu    | tions |
|     | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com       | mittee  |      |                 |      |           |                       |             |       |
| Α.  | Full Name of Individual (Last, First, Middle Initi<br>Todd, David, , ,                          | al) or Full O | rganization Name                                  |      | Date of         | Re   | eceipt    |                       |             |       |
|     | Mailing Address PO Box 56166  |               |   |      | м м<br>10       | 1    | D 24      | ) / Y                 | ү ү<br>2019 | Ŷ     |
|     | City<br>Little Rock   | State<br>AR   | Zip Code<br>72215-6166                            |      |                 |      |           | 1344693<br>Receipt th |             |       |
|     | FEC ID number of contributing federal political committee.                                      | С             |   |      |                 |      | -         |                       | 30          | 00    |
|     | Name of Employer (for Individual)<br>The Todd Agency, Inc.                                      | Occu<br>Broł  | upation (for Individual)<br>ker                   |      | M               | emo  | tem Item  |                       |             |       |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>300.00                          | 1    |                 |      |           |                       |             |       |
| в.  | Full Name of Individual (Last, First, Middle Initi<br>Helms, John, S., ,                        | al) or Full O | rganization Name                                  |      | Date of         | Re   | eceipt    |                       |             |       |
|     | Mailing Address 2940 Camino Diablo<br># 205<br>City   | State         | Zip Code  |      | 10 <sup>M</sup> | /    | D D D 24  |                       | 2019        | Y     |
|     | Walnut Creek  | CA            | 94597-3992  |      |                 |      |           | 1344693<br>Receipt th | -           |       |
|     | FEC ID number of contributing federal political committee.                                      | С             |   |      |                 |      |           |                       | 30          | _     |
|     | Name of Employer (for Individual)<br>John Helms Associates                                      | Occi<br>Brol  | upation (for Individual)<br>ker                   |      | M               | emo  | tem       |                       |             |       |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>300.00                          | ]    |                 |      |           |                       |             |       |
| С.  | Full Name of Individual (Last, First, Middle Initi<br>Todd, Helen, M., ,                        | al) or Full O | rganization Name                                  |      | Date of         | Re   | eceipt    |                       |             |       |
|     | Mailing Address PO Box 56166  |               |   |      | <sup>M</sup> 10 | 1    | D 24      |                       | ү ү<br>2019 | Y     |
|     | City<br>Little Rock   | State<br>AR   | Zip Code<br>72215-6166                            |      |                 |      |           | 1344694<br>Receipt th |             |       |
|     | FEC ID number of contributing federal political committee.                                      | С             |   |      | _:              |      | y         | , <u>,</u>            | 30          | 00    |
|     | Name of Employer (for Individual)<br>The Todd Agency, Inc.                                      | Occu<br>Brok  | upation (for Individual)<br>ker                   |      | M               | emo  | o Item    |                       |             |       |
|     | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>300.00                          | ]    |                 |      |           |                       |             |       |
| s   | UBTOTAL of Receipts This Page (optional)  |               |   | •    |                 |      | <b>,</b>  | . ,                   | 90.         | 00    |
| т   | OTAL This Period (last page this line number o  | nly)          |   | •    |                 |      |           |                       |             |       |

I

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

| Use separate schedule(s)                          | FOR LINE NUMBER:<br>(check only one) |
|---|--------------------------------------|
| for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b                     |

| ITEMIZED RECEIPTS   | -                    | Use separate schedule(s)                          | (check only one)   |
|---|----------------------|---|--|
|   |                      | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1 |
|   |                      |   | e to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                            | Action Com           | mittee  |  |
| Full Name of Individual (Last, First, Middl<br>Barrera, Rolando, G., ,                  | e Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 101 N Shoreline Blvd<br>Suite 410                                       |                      |   | 10 / Y Y Y Y Y<br>24 2019  |
| City<br>Corpus Christi  | State<br>TX          | Zip Code<br>78401-2825                            | Transaction ID : 13446942           Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.                              | С                    |   | 85.00  |
| Name of Employer (for Individual)<br>Roland Barrera Insurance<br>Receipt For:           | Age                  |   | Memo Item  |
| Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>930.00                          | ]  |
| Full Name of Individual (Last, First, Middl<br>B. Osborne, Mike, , ,                    | e Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 1308 Woodmanor Dr,  |                      |   | 10 / Y Y Y Y<br>24 2019  |
| City<br>Raleigh   | State<br>NC          | Zip Code<br>27614-9055                            | Transaction ID : 13446943<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                              | С                    |   | 25.00  |
| Name of Employer (for Individual)<br>Osborne Insurance Services, Inc.                   | Occ<br>Bro           | upation (for Individual)<br>ker                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                    | Aggregate            | Year-to-Date ▼<br>250.00                          | ]  |
| Full Name of Individual (Last, First, Middl<br>. Fugitt-Hetrick, Pamela, Leigh,         |                      | rganization Name                                  | Date of Receipt  |
| Mailing Address 1123 Soquel Avenue  |                      |   | M M / D D / Y Y Y Y<br>10 24 2019  |
| City<br>Santa Cruz  | State<br>CA          | Zip Code<br>95062-2105                            | Transaction ID : 13446944<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                              | С                    |   | 30.00  |
| Name of Employer (for Individual)<br>DCD Financial & Insurance Services<br>Receipt For: | Brok                 |   | Memo Item  |
| Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>300.00                          | 1  |
| SUBTOTAL of Receipts This Page (optiona   | l)                   |   | 140.00   |
| TOTAL This Period (last page this line num  | ber only)            |   |  |

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

(check only one)

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|    |   |               |      | Detailed Summary Page            | ×   | 11a                        |      | 1    | 1b       | 11c      |        | 12       |    |  |  |
|----|---|---------------|------|----------------------------------|-----|----------------------------|------|------|----------|----------|--------|----------|----|--|--|
|    |   |               |      |                                  |     | 13                         |      | _    | 4        | 15       |        | 16       | 17 |  |  |
|    | information copied from such Reports and St<br>or commercial purposes, other than using the |               |      |                                  |     |                            |      |      |          |          |        |          |    |  |  |
|    | NAME OF COMMITTEE (In Full)   |               |      |                                  |     |                            |      |      |          |          |        |          |    |  |  |
|    | Health Underwriters Political Act   | ion Com       | nmi  | ttee                             |     |                            |      |      |          |          |        |          |    |  |  |
|    | Full Name of Individual (Last, First, Middle Initi<br>Baker, Misty, J., ,                   | al) or Full O | rga  | nization Name                    |     | Date of Receipt            |      |      |          |          |        |          |    |  |  |
| Ν  | Mailing Address 502 Brookside Pass  |               |      |                                  |     | м м<br>10                  | /    | l    | D D 24   |          | 2<br>2 | 019      | Y  |  |  |
|    | Dity  | State         |      | Zip Code                         |     | Trans                      | act  | io   | n ID : 1 | 34469    | 48     |          |    |  |  |
| _  | Cedar Park  | ТХ            | _    | 78613-4237                       | /   | Amoun                      | t of | Ea   | ach Re   | eceipt t | his F  | Period   |    |  |  |
|    | EC ID number of contributing ederal political committee.                                    | С             | _    |                                  |     | _                          | _    | ,    |          |          |        | 30.0     | 0  |  |  |
|    | Name of Employer (for Individual)<br>BenefitMall  |               | •    | tion (for Individual)<br>esident |     | М                          | emo  | o l' | tem      |          |        |          |    |  |  |
| F  | Receipt For:  | Aggregate     | Yea  | ar-to-Date ▼                     |     |                            |      |      |          |          |        |          |    |  |  |
|    | Primary General<br>Other (specify) ▼  |               | -9-  | 300.00                           | ]   |                            |      |      |          |          |        |          |    |  |  |
|    | Full Name of Individual (Last, First, Middle Initi<br>Chornak, Shelley, A., ,               | al) or Full O | rga  | nization Name                    |     | Date o                     | f Re | ece  | eipt     |          |        |          |    |  |  |
| N  | Aailing Address 7251 Engle Rd. Suite 103  |               |      |                                  |     | 10 / D D / Y Y Y Y<br>2019 |      |      |          |          |        |          |    |  |  |
| Ċ  | Dity  | State         |      | Zip Code                         |     | Trans                      | acti | ior  | n ID : 1 | 34469    | 52     |          |    |  |  |
| _( | Cleveland   | OH            |      | 44130-3400                       | A   | Amoun                      | t of | Ea   | ach Re   | eceipt t | his F  | Period   |    |  |  |
|    | FEC ID number of contributing ederal political committee.                                   | С             |      |                                  |     | _                          |      | ,    |          |          |        | 42.0     | 00 |  |  |
|    | Name of Employer (for Individual)<br>Sage Partners, LLC                                     | Occ<br>Bro    |      | tion (for Individual)            |     | М                          | emo  | o l' | tem      |          |        |          |    |  |  |
| Ē  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea  | ur-to-Date ▼<br>420.00           |     |                            |      |      |          |          |        |          |    |  |  |
|    | Full Name of Individual (Last, First, Middle Initi<br>Mendieta, Adriana, , ,                | al) or Full O | rga  | nization Name                    |     | Date o                     | f Re | ece  | eipt     |          |        |          |    |  |  |
| N  | Mailing Address PO BOx 727  |               |      |                                  |     | м м<br>10                  | /    | l    | D D 24   | /        |        | )<br>019 | Y  |  |  |
|    | Dity  | State<br>CA   |      | Zip Code<br>90702-0727           |     |                            |      |      |          | 34469    |        |          |    |  |  |
| -  | Artesia   |               | _    | 90702-0727                       | /   | Amoun                      | t of | Ea   | ach Re   | eceipt t | his F  | Period   |    |  |  |
|    | EC ID number of contributing ederal political committee.                                    | С             | _    |                                  |     | _                          | _    | 9    |          | , ,      |        | 25.0     | 00 |  |  |
| ٦  | Name of Employer (for Individual)   | Occu          | upa  | tion (for Individual)            |     | М                          | emo  | o I  | tem      |          |        |          |    |  |  |
|    | Colonial Life   | Coo           | rdin | ator                             |     |                            |      |      |          |          |        |          |    |  |  |
| F  | Receipt For:  | Aggregate     | Yea  | ar-to-Date ▼                     |     |                            |      |      |          |          |        |          |    |  |  |
|    | Other (specify)   |               | -9-  | 250.00                           |     |                            |      |      |          |          |        |          |    |  |  |
| su | BTOTAL of Receipts This Page (optional)   |               |      | •••••                            | • • |                            |      | y    | -        | - y      |        | 97.0     | 0  |  |  |
| то | TAL This Period (last page this line number o   | only)         |      |                                  | .   |                            |      | _    |          |          |        | 1        |    |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|--|-------------------------|---|---|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than u   |                         |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee.       |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic                         | al Action Com           | mittee  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Rasmussen, Reid, , ,                | ddle Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 6841 Virginia Pkwy<br>Ste 103-377                                  |                         |   | 10 / Y Y Y Y<br>24 2019   |  |  |  |  |  |  |  |  |
| City<br>McKinney   | State<br>TX             | Zip Code<br>75071-5710                            | Transaction ID : 13446956 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                         | С                       |   | 50.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Freshbenies                                   | Occ<br>Brol             | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate               | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Holcomb, Karen, , ,                 | ddle Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address Davenport Tower Hote<br>111 S Post St Suite 22                     |                         |   | 10 / Y Y Y Y<br>25 / 2019   |  |  |  |  |  |  |  |  |
| City<br>Spokane  | State<br>WA             | Zip Code<br>99201-4912                            | Transaction ID : 13447042<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                         | C                       |   | 30.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Viren and Associates, Inc.                    |                         | upation (for Individual)<br>ducer                 | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate               | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>Guttery, Porter, Brown, ,              | ddle Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 9937 Redbud Lane   |                         |   | 10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |  |  |  |  |  |
| City<br>Lenexa   | State<br>KS             | Zip Code<br>66220-3737                            | Transaction ID : 13447046<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                         | С                       |   | 12.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Mid-America Insurance Services                | Occ<br>Age              | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate               | Year-to-Date ▼<br>270.00                          | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option<br>TOTAL This Period (last page this line r |                         |   | 92.00   |  |  |  |  |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | -                         | Use separate schedule(s)                          | (check only                        | one)                        |           |             |      |  |  |  |  |
|--|---------------------------|---|------------------------------------|-----------------------------|-----------|-------------|------|--|--|--|--|
|  |                           | for each category of the<br>Detailed Summary Page | <b>X</b> 11a                       | 11b                         | 11c<br>15 | 12<br>16    | 17   |  |  |  |  |
| Any information copied from such Rep<br>or for commercial purposes, other that |                           |   | erson for the                      | purpose of s                | oliciting | contribut   | ions |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Poli                        | tical Action Com          | mittee  |                                    |                             |           |             |      |  |  |  |  |
| Full Name of Individual (Last, First,<br>A. Meyers, Sean, , ,                  | Middle Initial) or Full C | rganization Name                                  | Date of                            | Receipt                     |           |             |      |  |  |  |  |
| Mailing Address 2033 CEDAR LAN   | Ē                         |   | 10                                 | / D D 25                    | / Y       | y y<br>2019 | Y    |  |  |  |  |
| City<br>OCEAN VIEW   | State<br>NJ               | Zip Code<br>08230-1141                            |                                    | action ID : 1<br>of Each Re |           |             | _    |  |  |  |  |
| FEC ID number of contributing federal political committee.                     | C                         |   |                                    | - 75- 1                     |           | 30.0        |      |  |  |  |  |
| Name of Employer (for Individual)<br>Hafetz and Associates                     | Occ<br>Brol               | upation (for Individual)<br>ker                   | Me                                 | emo Item                    |           |             |      |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate                 | Year-to-Date ▼<br>246.00                          | 1                                  |                             |           |             |      |  |  |  |  |
| Full Name of Individual (Last, First,<br>Andress, Carolyn, Marie, ,            | Middle Initial) or Full C | rganization Name                                  | Date of                            | Receipt                     |           |             |      |  |  |  |  |
| Mailing Address 1512 Highway 138   |                           |   | 10 / D D / Y Y Y Y<br>10 25 / 2019 |                             |           |             |      |  |  |  |  |
| City<br>Wall   | State<br>NJ               | Zip Code<br>07719-3706                            |                                    | of Each Re                  |           |             |      |  |  |  |  |
| FEC ID number of contributing federal political committee.                     | С                         |   | 30.00                              |                             |           |             |      |  |  |  |  |
| Name of Employer (for Individual)<br>HUB International                         | Occ<br>Bro                | upation (for Individual)<br>ker                   | Me                                 | emo Item                    |           |             |      |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate                 | Year-to-Date ▼<br>300.00                          | ]                                  |                             |           |             |      |  |  |  |  |
| Full Name of Individual (Last, First,<br>C. Simpson, Anya, Y., ,               | Middle Initial) or Full C | rganization Name                                  | Date of                            | Receipt                     |           |             |      |  |  |  |  |
| Mailing Address 347 S Witchduck R  |                           |   | 10 <sup>M</sup>                    | / D D<br>25                 | / Y       | y<br>2019   | Y    |  |  |  |  |
| City<br>Virginia Beach   | State<br>VA               | Zip Code<br>23462-3645                            |                                    | action ID : 1<br>of Each Re |           |             |      |  |  |  |  |
| FEC ID number of contributing federal political committee.                     | C                         |   |                                    | ,                           | 9         | 30.0        | 00   |  |  |  |  |
| Name of Employer (for Individual)<br>Benefit Plans, Inc.                       | Occ<br>Brok               | upation (for Individual)<br>ker                   | Me                                 | emo Item                    |           |             |      |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                             | Aggregate                 | Year-to-Date ▼<br>300.00                          | 1                                  |                             |           |             |      |  |  |  |  |
| SUBTOTAL of Receipts This Page (c  | ,<br>ptional)             |   |                                    |                             |           | 90.0        | 00   |  |  |  |  |
| TOTAL This Period (last page this lin  | e number only)            |   |                                    |                             |           |             |      |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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|    |   |              |        | etailed Summary Page   | × | -               | 1a<br>3         |      | ] 1 <sup>2</sup> | 1b<br>4 | _   | 11c<br>15                 | 12                   | 17      |
|----|---|--------------|--------|------------------------|---|-----------------|-----------------|------|------------------|---------|-----|---------------------------|----------------------|---------|
| or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |              |        |                        |   | for             | the             |      | po               | se of   | sol | liciting                  | contrit              | outions |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | on Com       | imitt  | ee                     |   |                 |                 |      |                  |         |     |                           |                      |         |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Trokey, Kevin, , ,                         | l) or Full C | rganiz | zation Name            |   | Date of Receipt |                 |      |                  |         |     |                           |                      |         |
|    | Mailing Address 215 S. Kirkwood Rd<br>Ste 201   | Ototo        |        | Zin Onde               |   |                 | 10 <sup>M</sup> |      |                  | 25      |     |                           | 2019                 |         |
|    | City<br>Saint Louis   | State<br>MO  |        | Zip Code<br>63122-4359 |   |                 |                 |      |                  |         |     | 447054<br>aint thi        | <b>4</b><br>is Perio | d       |
|    | FEC ID number of contributing federal political committee.  | С            |        |                        |   |                 | Journ           |      | 1                |         |     |                           |                      | 0.00    |
|    | Name of Employer (for Individual)<br>Q4intelligence LLC   | Occ<br>Brol  | •      | n (for Individual)     |   |                 | М               | emo  | o It             | em      |     |                           |                      |         |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Year-  | to-Date ▼<br>1450.00   |   |                 |                 |      |                  |         |     |                           |                      |         |
|    | Full Name of Individual (Last, First, Middle Initia<br>Gwin, David, R., ,                         | l) or Full C | rganiz | zation Name            |   | Da              | te o            | f Re | ece              | eipt    |     |                           |                      |         |
|    | Mailing Address P.O. Box 1396   |              |        |                        |   |                 | ™<br>10         | /    | ľ                | 25      |     | / Y                       | y y<br>2019          | Y       |
|    | City<br>Irmo  | State<br>SC  | Z      | Zip Code<br>29063-1396 |   |                 |                 |      |                  |         | -   | <b>147055</b><br>eipt thi | 5<br>s Perio         | od      |
|    | FEC ID number of contributing federal political committee.  | С            |        |                        |   |                 |                 |      | ,                |         | _   | -y                        | 8                    | 5.00    |
|    | Name of Employer (for Individual)<br>Southeastern Insurance Consultants                           | Occ<br>Bro   |        | on (for Individual)    |   | Memo Item       |                 |      |                  |         |     |                           |                      |         |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Year-  | to-Date ▼<br>765.00    |   |                 |                 |      |                  |         |     |                           |                      |         |
|    | Full Name of Individual (Last, First, Middle Initia<br>Wright, Dennis, E., ,                      | l) or Full C | rganiz | zation Name            |   | Da              | te o            | f Re | ece              | eipt    |     |                           |                      |         |
|    | Mailing Address 1111 Chestnut Hills Pky   |              |        |                        |   | M               | 10 <sup>M</sup> | /    | I                | 25      |     | / Y                       | 2019                 | Y       |
|    | City<br>Fort Wayne  | State<br>IN  |        | Zip Code<br>46814-8934 |   |                 |                 |      |                  |         |     | <b>44705</b><br>eipt thi  | 6<br>s Perio         | od      |
|    | FEC ID number of contributing federal political committee.  | С            |        |                        |   | Ē               |                 |      | ,                |         | _   | y                         | 3                    | 0.00    |
|    | Name of Employer (for Individual)<br>Employee Plans, LLC  | Occ<br>Brok  | •      | n (for Individual)     |   |                 | M               | emo  | o It             | tem     |     |                           |                      |         |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Year-  | to-Date ▼<br>300.00    |   |                 |                 |      |                  |         |     |                           |                      |         |
| s  | UBTOTAL of Receipts This Page (optional)  |              |        | •                      |   |                 |                 |      | ,                |         |     | 9                         | 16                   | 5.00    |
| т  | OTAL This Period (last page this line number or   | ıly)         |        | ••••••                 |   |                 |                 |      | -                |         |     | -                         |                      | 40.     |

Use separate schedule(s)

FOR LINE NUMBER:

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|                |   |               | Use separate schedule(s)                          | (ch    | eck only        | y or | ne)       |                       |             |        |
|----------------|---|---------------|---|--------|-----------------|------|-----------|-----------------------|-------------|--------|
|                |   |               | for each category of the<br>Detailed Summary Page |        | 11a 13          |      | 11b<br>14 | 11c<br>15             | 12          | 17     |
|                | nation copied from such Reports and St<br>imercial purposes, other than using the |               |   |        | for the         |      | pose of   | soliciting            | contribu    | utions |
|                | OF COMMITTEE (In Full)<br>th Underwriters Political Act                           | ion Com       | mittee  |        |                 |      |           |                       |             |        |
|                | me of Individual (Last, First, Middle Initi<br>Harry, P., ,                       | al) or Full O | rganization Name                                  |        | Date of         | f Re | eceipt    |                       |             |        |
| Mailing        | Address PO BOX 2137   |               |   |        | <sup>M</sup> 10 | /    | 25        | ) / Y                 | ү ү<br>2019 | Y      |
| City<br>KERN   | VILLE   | State<br>CA   | Zip Code<br>93238-2137                            |        |                 |      |           | 1344705<br>Receipt th |             | ł      |
|                | ) number of contributing political committee.                                     | С             |   |        | <u> </u>        |      |           |                       | 85          | .00    |
| Harry P        | of Employer (for Individual)<br>2. Thal Insurance Agency                          | Occu<br>Brok  | upation (for Individual)<br>ker                   |        | M               | emc  | tem       |                       |             |        |
|                | t For:<br>Primary General<br>Other (specify) ▼                                    | Aggregate     | Year-to-Date ▼<br>850.00                          | ]      |                 |      |           |                       |             |        |
| B. Muss        | me of Individual (Last, First, Middle Initi<br>ser, Ray, M., ,                    | al) or Full O | rganization Name                                  |        | Date of         | f Re | eceipt    |                       |             |        |
|                | Address 880 Pebble Beach Dr.  |               |   |        | 10 <sup>M</sup> | 1    | 25        | ) / Y                 | 2019        | Y      |
| City<br>Upland | I   | State<br>CA   | Zip Code<br>91784-9131                            |        |                 |      |           | 1344705<br>Receipt th | -           | ł      |
|                | ) number of contributing political committee.                                     | С             |   |        |                 |      |           |                       |             | .00    |
|                | of Employer (for Individual)<br>Isser & Associates Insurance Serv                 | Occi<br>Brol  | upation (for Individual)<br>ker                   |        | M               | emc  | tem       |                       |             |        |
|                | t For:<br>Primary General<br>Dther (specify) ▼                                    | Aggregate     | Year-to-Date ▼<br>850.00                          | ]      |                 |      |           |                       |             |        |
|                | me of Individual (Last, First, Middle Initi<br>د, Carolyn, , ,                    | al) or Full O | rganization Name                                  |        | Date of         | f Re | eceipt    |                       |             |        |
|                | Address 101 Plaza East Blvd   |               |   |        | 10 <sup>M</sup> | 1    | 25        |                       | 2019        | Y      |
| City<br>Evans  | ville   | State<br>IN   | Zip Code<br>47715-2870                            | _      |                 |      |           | 1344706<br>Receipt th |             | ł      |
|                | o number of contributing political committee.                                     | С             |   |        | Ľ.              |      | y :       | . ,                   | 42          | .00    |
| SIHO lı        | of Employer (for Individual)<br>nsurance Services                                 | Occu<br>Brok  | upation (for Individual)<br>er                    |        | М               | emo  | tem Item  |                       |             |        |
|                | rimary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>420.00                          | ]      |                 |      |           |                       |             |        |
| SUBTOT         | AL of Receipts This Page (optional)   |               |   | •      |                 |      | , .       | .,                    | 212         | .00    |
| TOTAL T        | his Period (last page this line number c  | only)         |   | _<br>► | Γ.              |      |           |                       |             |        |

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|     |   |               | for each category of the<br>Detailed Summary Page |          | 11a 13          |      | 11b<br>14 | 11c<br>15                    | 12          | Г    | 17 |
|     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |          | for the         |      | pose of   | soliciting                   | g contrik   |      | าร |
|     | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com       | mittee  |          |                 |      |           |                              |             |      |    |
| Α.  | Full Name of Individual (Last, First, Middle Initi<br>Goodacre, James, William, ,               | al) or Full O | rganization Name                                  |          | Date of         | f Re | eceipt    |                              |             |      |    |
|     | Mailing Address PO Box 22423  |               |   |          | 10 <sup>M</sup> | /    | 25        | ) / Y                        | y y<br>2019 |      |    |
|     | City<br>Carmel  | State<br>CA   | Zip Code<br>93922-0423                            |          |                 |      |           | 1344706<br>Receipt th        |             | bd   | _  |
|     | FEC ID number of contributing federal political committee.                                      | С             |   |          | <u> </u>        |      |           |                              | 3           | 0.00 |    |
|     | Name of Employer (for Individual)<br>James W. Goodacre II RHU,REBC                              | Occu<br>Broł  | upation (for Individual)<br>ker                   |          | M               | emo  | tem Item  |                              |             |      |    |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>300.00                          | ]        |                 |      |           |                              |             |      |    |
| в.  | Full Name of Individual (Last, First, Middle Initi<br>Lucas, William, H., ,                     | al) or Full O | rganization Name                                  |          | Date of         | f Re | eceipt    |                              |             |      |    |
|     | Mailing Address PO Box 1089   |               |   |          | <sup>M</sup> 10 | 1    | 25        |                              | 2019        | Y    |    |
|     | City<br>Richmond Hill   | State<br>GA   | Zip Code<br>31324-1089                            |          |                 |      |           | <b>1344706</b><br>Receipt th |             | .d   |    |
|     | FEC ID number of contributing federal political committee.                                      | С             |   |          |                 |      |           |                              |             | 0.00 |    |
|     | Name of Employer (for Individual)<br>Bill Lucas & Associates Insurance                          | Occi          | upation (for Individual)<br>D                     |          | M               | emo  | o Item    |                              |             |      |    |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>270.00                          | ]        |                 |      |           |                              |             |      |    |
| с.  | Full Name of Individual (Last, First, Middle Initi<br>Thrash, Rachel, B., ,                     | al) or Full O | rganization Name                                  |          | Date of         | f Re | eceipt    |                              |             |      |    |
|     | Mailing Address 214 Milam Street  |               |   |          | <sup>M</sup> 10 | /    | D 25      |                              | 2019        | Y    | ]  |
|     | City<br>Shreveport  | State<br>LA   | Zip Code<br>71101-3226                            |          |                 |      |           | 1344706<br>Receipt th        |             | od   | _  |
|     | FEC ID number of contributing federal political committee.                                      | С             |   |          | Ľ.              |      | y         | . ,                          | 3           | 0.00 |    |
|     | Name of Employer (for Individual)<br>Querbes & Nelson A Partnership                             | Occu<br>Brok  | upation (for Individual)<br>er                    |          | M               | emo  | o Item    |                              |             |      |    |
|     | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>270.00                          | ]        |                 |      |           |                              |             |      |    |
| s   | UBTOTAL of Receipts This Page (optional)  |               |   | •        |                 | 1    | , ,       | . ,                          | 91          | 0.00 |    |
| т   | OTAL This Period (last page this line number o  | nly)          |   | <b>→</b> |                 |      |           |                              |             |      | П  |

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

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| 13       14       15       16       17         or the purpose of soliciting contributions cit contributions from such committee.       10       10       10         ate of Receipt       10       25       2019       10         Transaction ID : 13447066       30.00       30.00         Memo Item       10       10       10       10 |
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| 10 / 25 / 2019<br>Transaction ID : 13447066<br>mount of Each Receipt this Period<br>30.00  |
| 10 25 2019<br>Transaction ID : 13447066<br>mount of Each Receipt this Period<br>30.00  |
|  |
| ate of Receipt<br>10 / 25 / 2019<br>Transaction ID : 13447110<br>mount of Each Receipt this Period   |
| 300.00<br>Memo Item  |
| ate of Receipt   |
| Transaction ID : 13447219<br>mount of Each Receipt this Period<br>30.00<br>Memo Item   |
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#### SCHEDULE A (FEC Form 3X)

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| IТ        | EMIZED RECEIPTS   |                 | Use separate schedule(s)                          | (ch      | neck onl        | у о  | ne)       | L                       |           |       |
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| 11        | EIVILLED REVEIFIJ   |                 | for each category of the<br>Detailed Summary Page |          | ¥ 11a<br>13     |      | 11b<br>14 | 11c                     | 12        | 17    |
|           | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |   |          | for the         |      | pose of   | f soliciting            | contribut | tions |
|           | NAME OF COMMITTEE (In Full)   |                 |   |          |                 |      |           |                         |           |       |
| $\rangle$ | Health Underwriters Political Ac  | tion Com        | mittee  |          |                 |      |           |                         |           |       |
| A.        | Full Name of Individual (Last, First, Middle Init<br>Riedl, Alycia, , ,                       | tial) or Full O | rganization Name                                  |          | Date of         | f Re | eceipt    |                         |           |       |
|           | Mailing Address 333 S 7th Street<br>Suite 1400  |                 |   |          | 10 <sup>M</sup> | 1    | 26        |                         | 2019      | Y     |
|           | City<br>Minneapolis   | State<br>MN     | Zip Code<br>55402-0119                            |          |                 |      |           | : 1344722<br>Receipt th |           |       |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |          |                 |      | -         |                         | 30.0      | 00    |
|           | Name of Employer (for Individual)<br>Mercer   | Occi<br>Broł    | upation (for Individual)<br>ker                   |          | M               | emo  | o Item    |                         |           |       |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>300.00                          | ]        |                 |      |           |                         |           |       |
| в.        | Full Name of Individual (Last, First, Middle Init<br>(Wooden) Lovincey, Rebecca, L., ,        | tial) or Full O | organization Name                                 |          | Date of         | f Re | eceipt    |                         |           |       |
|           | Mailing Address 201 NE Park Plaza Dr #293   |                 |   |          | 10              | 1    | 26        |                         | 2019      | Y     |
|           | City  | State           | Zip Code  |          |                 |      |           | 1344722                 |           |       |
|           | Vancouver   | WA              | 98684-5881  | _        | Amoun           | t of | Each F    | Receipt th              | is Period |       |
|           | FEC ID number of contributing federal political committee.                                    | C               |   |          | Ľ.              |      |           |                         | 30.0      | )0    |
|           | Name of Employer (for Individual)<br>AIMEA Insurance, Inc.                                    | Occ<br>Age      | upation (for Individual)<br>ent                   |          | M               | emo  | o Item    |                         |           |       |
|           | Receipt For:  | Aggregate       | ggregate Year-to-Date ▼                           |          |                 |      |           |                         |           |       |
|           | Other (specify) ▼   |                 | 300.00  |          |                 |      |           |                         |           |       |
| с.        | Full Name of Individual (Last, First, Middle Init<br>Morrison, James, M., ,                   | tial) or Full O | organization Name                                 |          | Date of         | f Re | eceipt    |                         |           |       |
|           | Mailing Address 6096 Innovation Way   |                 |   |          | <sup>M</sup> 10 | 1    | D<br>26   |                         | 2019      | Y     |
|           | City<br>Carlsbad  | State<br>CA     | Zip Code<br>92009-1741                            |          |                 |      |           | : 1344722<br>Receipt th |           |       |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |          | <u> </u>        |      | 9         | . ,                     | 85.0      | 00    |
|           | Name of Employer (for Individual)<br>Morrison Insurance Services, Inc                         |                 | upation (for Individual)<br>sident                |          | М               | emo  | o Item    |                         |           |       |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>850.00                          | ]        |                 |      |           |                         |           |       |
| s         | UBTOTAL of Receipts This Page (optional)  |                 |   | <u> </u> | <u> </u>        | _    | , .       | · · ·                   | 145.0     | )0    |
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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|  |   | Detailed Summary Page           | <b>X</b> 11a    |                                   | 11b          |       | 11c       | 12          |    |  |  |  |
|--|---|---------------------------------|-----------------|-----------------------------------|--------------|-------|-----------|-------------|----|--|--|--|
| Any information canied from auch                                   | Poporto and Statements                  |                                 | 13              |                                   | 14           |       | 15        | 16          | 17 |  |  |  |
| Any information copied from such or for commercial purposes, other |   |                                 |                 |                                   |              |       |           |             |    |  |  |  |
| NAME OF COMMITTEE (In Fu<br>Health Underwriters F                  | ,                                       | mittee                          |                 |                                   |              |       |           |             |    |  |  |  |
| Full Name of Individual (Last, F<br>A. Washko, Carla, D., ,        | irst, Middle Initial) or Full C         | Organization Name               |                 | Date of Recoint                   |              |       |           |             |    |  |  |  |
| A. <u>vvasnko, Caria, D., ,</u><br>Mailing Address 7251 Engle Rd   |   |                                 | Date of Receipt |                                   |              |       |           |             |    |  |  |  |
| Suite 103  |   |                                 | 10              |                                   |              | 26    | / 1       | 2019        | т  |  |  |  |
| City   | State                                   | Zip Code                        | Tra             | nsac                              | tion II      | D : 1 | 344722    | :5          |    |  |  |  |
| Middlebrg Hts  | ОН                                      | 44130-3400                      | Amou            | int of                            | Each         | n Re  | ceipt th  | nis Period  |    |  |  |  |
| FEC ID number of contributing federal political committee.         | C                                       |                                 |                 |                                   | - <b>J</b> - | _     |           | 42.0        | 00 |  |  |  |
| Name of Employer (for Individu<br>Sage Partners, LLC               | al) Occ<br>Age                          | upation (for Individual)<br>ent |                 | Mem                               | o Item       | ı     |           |             |    |  |  |  |
| Receipt For:   | Aggregate                               | Year-to-Date ▼                  |                 |                                   |              |       |           |             |    |  |  |  |
| Primary     General       Other (specify) ▼                        |   | 420.00                          | ]               |                                   |              |       |           |             |    |  |  |  |
| Full Name of Individual (Last, F<br>B. Rivera, Michael, A., ,      | irst, Middle Initial) or Full C         | Organization Name               | Date            | of R                              | eceipt       |       |           |             |    |  |  |  |
|  | iling Address 13201 N.W. Fwy. Suite 265 |                                 |                 |                                   |              |       | / Y       | 2019        | Y  |  |  |  |
| City   | State                                   | Zip Code                        | Tra             | nsact                             | tion ID      | ):1   | 344722    | 7           |    |  |  |  |
| Houston  | ТХ                                      | 77040-6165                      | Amou            | Amount of Each Receipt this Perio |              |       | is Period |             |    |  |  |  |
| FEC ID number of contributing federal political committee.         | C                                       |                                 |                 |                                   | -7           |       | -95-      | 85.0        | 00 |  |  |  |
| Name of Employer (for Individu<br>Northwest General Insurance      | al) Occ<br>Bro                          | upation (for Individual)<br>ker | Memo Item       |                                   |              |       |           |             |    |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼               |   | Year-to-Date ▼<br>765.00        | ]               |                                   |              |       |           |             |    |  |  |  |
| Full Name of Individual (Last, F<br>C. Tretter, Robert, C., ,      | irst, Middle Initial) or Full C         | Organization Name               | Date            | of R                              | eceipt       |       |           |             |    |  |  |  |
| Mailing Address 6222 Spring La                                     | ake Drive                               |                                 | M 1(            |                                   |              | 26    | / Y       | y y<br>2019 | Y  |  |  |  |
| City   | State<br>OH                             | Zip Code                        | Tra             | nsac                              | tion II      | D : 1 | 344723    | 0           |    |  |  |  |
| Hamilton   |   | 45011-8189                      | Amou            | int of                            | Each         | n Re  | ceipt th  | nis Period  |    |  |  |  |
| FEC ID number of contributing federal political committee.         | C                                       |                                 | ΠĽ              | _                                 | 9            | _     |           | 42.0        | 00 |  |  |  |
| Name of Employer (for Individu<br>National Association of Health U |   | upation (for Individual)<br>ker |                 | Mem                               | o Iten       | n     |           |             |    |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                 |   | Year-to-Date ▼<br>378.00        | ]               |                                   |              |       |           |             |    |  |  |  |
| SUBTOTAL of Receipts This Pag                                      | e (optional)                            | ·······                         |                 |                                   | 9            |       | ,         | 169.0       | 00 |  |  |  |
| TOTAL This Period (last page thi                                   | s line number only)                     |                                 |                 |                                   | -            |       | -         |             |    |  |  |  |

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FOR LINE NUMBER:

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| II EIVIIZED RECEIFI 3   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a |        | 11b<br>14 | 11c                     | 12          |    |
| Any information copied from such Reports a<br>or for commercial purposes, other than usir |                        |   |              |        | pose of   |                         |             |    |
| NAME OF COMMITTEE (In Full)   | ig the hame and a      |   |              |        |           |                         |             |    |
| Health Underwriters Politica  | I Action Com           | mittee  |              |        |           |                         |             |    |
| Full Name of Individual (Last, First, Midd<br>A. Niederman, Brad, , ,                     | le Initial) or Full O  | rganization Name                                  | Date         | of Re  | eceipt    |                         |             |    |
| Mailing Address 1745 Shea Center Dr<br>4th Floor  |                        |   | 10           |        | 26        |                         | ү ү<br>2019 | Y  |
| City<br>Highlands Ranch   | State<br>CO            | Zip Code<br>80129-1537                            |              |        |           | : 1344723<br>Receipt th |             |    |
| FEC ID number of contributing federal political committee.                                | С                      |   |              |        |           |                         | 30.0        | 00 |
| Name of Employer (for Individual)<br>Niederman Insurance Agency                           | Occ<br>Brol            | upation (for Individual)<br>ker                   |              | Vemo   | o Item    |                         |             |    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate              | Year-to-Date ▼<br>450.00                          | 1            |        |           |                         |             |    |
| Full Name of Individual (Last, First, Midd<br>B. Mann, William, D., ,                     | lle Initial) or Full O | rganization Name                                  | Date         | of Re  | eceipt    |                         |             |    |
| Mailing Address 12777 Jones Road<br>Suite 332   |                        |   | M 10         |        | D<br>26   |                         | 2019        | Y  |
| City<br>Houston   | State<br>TX            | Zip Code<br>77070-4627                            |              |        |           | 1344723<br>Receipt th   |             |    |
| FEC ID number of contributing federal political committee.                                | С                      |   |              |        |           |                         | 42.0        | 00 |
| Name of Employer (for Individual)<br>The Compliance Office                                | Occ                    | upation (for Individual)<br>D                     | - D'         | Vemo   | o Item    |                         |             |    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate              | Year-to-Date ▼<br>420.00                          | ]            |        |           |                         |             |    |
| Full Name of Individual (Last, First, Midd<br>C. Schneider, Chad, P., ,                   | le Initial) or Full O  | rganization Name                                  | Date         | of Re  | eceipt    |                         |             |    |
| Mailing Address 848 W. Eastman St.<br>STE 104   | Quete                  | Zin Oode  | 10           | )      | 26        | ;                       | 2019        | Y  |
| City<br>Chicago   | State<br>IL            | Zip Code<br>60642-2635                            |              |        |           | : 1344723<br>Receipt th |             |    |
| FEC ID number of contributing federal political committee.                                | C                      |   |              |        | y         | ,<br>,                  | 85.0        | 00 |
| Name of Employer (for Individual)<br>Jellyvision  | Occi<br>Brok           | upation (for Individual)<br>er                    |              | Memo   | o Item    |                         |             |    |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate              | Year-to-Date ▼<br>850.00                          | 1            |        |           |                         |             |    |
| SUBTOTAL of Receipts This Page (option  | al)                    |   |              | _      | ,         | ,                       | 157.0       | 00 |
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| 14       15       16       17         ne purpose of soliciting contributions contributions from such committee.       17         of Receipt       16       17         0       26       2019         nsaction ID : 13447241       10         unt of Each Receipt this Period       30.00         Memo Item       30.00 |
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| nsaction ID : 13447243<br>unt of Each Receipt this Period<br>30.00<br>Memo Item   |
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| 0 26 2019<br>Insaction ID : 13447244<br>unt of Each Receipt this Period<br>100.00<br>Memo Item  |
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| TEMIZED RECEIPTS  |  | for each asterior of the   | · · ·                                | (check only one) |                   |      |  |  |  |  |  |
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|   |  | for each category of the<br>Detailed Summary Page                          | <b>×</b> 11a 11b<br>13 14            | 11c              | 12                | 17   |  |  |  |  |  |
|   |  | l<br>nay not be sold or used by any p<br>address of any political committe | erson for the purpose o              | f soliciting     | g contributi      | ions |  |  |  |  |  |
| NAME OF COMMITTEE (In                                       | Full)                                    |  |                                      |                  |                   |      |  |  |  |  |  |
| > Health Underwriters                                       | s Political Action Con                   | nmittee  |                                      |                  |                   |      |  |  |  |  |  |
| Full Name of Individual (Las<br>Ledgerwood, Michael, ,      | t, First, Middle Initial) or Full (<br>, | Organization Name  | Date of Receipt                      |                  |                   |      |  |  |  |  |  |
| Mailing Address 12022 FOR                                   |  |  | 10 / D                               |                  | 2019              | Y    |  |  |  |  |  |
| City<br>CYPRESS   | State<br>TX                              | Zip Code<br>77433-3834   | Transaction ID<br>Amount of Each I   |                  |                   |      |  |  |  |  |  |
| FEC ID number of contributi federal political committee.    | ng C                                     |  |                                      | - 7              | 30.0              | 0    |  |  |  |  |  |
| Name of Employer (for Indiv<br>Senior Health Plans of Texas | ,  | cupation (for Individual)<br>oker  | Memo Item                            |                  |                   |      |  |  |  |  |  |
| Receipt For:<br>Primary Gene<br>Other (specify) ▼           |  | e Year-to-Date ▼<br>300.00   |                                      |                  |                   |      |  |  |  |  |  |
| Full Name of Individual (Las<br>Grant, Staci, R., ,         | t, First, Middle Initial) or Full (      | Organization Name  | Date of Receipt                      |                  |                   |      |  |  |  |  |  |
| Mailing Address 74 Glendale                                 | Ave                                      |  | 10 26                                |                  | 2019              | Y    |  |  |  |  |  |
| City<br>Livingston  | State<br>NJ                              | Zip Code<br>07039-2310   | Transaction ID :<br>Amount of Each I |                  |                   | _    |  |  |  |  |  |
| FEC ID number of contributi federal political committee.    | ng C                                     |  |                                      |                  | 30.0              | 0    |  |  |  |  |  |
| Name of Employer (for Indiv<br>Henry O. Baker Insurance Gr  | our '                                    | cupation (for Individual)<br>ce President                                  | Memo Item                            |                  |                   |      |  |  |  |  |  |
| Receipt For:<br>Primary Gene<br>Other (specify) ▼           |  | e Year-to-Date ▼<br>300.00   |                                      |                  |                   |      |  |  |  |  |  |
| Full Name of Individual (Las<br>. Hatfield, Matthew, F      | t, First, Middle Initial) or Full (      | Drganization Name  | Date of Receipt                      |                  |                   |      |  |  |  |  |  |
| Mailing Address 2207 Spring                                 | gfield Avenue                            |  | 10 / 26                              |                  | 2019 <sup>°</sup> | Y    |  |  |  |  |  |
| City<br>Fort Wayne  | State<br>IN                              | Zip Code<br>46805-1541   | Transaction ID<br>Amount of Each I   | -                | -                 |      |  |  |  |  |  |
| FEC ID number of contributi federal political committee.    | ng C                                     |  | , .                                  | 5                | 30.0              | 0    |  |  |  |  |  |
| Name of Employer (for Indiv<br>Hatfield Insurance Services, | -  | cupation (for Individual)<br>ker   | Memo Item                            |                  |                   |      |  |  |  |  |  |
| Receipt For:<br>Primary Gene<br>Other (specify)             |  | e Year-to-Date ▼<br>300.00   |                                      |                  |                   |      |  |  |  |  |  |
|   |  |  | 1                                    |                  |                   | _    |  |  |  |  |  |

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

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| ITEINIZED RECEIPTS   |                                  | Detailed Summary Page                            | <b>X</b> 11a |                              | 11b            | 11c                           | 12               | <u> </u> |  |  |  |  |
|--|----------------------------------|--|--------------|------------------------------|----------------|-------------------------------|------------------|----------|--|--|--|--|
| Any information copied from suc<br>or for commercial purposes, other |                                  |  |              |                              |                |                               |                  |          |  |  |  |  |
| NAME OF COMMITTEE (In F<br>Health Underwriters                       | Political Action Com             | mittee   |              |                              |                |                               |                  |          |  |  |  |  |
| A. Kite, Karen, D., ,  | First, Middle Initial) or Full O | rganization Name                                 | Date         | Date of Receipt              |                |                               |                  |          |  |  |  |  |
| Mailing Address 1414 Franklin  |                                  |  | 10           |                              | 26             |                               | 2019             | Y        |  |  |  |  |
| City<br>Roanoke  | State<br>VA                      | Zip Code<br>24016-5233                           |              |                              |                | <b>134472</b> 4<br>Receipt th | 19<br>nis Period |          |  |  |  |  |
| FEC ID number of contributin federal political committee.            | g C                              |  |              | _                            | т. і<br>- т. і | -                             | 100.0            | 00       |  |  |  |  |
| Name of Employer (for Individ<br>D&S Agency                          | ,                                | upation (for Individual)<br>rier Liaison Manager |              | Vemo                         | o Item         |                               |                  |          |  |  |  |  |
| Receipt For:<br>Primary Gener<br>Other (specify) ▼                   |                                  | Year-to-Date ▼<br>1000.00                        | 1            |                              |                |                               |                  |          |  |  |  |  |
| Full Name of Individual (Last, <b>B.</b> Murphy, Kevin, R., ,        | · · · ·                          | rganization Name                                 | Date         | of Re                        | eceipt         |                               |                  |          |  |  |  |  |
| Mailing Address 1744 Victoria  | Way                              |  |              | 10 / Y Y Y Y<br>10 26 / 2019 |                |                               |                  |          |  |  |  |  |
| City<br>San Marcos   | State<br>CA                      | Zip Code<br>92069-9401                           |              |                              |                | <b>1344725</b><br>Receipt th  | 54<br>nis Period |          |  |  |  |  |
| FEC ID number of contributin federal political committee.            | g C                              |  |              | Memo Item                    |                |                               |                  |          |  |  |  |  |
| Name of Employer (for Individ<br>Murphy Insurance Solutions          |                                  | upation (for Individual)<br>sident               |              |                              |                |                               |                  |          |  |  |  |  |
| Receipt For:<br>Primary Gener<br>Other (specify) ▼                   |                                  | Year-to-Date ▼<br>500.00                         | ]            |                              |                |                               |                  |          |  |  |  |  |
| Full Name of Individual (Last, <b>C.</b> Gilbert, Debra, E., ,       | First, Middle Initial) or Full O | rganization Name                                 | Date         | of Re                        | eceipt         |                               |                  |          |  |  |  |  |
| Mailing Address 2331 Mustar<br>Suite 200                             | -                                |  | 10 26 2019   |                              |                |                               |                  |          |  |  |  |  |
| City<br>Grapevine  | State<br>TX                      | Zip Code<br>76051-1014                           |              |                              |                | : <b>134472</b><br>Receipt th | 55<br>nis Period |          |  |  |  |  |
| FEC ID number of contributin federal political committee.            | g C                              |  |              | _                            | , .            | 9                             | 30.0             | 00       |  |  |  |  |
| Name of Employer (for Individ<br>Innovative Insurance Solutions      | ,                                | upation (for Individual)<br>sident               |              | Memo                         | o Item         |                               |                  |          |  |  |  |  |
| Receipt For:<br>Primary Gener<br>Other (specify)                     |                                  | Year-to-Date ▼<br>300.00                         | 1            |                              |                |                               |                  |          |  |  |  |  |
| SUBTOTAL of Receipts This Pa   | age (optional)                   |  |              |                              | , .            | 9                             | 180.0            | 00       |  |  |  |  |
| TOTAL This Period (last page t                                       | this line number only)           |  |              |                              | -              | -                             |                  |          |  |  |  |  |

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

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|   | Detailed Summary Pa   | the age X 11a 11b 11c 12<br>13 14 15 16 17   |
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| or for commercial purposes, other than using  |   | by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A  | Action Committee  |  |
| Full Name of Individual (Last, First, Middle<br>A. Singleton, Terry, , ,<br>Mailing Address 1021 Douglas Ave<br>City<br>Altamonte Springs                     | Initial) or Full Organization Name State Zip Code FL 32714-2029                                   | Date of Receipt<br>10 / 27 / 2019<br>Transaction ID : 13447257   |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period 85.00   |
| Name of Employer (for Individual)         The Enterprise Team at Sihle Insurance         Receipt For:         Primary       General         Other (specify) ▼ | Occupation (for Individual)<br>Partner<br>Aggregate Year-to-Date ▼<br>925                         | .00 Memo Item  |
| Full Name of Individual (Last, First, Middle<br>Cartier, Fred, , ,<br>Mailing Address 11920 White River Drive   | Initial) or Full Organization Name  | Date of Receipt  |
| City<br>San Antonio<br>FEC ID number of contributing<br>federal political committee.  | State<br>TXZip Code<br>78254-6369C  | 10     27     2019       Transaction ID : 13447259       Amount of Each Receipt this Period       42.00          |
| Name of Employer (for Individual)<br>Assured Benefits Administrators<br>Receipt For:<br>Primary General<br>Other (specify)                                    | Occupation (for Individual)           Account Executive           Aggregate Year-to-Date ▼        | D.00   |
| Full Name of Individual (Last, First, Middle<br>C. Underhill, Elizabeth, J., ,<br>Mailing Address 5951 Canoga Avenue  |   | Date of Receipt  |
| City<br>Woodland Hills<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)                                  | State<br>CA     Zip Code<br>91367-5010       C     Occupation (for Individual)<br>Insurance agent | Image: Transaction ID : 13447260       Amount of Each Receipt this Period       85.00       Memo Item            |

Use separate schedule(s)

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|                 |  |                   | Use separate schedule(s)                               | (ch   | neck only   | у ог | ne)     | L                     |                         |       |  |  |  |  |
|-----------------|--|-------------------|--|---|---|------|---------|-----------------------|-------------------------|-------|--|--|--|--|
|                 | D RECEIPTS   |                   | for each category of the<br>Detailed Summary Page      |   | <b>×</b> 11a<br>13  |      | 11b     | 11c                   | 12                      | 17    |  |  |  |  |
|                 | ion copied from such Reports and service and s |                   |  |   | for the   |      | pose of | soliciting            | g contribu              | tions |  |  |  |  |
| \               | = COMMITTEE (In Full)  |                   |  |   |   |      |         |                       |                         |       |  |  |  |  |
| 1               | Underwriters Political A   | ction Com         | mittee   |   |   |      |         |                       |                         |       |  |  |  |  |
|                 | e of Individual (Last, First, Middle Ir<br>Fiffany, , ,  | nitial) or Full O | rganization Name                                       |   | Date of Receipt   |      |         |                       |                         |       |  |  |  |  |
| Mailing A       | ddress 6200 Canoga Avenue<br>Suite 300   |                   |  |   | 10 27 2019  |      |         |                       |                         |       |  |  |  |  |
| City<br>Woodlan | d Hills  | State<br>CA       | Zip Code<br>91367-7778                                 |   | Transaction ID : 13447261<br>Amount of Each Receipt this Period |      |         |                       |                         |       |  |  |  |  |
|                 | umber of contributing plitical committee.  | C                 |  |   | <u> </u>  |      | 7       |                       | 25.                     | 00    |  |  |  |  |
| BenefitMa       |  | Occi<br>Brol      | upation (for Individual)<br>ker                        |   | M   | emo  | o Item  |                       |                         |       |  |  |  |  |
|                 | or:<br>nary General<br>er (specify) ▼  | Aggregate         | Year-to-Date ▼<br>250.00                               | ]   |   |      |         |                       |                         |       |  |  |  |  |
| Full Name       | e of Individual (Last, First, Middle Ir<br>, Michael, S., ,  | nitial) or Full O | rganization Name                                       |   | Date of   | f Re | eceipt  |                       |                         |       |  |  |  |  |
|                 | ddress 330 River Pointe Drive  |                   |  | 10 / 27 / 2019<br>Transaction ID : 13447263 |   |      |         |                       |                         |       |  |  |  |  |
| City<br>Elkhart |  | State<br>IN       | Zip Code<br>46514-1457                                 |   |   |      |         |                       |                         |       |  |  |  |  |
| FEC ID n        | umber of contributing plitical committee.  | С                 | 40514-1457   |   | Amount  | t of | Each H  | leceipt th            | nis Period<br>85.       | _     |  |  |  |  |
| Name of         | Employer (for Individual)<br>Ins. & Benefits Group, LLC  | Occ               | upation (for Individual)                               |   | M   | emo  | o Item  |                       |                         |       |  |  |  |  |
|                 | or:<br>nary General<br>er (specify) ▼  | Aggregate         | 1  |   |   |      |         |                       |                         |       |  |  |  |  |
|                 | e of Individual (Last, First, Middle Ir<br>NSON, Neal, Alan, ,   | nitial) or Full O | rganization Name                                       | -   | Date of   | f Re | eceipt  |                       |                         |       |  |  |  |  |
|                 | ddress P.O. Box 71628  |                   |  |   | 10 <sup>M</sup>   | /    | 27      |                       | 2019                    | Y     |  |  |  |  |
| City<br>Albany  |  | State<br>GA       | Zip Code<br>31708-1628                                 | _   |   |      |         | 1344726<br>Receipt th | <b>54</b><br>nis Period |       |  |  |  |  |
|                 | umber of contributing<br>litical committee.  | C                 |  |   | <u> </u>  |      | 7       |                       | 25.                     | _     |  |  |  |  |
| Doherty D       | Employer (for Individual)<br>Duggan Hart & Tiernan Insurors  |                   | upation (for Individual)<br>Imercial Account Executive |   | М   | emo  | o Item  |                       |                         |       |  |  |  |  |
|                 | or:<br>nary General<br>er (specify)  | Aggregate         | Aggregate Year-to-Date ▼<br>225.00                     |   |   |      |         |                       |                         |       |  |  |  |  |
| SUBTOTAL        | of Receipts This Page (optional)   | ·<br>             |  | •   |   |      | y       | . ,                   | 135.                    | 00    |  |  |  |  |
| TOTAL This      | s Period (last page this line number   | only)             |  | •   |   |      | -       | -                     |                         |       |  |  |  |  |

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| 11        |   |                                    | for each category of the<br>Detailed Summary Page |   | <b>K</b> 11a                      |       | 11b      | 11c                   | 12               |     |  |  |  |
|           | y information copied from such Reports and S                              |                                    |   |   |                                   |       |          |                       |                  |     |  |  |  |
| or        | for commercial purposes, other than using the                             | name and a                         | doress of any political committe                  | e to s  | olicit cor                        | ntric | outions  | from suc              | n committe       | ee. |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac           | tion Com                           | mittee  |   |                                   |       |          |                       |                  |     |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Init<br>Matznick, Carol, , , | ial) or Full O                     | rganization Name                                  |   | Date of Receipt                   |       |          |                       |                  |     |  |  |  |
|           | Mailing Address P O Box 78175   |                                    |   |   | M M / D D / Y Y Y Y<br>10 27 2019 |       |          |                       |                  |     |  |  |  |
|           | City<br>Greensboro  | State<br>NC                        | Zip Code<br>27427-8175                            | Transaction ID : 13447265 Amount of Each Receipt this |                                   |       |          |                       |                  |     |  |  |  |
|           | FEC ID number of contributing federal political committee.                | С                                  |   |   | <u> </u>                          |       |          |                       | 30.0             | 00  |  |  |  |
|           | Name of Employer (for Individual)<br>Triune Technologies, Inc.            | Occi<br>Broł                       | upation (for Individual)<br>ker                   |   | Me                                | emo   | tem      |                       |                  |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate                          | Year-to-Date ▼<br>270.00                          | 1   |                                   |       |          |                       |                  |     |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Init Bechtold, Annette, , ,  | ial) or Full O                     | rganization Name                                  |   | Date of                           | Re    | eceipt   |                       |                  |     |  |  |  |
|           | Mailing Address 148 Stone Cliff Trace                                     |                                    |   |   | <sup>M</sup> 10                   | /     | D 27     |                       | 2019             | Ŷ   |  |  |  |
|           | City  | State                              | Zip Code  |   | Trans                             | acti  | ion ID : | 1344727               | 0                |     |  |  |  |
|           | Cleveland   | GA                                 | 30528-5397  |   | Amount                            | of    | Each F   | Receipt th            | nis Period       |     |  |  |  |
|           | FEC ID number of contributing federal political committee.                |                                    |   | Ľ.  | _                                 |       |          | 47.0                  | 00               |     |  |  |  |
|           | Name of Employer (for Individual)<br>OneDigital                           | Occ<br>Bro                         | upation (for Individual)<br>ker                   |   | Me                                | emc   | tem      |                       |                  |     |  |  |  |
|           | Receipt For:  | Aggregate                          | Year-to-Date ▼                                    |   |                                   |       |          |                       |                  |     |  |  |  |
|           | Primary     General       Other (specify) ▼                               |                                    | 470.00  | 1   |                                   |       |          |                       |                  |     |  |  |  |
| C.        | Full Name of Individual (Last, First, Middle Init<br>Hill, Donna, D., ,   | ial) or Full O                     | rganization Name                                  |   | Date of                           | Re    | eceipt   |                       |                  |     |  |  |  |
|           | Mailing Address 2905 Premiere Parkway<br>Suite 285                        |                                    |   |   | <sup>M</sup> 10                   | /     | D 10     |                       | 2019             | Y   |  |  |  |
|           | City<br>Duluth  | State<br>GA                        | Zip Code<br>30097-5246                            |   |                                   |       |          | 1344727<br>Receipt th | 71<br>nis Period |     |  |  |  |
|           | FEC ID number of contributing federal political committee.                | С                                  |   |   | <u> </u>                          |       | y .      | 7                     | 85.0             | 00  |  |  |  |
|           | Name of Employer (for Individual)<br>E2E Benefits Services Inc            | Occi<br>Brok                       | upation (for Individual)<br>er                    |   | M                                 | emo   | o Item   |                       |                  |     |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)                        | Aggregate Year-to-Date ▼<br>850.00 |   |   |                                   |       |          |                       |                  |     |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)                                  |                                    |   | •   | [.]                               |       | , .      | 7                     | 162.0            | 00  |  |  |  |
| т         | OTAL This Period (last page this line number of                           | only)                              |   | •   |                                   |       |          | 1.45                  |                  |     |  |  |  |

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| 11  |   |               | for each category of the<br>Detailed Summary Page |        | <b>X</b> 11a  |       | 11b      | 11c                  | 12              |    |  |  |  |  |  |
|     | y information copied from such Reports and St                             |               |   |        |   |       |          |                      |                 |    |  |  |  |  |  |
| or  | for commercial purposes, other than using the                             | name and a    | ddress of any political committe                  | e to s | olicit cor  | ntrib | utions f | rom sucl             | n committe      | e. |  |  |  |  |  |
|     | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act          | ion Com       | mittee  |        |   |       |          |                      |                 |    |  |  |  |  |  |
| A.  | Full Name of Individual (Last, First, Middle Initi<br>Mordo, David, , ,   | al) or Full O | rganization Name                                  |        | Date of Receipt   |       |          |                      |                 |    |  |  |  |  |  |
|     | Mailing Address BLDG. 1<br>331 Newman Springs Rd                          |               |   |        | M M / D D / Y Y Y Y<br>10 27 2019                               |       |          |                      |                 |    |  |  |  |  |  |
|     | City<br>Red Bank  | State<br>NJ   | Zip Code<br>07701-5688                            |        | Transaction ID : 13447272<br>Amount of Each Receipt this Period |       |          |                      |                 |    |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                | С             |   |        | <u> </u>  |       |          |                      | 42.0            | 0  |  |  |  |  |  |
|     | Name of Employer (for Individual)<br>BenefitMall                          | Occi<br>Broł  | upation (for Individual)<br>ker                   |        | Me  | emo   | Item     |                      |                 |    |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate     | Year-to-Date ▼<br>495.00                          |        |   |       |          |                      |                 |    |  |  |  |  |  |
| B B | Full Name of Individual (Last, First, Middle Initi<br>Severo, Daniel, , , | al) or Full O | rganization Name                                  |        | Date of   | Ro    | ceint    |                      |                 |    |  |  |  |  |  |
|     | Mailing Address 231 Chestnut St. #410                                     |               |   |        | 10 27 2019  |       |          |                      |                 |    |  |  |  |  |  |
|     | City<br>Meadville   | State<br>PA   | Zip Code<br>16335-3458                            |        |   |       |          | 1344727              | 3<br>iis Period |    |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                |               |   |        |   |       |          | 30.0                 | 0               |    |  |  |  |  |  |
|     | Name of Employer (for Individual)<br>The DJB Group, Inc.                  | Occi<br>Brol  |   | Me     | emo   | Item  |          |                      |                 |    |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate     | ]   |        |   |       |          |                      |                 |    |  |  |  |  |  |
| с.  | Full Name of Individual (Last, First, Middle Initi<br>Witt, Kelly, J., ,  | al) or Full O | rganization Name                                  |        | Date of   | Re    | ceipt    |                      |                 |    |  |  |  |  |  |
|     | Mailing Address 1017 Pine Hill Way  |               |   |        | 10 <sup>M</sup>   | 1     | D D D 27 | / Y                  | y y<br>2019     | Ŷ  |  |  |  |  |  |
|     | City<br>Carmel  | State<br>IN   | Zip Code<br>46032-7701                            |        |   |       |          | 1344727<br>eceipt th | is Period       |    |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                | С             |   |        | Ľ.  |       | 9        | . y                  | 30.0            | 00 |  |  |  |  |  |
|     | Name of Employer (for Individual)<br>American Health and Wellness Group   | Occu<br>Chie  |   | Me     | emo   | Item  |          |                      |                 |    |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)                        | Aggregate     | Year-to-Date ▼<br>300.00                          |        |   |       |          |                      |                 |    |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)                                  |               |   |        |   |       | ,        |                      | 102.0           | 0  |  |  |  |  |  |
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| ITEMIZED RECEIPTS   | -                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |  |
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| II LIVIIZED KEGEIPIS  |                      | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |  |  |  |
|   |                      |   | 13     14     15     16     1       erson for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                | Action Com           | mittee  |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Jennings, Julie, , ,     | e Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 Faunce Corner Rd<br>Bldg 100, Suite 120                 |                      |   | 10 27 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Dartmouth   | State<br>MA          | Zip Code<br>02747-1255                            | Transaction ID : 13447275<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                    |   | 85.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Massachusetts Association of Health Un | Occ<br>Bro           | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate            | Year-to-Date ▼<br>765.00                          | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Booth, Neil, A., ,       | e Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 23901 Calabasas Road, S                                     |                      |   | 10 27 Y Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |  |
| City<br>Calabasas   | State<br>CA          | Zip Code<br>91302-3307                            | Transaction ID : 13447276<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | C                    |   | 63.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>American Marketing Administrators INC  |                      | upation (for Individual)<br>ker & CEO             | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate            | Year-to-Date ▼<br>630.00                          | 1   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Johnson, Suzanne, K., ,  | e Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 5955 Carnegie Blvd Suite                                    | 9 150                |   | 10 27 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Charlotte   | State<br>NC          | Zip Code<br>28209-4664                            | Transaction ID : 13447278 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                    |   | 85.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Employee Benefit Advisors of the Carol | Occ<br>Brol          | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate            | Year-to-Date ▼<br>925.00                          | ]   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                     | l)                   |   | 233.00  |  |  |  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                           | al Action Com          | mittee                          |   |                 |      |        |                 |                            |                        |    |  |
| Full Name of Individual (Last, First, Mic<br>Jackson, Jerry, D., ,                    | dle Initial) or Full C | rganization Name                |   | Date of Receipt |      |        |                 |                            |                        |    |  |
| Mailing Address 5113 N. Executive Driv<br>Suite 102                                   | 1                      |                                 |   | м м<br>10       | /    |        | р<br>27         | / Y                        | y y<br>2019            | Y  |  |
| City<br>Peoria  | State<br>IL            | Zip Code<br>61614-4893          |   |                 |      |        |                 | 344728<br>ceipt th         | is Period              |    |  |
| FEC ID number of contributing federal political committee.                            | C                      |                                 |   |                 |      | -      |                 | -                          | 42.0                   | )0 |  |
| Name of Employer (for Individual)<br>Jackson Financial Services                       | Occ<br>Bro             | upation (for Individual)<br>ker |   | М               | emc  | o Iter | m               |                            |                        |    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate              | Year-to-Date ▼<br>420.00        | 1 |                 |      |        |                 |                            |                        |    |  |
| Full Name of Individual (Last, First, Mic<br><b>Fisher, Erin, B.</b> , ,              | -                      | rganization Name                |   | Date of         | f Re | eceip  | ot              |                            |                        |    |  |
| Mailing Address 131-6 Courtland Avenu   |                        |                                 |   | <sup>M</sup> 10 | 1    | D      | 27              | / Y                        | 2019                   | Y  |  |
| City<br>Stamford  | State<br>CT            | Zip Code<br>06902-3443          |   |                 |      |        |                 | 3 <b>44728</b><br>ceipt th | <b>2</b><br>iis Period |    |  |
| FEC ID number of contributing federal political committee.                            | C                      |                                 |   | 170.00          |      |        |                 |                            |                        |    |  |
| Name of Employer (for Individual)<br>Find Medicare Plans                              | Occ<br>Bro             | upation (for Individual)<br>ker |   | M               | emc  | o Iter | m               |                            |                        |    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate              | Year-to-Date ▼<br>1700.00       | ] |                 |      |        |                 |                            |                        |    |  |
| Full Name of Individual (Last, First, Mic<br>C. Stacy, Dustin, , ,                    | dle Initial) or Full C | rganization Name                |   | Date of         | f Re | eceip  | ot              |                            |                        |    |  |
| Mailing Address 1151 Red Mile Road  |                        |                                 |   | <sup>M</sup> 10 | /    | D      | 27 <sup>D</sup> | / Y                        | 2019 <sup>°</sup>      | Y  |  |
| City<br>Lexington   | State<br>KY            | Zip Code<br>40504-2649          |   |                 |      |        |                 | 344728<br>ceipt th         | <b>is</b> Period       |    |  |
| FEC ID number of contributing federal political committee.                            | C                      |                                 |   |                 |      | y      |                 | y                          | 30.0                   | 00 |  |
| Name of Employer (for Individual)<br>BIM Group<br>Receipt For:                        | Occ<br>Brok            | upation (for Individual)<br>ker |   | М               | emo  | o Iter | m               |                            |                        |    |  |
| Primary General<br>Other (specify)  | Aggregate              | Year-to-Date ▼<br>300.00        | 1 |                 |      |        |                 |                            |                        |    |  |
| SUBTOTAL of Receipts This Page (option  | nal)                   |                                 |   |                 |      | ,      |                 | 9                          | 242.(                  | )0 |  |
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| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Action  | n Com                                 | mi    | ttee   |           |  |                 |      |     |           |                         |        |           |          |        |     |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>Starr, Gwyn, M., ,<br>Mailing Address 27777 Franklin Rd, Ste 1300 | or Full O                             | rgai  | nization Name                                    |           | Date of Receipt<br>10 / 27 / 2019<br>Transaction ID : 13447284 |                 |      |     |           |                         |        |           |          |        | Ŷ   |
|           |  | State                                 |       | Zip Code   |           |  |                 |      |     |           |                         |        |           |          |        |     |
|           | Southfield   | MI                                    |       | 48034-8282                                       |           | An   | nount           | t of | Е   | ac        | h R                     | ece    | eipt th   | is Pe    | riod   |     |
|           | FEC ID number of contributing federal political committee.   | C                                     | _     |  |           |  |                 |      | -   |           | _                       | -      | -7-       | _        | 30.0   | 0   |
|           | Name of Employer (for Individual)<br>PriorityHealth  |                                       | •     | tion (for Individual)<br>1anager                 |           |  | Me              | emo  | o I | lte       | m                       |        |           |          |        |     |
|           | Receipt For:     At       Primary     General       Other (specify) ▼  | ggregate                              | Yea   | ar-to-Date ▼<br>450.00                           |           |  |                 |      |     |           |                         |        |           |          |        |     |
|           | Full Name of Individual (Last, First, Middle Initial)<br>Nezat, Ron, J., ,   | or Full O                             | rga   | nization Name                                    |           | Da   | ate of          | Re   | ece | eip       | ot.                     |        |           |          |        |     |
|           | Mailing Address PO Box 91180   |                                       |       |  |           | IV   | 10 <sup>M</sup> | /    | I   | D         | D<br>27                 | 1      | / Y       | y<br>201 |        | Y   |
|           | City<br>Lafayette  | State<br>LA                           |       |  |           |  |                 |      |     | -         | <b>44728</b><br>eipt th |        | riod      |          |        |     |
|           | FEC ID number of contributing federal political committee.   |                                       | 85.00 |  |           |  |                 |      |     |           | 0                       |        |           |          |        |     |
|           | Name of Employer (for Individual)<br>Global Financial Resources, Inc.  | Occi<br>Age                           |       | tion (for Individual)                            | Memo Item |  |                 |      |     |           |                         |        |           |          |        |     |
|           | Receipt For:     A       Primary     General       Other (specify) ▼   | ggregate                              | Yea   | ar-to-Date ▼<br>850.00                           |           |  |                 |      |     |           |                         |        |           |          |        |     |
|           | Full Name of Individual (Last, First, Middle Initial)<br>Tierney, Robert, J., ,  | or Full O                             | rgai  | nization Name                                    |           | Da   | ate of          | Re   | ece | eip       | ot                      |        |           |          |        |     |
|           | Mailing Address 830 N Main St<br>STE 200   |                                       |       | 1  |           | N  | 10 <sup>M</sup> | 1    | l   | D         | 27                      |        | / Y       | 201      |        | Ŷ   |
|           | City<br>Meridian   | State<br>ID                           |       | Zip Code<br>83642-2611                           |           |  |                 |      |     |           |                         |        | eipt th   |          | riod   |     |
|           | FEC ID number of contributing federal political committee.   | C                                     | -     |  |           |  |                 |      | ,   |           | _                       | -      | 9         | _        | 85.0   | 0   |
|           | Name of Employer (for Individual)<br>Compass Benefit Advisors  | Occupation (for Individual)<br>Broker |       |  |           |  |                 |      | οI  | lte       | m                       |        |           |          |        |     |
|           | Receipt For:     At       Primary     General       Other (specify)  | Aggregate Year-to-Date ▼<br>950.00    |       |  |           |  |                 |      |     |           |                         |        |           |          |        |     |
| s         | UBTOTAL of Receipts This Page (optional)   |                                       |       | •••••  |           |  | _               | -    | ,   |           | +                       | -<br>- | 9         | 2        | 200.0  | 0   |
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                              | Action Com            | mittee                             |                                    |                 |     |           |                              |                        |        |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Major-Bell, Victoria, A., ,              | le Initial) or Full C | organization Name                  |                                    | Date of         | Re  | ceipt     |                              |                        |        |  |  |  |  |
| Mailing Address 8650 SW 83rd Loop   |                       |                                    |                                    | 10 / 27 / 2019  |     |           |                              |                        |        |  |  |  |  |
| City<br>Ocala   | State<br>FL           | Zip Code<br>34481-4629             | Transaction ID : 13447297          |                 |     |           |                              |                        |        |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | С                     |                                    | Amount of Each Receipt this Period |                 |     |           |                              |                        |        |  |  |  |  |
| Name of Employer (for Individual)<br>VMB Solutions  | Occ<br>Bro            | upation (for Individual)<br>ker    |                                    | Me              | emc | tem       |                              |                        |        |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate             | Year-to-Date ▼<br>300.00           | ]                                  |                 |     |           |                              |                        |        |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br><b>B. Ruffin, Helena</b> , , ,              | le Initial) or Full C | organization Name                  |                                    | Date of         | Re  | ceipt     |                              |                        |        |  |  |  |  |
| Mailing Address 3115 Roxbury Dr<br>#103   |                       | 10 / Y Y Y Y Y<br>2019             |                                    |                 |     |           |                              |                        |        |  |  |  |  |
| City<br>Los Angeles   | State<br>CA           | Zip Code<br>90035                  | #                                  |                 |     |           | 1 <b>344730</b><br>eceipt th | <b>1</b><br>nis Period | ł      |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C                     |                                    |                                    | 30.00           |     |           |                              |                        |        |  |  |  |  |
| Name of Employer (for Individual)<br>Ruffin Insurance Solutions, Inc.                     |                       | upation (for Individual)<br>sident |                                    | Me              | emc | Item      |                              |                        |        |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate             | Year-to-Date ▼<br>300.00           | ]                                  |                 |     |           |                              |                        |        |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Blasman, Wayne, , ,                      | le Initial) or Full C | organization Name                  |                                    | Date of         | Re  | ceipt     |                              |                        |        |  |  |  |  |
| Mailing Address 5210 Lewis Road, Suite  | 14                    |                                    |                                    | <sup>M</sup> 10 | /   | D D<br>28 | / Y                          | 2019 <sup>°</sup>      | Y      |  |  |  |  |
| City<br>Agoura Hills  | State<br>CA           | Zip Code<br>91301-2662             |                                    |                 |     |           | 1344730                      | 07<br>nis Period       | 4      |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | С                     |                                    |                                    | anoun           |     | ,         |                              |                        | .00    |  |  |  |  |
| Name of Employer (for Individual)<br>Bridgeport Benefits Inc                              | Occ<br>Brol           | upation (for Individual)<br>ker    |                                    | Memo Item       |     |           |                              |                        |        |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate             | Year-to-Date ▼<br>850.00           | ]                                  |                 |     |           |                              |                        |        |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona<br>TOTAL This Period (last page this line num     |                       |                                    |                                    | -               | -   | <b>y</b>  | ,                            | 145                    | .00    |  |  |  |  |

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|   |                            | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |  |  |  |  |
|   |                            |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.       |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politi           | cal Action Com             | mittee  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>Collins, Martha, T., ,   | /liddle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 545 N. Mountain Ave<br>Suite 208                    |                            |   | 10 / D D / Y Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |
| City<br>Upland  | State<br>CA                | Zip Code<br>91786-5055                            | Transaction ID : 13447308           Amount of Each Receipt this Period                                   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                          |   | 30.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Martin & Associates            | Occ<br>Brol                | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate                  | Year-to-Date ▼<br>300.00                          | ]  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>B. Lawless, James, A., , | liddle Initial) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 710 East Main Stree<br>Suite 110                    |                            |   | 10 28 2019   |  |  |  |  |  |  |  |  |
| City<br>Lexington   | State<br>KY                | Zip Code<br>40502-1602                            | Transaction ID : 13447309<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | С                          |   | 42.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Epic Insurance Solutions, LLC  | Occ<br>Bro                 | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate                  | Year-to-Date ▼<br>420.00                          | ]  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mc. Ambro, Heather, , ,       | liddle Initial) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 11704 Lackland Indu                                 |                            |   | M M / D D / Y Y Y Y Y<br>10 28 2019  |  |  |  |  |  |  |  |  |
| City<br>Saint Louis   | State<br>MO                | Zip Code<br>63146-4209                            | Transaction ID : 13447310           Amount of Each Receipt this Period                                   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                          |   | 85.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>The ECCHIC Group               | Occi<br>CEC                | upation (for Individual)<br>)                     | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                  | Aggregate                  | Year-to-Date ▼<br>925.00                          | ]  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (op                                  | tional)                    |   | 157.00   |  |  |  |  |  |  |  |  |
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| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A                               | ction Com                     | nmi                    | ttee  |   |                 |               |        |                     |                    |           |        |     |  |  |
| A.        | Full Name of Individual (Last, First, Middle In Danzig, Howard, , ,                          |                               | Orgai                  | nization Name   |   | Date of         | Re            | eceipt |                     |                    |           |        |     |  |  |
|           | Mailing Address 11704 Lackland Industrial Dr   |                               |                        |   |   | м м<br>10       | 1             | 2      |                     | / Y                | ۲<br>2019 | 9<br>9 | Y   |  |  |
|           | City<br>Saint Louis  | State<br>MO                   |                        | Zip Code<br>63146-4209  | Transaction ID : 13447311<br>Amount of Each Receipt this Period   |                 |               |        |                     |                    |           |        |     |  |  |
|           | FEC ID number of contributing federal political committee.                                   | С                             |                        |   | 85.00   |                 |               |        |                     |                    |           |        |     |  |  |
|           | Name of Employer (for Individual)<br>Employers Committed To Control Health                   |                               | •                      | ion (for Individual)<br>esident of Administration             |   | Me              | emo           | ) Item |                     |                    |           |        |     |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                     | Yea                    | r-to-Date ▼<br>950.00   | 1   |                 |               |        |                     |                    |           |        |     |  |  |
|           | Full Name of Individual (Last, First, Middle In West, Kimberly, J., ,                        | itial) or Full C              | Orgai                  | nization Name   |   | Date of         | Re            | eceipt |                     |                    |           |        |     |  |  |
|           | Mailing Address 3205 Valley Oaks   |                               |                        |   |   | ™M<br>10        | /             | 2      | В                   | / Y                | 2019      | Y - 1  | ŕ   |  |  |
|           | City<br>White Lake   | State<br>MI                   | Zip Code<br>48383-3447 | A   |   |                 |               |        | 3447312<br>ceipt th |                    | iod       |        |     |  |  |
|           | FEC ID number of contributing federal political committee.                                   | С                             |                        |   | 30.00   |                 |               |        |                     |                    |           |        |     |  |  |
|           | Name of Employer (for Individual)<br>Kim West Insurance Benefits LTD                         | Occ<br>Age                    |                        | tion (for Individual)   |   | Memo Item       |               |        |                     |                    |           |        |     |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                     | Yea                    | r-to-Date ▼<br>235.00   |   |                 |               |        |                     |                    |           |        |     |  |  |
| C.        | Full Name of Individual (Last, First, Middle In Petersen, Benjamin, Lee, ,                   | itial) or Full C              | Orgai                  | nization Name   |   | Date of         | Re            | eceipt |                     |                    |           |        |     |  |  |
|           | Mailing Address PO Box 971   |                               |                        | I   |   | 10 <sup>M</sup> | /             |        | 8                   | / Y                | 2019      |        | Ý   |  |  |
|           | City<br>Ridgefield   | State<br>WA                   |                        | Zip Code<br>98642-0971  | A   |                 |               |        |                     | 344731<br>ceipt th |           | iod    |     |  |  |
|           | FEC ID number of contributing federal political committee.                                   | С                             |                        |   |   |                 |               | y      |                     | ŋ                  |           | 42.00  | 0   |  |  |
|           | Name of Employer (for Individual)<br>K & B Benefit Advisors                                  | Occ<br>Brok                   | •                      | ion (for Individual)  | Memo Item   |                 |               |        |                     |                    |           |        |     |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                     | Yea                    | r-to-Date ▼<br>210.00   |   |                 |               |        |                     |                    |           |        |     |  |  |
|           | UBTOTAL of Receipts This Page (optional)   |                               |                        |   |   | -               |               | 7      |                     | 9                  | 1:        | 57.00  | )   |  |  |
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| Any information copied from such Reports<br>or for commercial purposes, other than usi |                        |   |           |        |   |                       |                    |             |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                            | al Action Com          | mittee  |           |        |   |                       |                    |             |
| Full Name of Individual (Last, First, Mid<br>A. Banchy, Kate, , ,                      | dle Initial) or Full C | organization Name                                 | Date      | of R   | eceipt                                  |                       |                    |             |
| Mailing Address 4233 Southtowne Drive  |                        |   | M<br>1    |        | / D D D D D D D D D D D D D D D D D D D | D / Y                 | ү ү<br>2019        | Y           |
| City<br>Eau Claire   | State<br>WI            | Zip Code<br>54701-2652                            |           |        |   | 1344732<br>Receipt th | 22<br>nis Period   |             |
| FEC ID number of contributing federal political committee.                             | С                      |   | Ē         |        | -y                                      | -                     | 42.0               | 0           |
| Name of Employer (for Individual)<br>Spectrum Insurance Group                          | Occ<br>Brol            | upation (for Individual)<br>ker                   |           | Mem    | o Item                                  |                       |                    |             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate              | Year-to-Date ▼<br>504.00                          | ]         |        |   |                       |                    |             |
| Full Name of Individual (Last, First, Mid<br><b>B.</b> Miller, Kyle, J., ,             | dle Initial) or Full C | organization Name                                 | Date      | of R   | eceipt                                  |                       |                    |             |
| Mailing Address 5600 Engle Rd  |                        |   | M 1       | м<br>0 | / D D<br>28                             | ) / Y                 | 2019               | Y           |
| City<br>Middleville  | State<br>MI            | Zip Code<br>49333-9478                            |           |        |   | 1344732               |                    |             |
| FEC ID number of contributing federal political committee.                             | С                      |   |           |        |   |                       | nis Period<br>30.0 | )0          |
| Name of Employer (for Individual)<br>KMA Benefits                                      | Occ<br>Bro             | upation (for Individual)<br>ker                   |           | Mem    | o Item                                  |                       |                    |             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate              | Year-to-Date ▼<br>210.00                          | ]         |        |   |                       |                    |             |
| Full Name of Individual (Last, First, Mid<br>C. Selinsky, Steven, , ,                  | dle Initial) or Full C | organization Name                                 | Date      | of R   | eceipt                                  |                       |                    |             |
| Mailing Address 28638 Oak Point Drive  |                        |   |           | 0      | / D D 28                                | J L                   | 2019               | Y           |
| City<br>Farmington Hills   | State<br>MI            | Zip Code<br>48331-2706                            |           |        |   | 1344732<br>Receipt th | 24<br>nis Period   |             |
| FEC ID number of contributing federal political committee.                             | С                      |   |           |        | ,                                       | , ,                   | 85.0               | 0           |
| Name of Employer (for Individual)<br>Health Alliance Plan<br>Receipt For:              | Dire                   | upation (for Individual)<br>ctor of Sales         |           | Mem    | io Item                                 |                       |                    |             |
| Primary General<br>Other (specify)   | Aggregate              | Year-to-Date ▼<br>925.00                          | ]         |        |   |                       |                    |             |
| SUBTOTAL of Receipts This Page (option   | nal)                   |   |           |        | ,                                       | ,                     | 157.0              | 0           |
| TOTAL This Period (last page this line nu  | mber only)             |   |           |        | -                                       |                       |                    |             |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 104 OF

|   |  | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
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| ITEMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |  |
|   |  |   | 13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica   | I Action Com   | mittee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Martin, Ingrid, L., ,                                  | le Initial) or Full C  | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 3857 Grand Oak Drive  | Mailing Address 3857 Grand Oak Drive   |   |   |  |  |  |  |  |  |  |
| City<br>Brunswick   | State<br>OH  | Zip Code<br>44212-3594                            | Transaction ID : 13447325<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  |   | 42.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Ameritas   | Occ<br>Bro   | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>420.00                          | ]   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Waren, M. Hughes, , ,                                  | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Waren, M. Hughes, , , |   |   |  |  |  |  |  |  |  |
| Mailing Address P.O. Box 7661   | 10 28 2019   |   |   |  |  |  |  |  |  |  |
| City<br>Wilmington  | State<br>NC  | Zip Code<br>28406-7661                            | Transaction ID : 13447326<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С  |   | 30.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)     Occupation (for Individual)       Ebenconcepts, Inc.     Broker   |  |   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>300.00                          | ]   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Hazelbaker, Jay, , , |  |   | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 5007 Pine Creek Drive   | 10 / Y Y Y Y<br>28 2019  |   |   |  |  |  |  |  |  |  |
| City<br>Westerville   | State<br>OH  | Zip Code<br>43081-4849                            | Transaction ID : 13447327           Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С  |   | 42.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Tabit, Arganbright & Hazelbaker, Inc.                              |  | upation (for Individual)<br>sident                | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>420.00                          | ]   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | al)  |   | 114.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nur  | nber only)   |   |   |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |   |  | Use separate schedule(s)                          | (check only one) |              |                            |        |                       |                          |          |  |  |  |  |
|-------------------|---|--|---|------------------|--------------|----------------------------|--------|-----------------------|--------------------------|----------|--|--|--|--|
|                   |   |  | for each category of the<br>Detailed Summary Page |                  | <b>X</b> 11a |                            | 11b    | 11c                   | 12                       | <u> </u> |  |  |  |  |
|                   | y information copied from such Reports and St<br>for commercial purposes, other than using the              |  |   |                  |              |                            |        |                       |                          |          |  |  |  |  |
| $\overline{)}$    | NAME OF COMMITTEE (In Full)   |  |   |                  |              |                            |        |                       |                          |          |  |  |  |  |
| $\Big\rangle$     | Health Underwriters Political Act   | ion Com  | mittee  |                  |              |                            |        |                       |                          |          |  |  |  |  |
| Α.                |   |  |   |                  |              | Date of Receipt            |        |                       |                          |          |  |  |  |  |
|                   | Mailing Address PO Box 626  |  |   |                  |              | 10 / Y Y Y Y<br>10 28 2019 |        |                       |                          |          |  |  |  |  |
|                   | City<br>Woodland Hills  | State<br>CA                                    | Zip Code<br>91365-0626                            |                  |              |                            |        | : 134473<br>Receipt 1 | <b>30</b><br>this Period |          |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | C  |   |                  |              |                            |        |                       | 85.                      | 00       |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Underhill Insurance Agency   | Occu<br>Brok                                   | upation (for Individual)<br>ker                   |                  | M            | emo                        | o Item |                       |                          |          |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                      | Year-to-Date ▼<br>850.00                          | ]                |              |                            |        |                       |                          |          |  |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Initi Crosby, Neil, R., ,                                      | al) or Full O                                  | rganization Name                                  |                  | Date of      | Re                         | eceipt |                       |                          |          |  |  |  |  |
|                   | Mailing Address 32110 Agoura Road   |  |   |                  |              | 10 28 2019                 |        |                       |                          |          |  |  |  |  |
|                   | City<br>Westlake Village  | State<br>CA                                    | Zip Code<br>91361-4026                            | _                |              |                            |        | : 134473<br>Receipt 1 | <b>31</b><br>this Period |          |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | С  |   |                  |              | 85.00                      |        |                       |                          |          |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Warner Pacific Insurance Services                                      |  | upation (for Individual)<br>ector of Sales        |                  | M            | emo                        | o Item |                       |                          |          |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                      | Year-to-Date ▼<br>850.00                          | ]                |              |                            |        |                       |                          |          |  |  |  |  |
| C.                | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>. Tower, Kimberly, H., , |  |   |                  |              | Re                         | eceipt |                       |                          |          |  |  |  |  |
|                   | Mailing Address 408 E ParkCenter Blvd, Suite 100  |  |   |                  |              | 1                          | 28     |                       | 2019                     | Y        |  |  |  |  |
|                   | City<br>Boise   | State<br>ID                                    | Zip Code<br>83706-6512                            |                  |              |                            |        | : 134473<br>Receipt 1 | 335<br>this Period       |          |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | C  |   |                  |              |                            | y 1    | . ,                   | 30.                      | 00       |  |  |  |  |
|                   | Name of Employer (for Individual)<br>PacificSource Health Plans   | Occupation (for Individual)<br>Sales Executive |   |                  | M            | emo                        | o Item |                       |                          |          |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>270.00             |   |                  |              |                            |        |                       |                          |          |  |  |  |  |
|                   | UBTOTAL of Receipts This Page (optional)  |  |   | ►<br>-           | <u> </u>     |                            | , ,    |                       | 200.                     | 00       |  |  |  |  |
| Т                 | OTAL This Period (last page this line number of   | only)  | ••••••  | •                |              | 1                          | -      |                       |                          |          |  |  |  |  |

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

(check only one)

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|              |  |   | Detailed Summary Page           | ×     | -                                  |                               | 111             |        | 11c      |      | 12    |   |  |  |  |
|--------------|--|---|---------------------------------|-------|------------------------------------|-------------------------------|-----------------|--------|----------|------|-------|---|--|--|--|
|              | y information copied from such Reports and Sta   |   |                                 |       |                                    |                               |                 | e of s |          |      |       |   |  |  |  |
|              | for commercial purposes, other than using the  |   |                                 |       |                                    |                               |                 |        |          |      |       |   |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |   |                                 |       |                                    |                               |                 |        |          |      |       |   |  |  |  |
|              | Health Underwriters Political Act  | ion Com   | mittee                          |       |                                    |                               |                 |        |          |      |       |   |  |  |  |
| Α.           | Bilhartz, Brian, , ,   | e of Individual (Last, First, Middle Initial) or Full Organization Name<br>, Brian, , , |                                 |       |                                    |                               | Date of Receipt |        |          |      |       |   |  |  |  |
|              | Mailing Address 42376 Klondike Way   |   |                                 |       |                                    | 10 / D D / Y Y Y Y<br>28 2019 |                 |        |          |      |       |   |  |  |  |
|              | City   | State Zip Code  |                                 |       | Transaction ID : 13447336          |                               |                 |        |          |      |       |   |  |  |  |
|              | Indio  | CA  | 92203-2835                      | A     | mount                              | of                            | Ead             | ch Re  | ceipt th | is P | eriod |   |  |  |  |
|              | FEC ID number of contributing federal political committee.   | С   |                                 |       | _                                  |                               | -               |        | -7-      | _    | 25.0  | 0 |  |  |  |
|              | Name of Employer (for Individual)<br>Bilhartz Desert Insurance Agency                                    | Occ<br>Age  | upation (for Individual)<br>nt  |       | Me                                 | emo                           | o Ite           | em     |          |      |       |   |  |  |  |
|              | Receipt For:   | <b>u</b>  | Year-to-Date ▼                  |       |                                    |                               |                 |        |          |      |       |   |  |  |  |
|              | Primary General<br>Other (specify) ▼   |   | 225.00                          |       |                                    |                               |                 |        |          |      |       |   |  |  |  |
|              | Full Name of Individual (Last, First, Middle Initi<br>Buza, Raymond, F., ,                               | al) or Full C   | rganization Name                |       | Date of                            | Re                            | ecei            | pt     |          |      |       |   |  |  |  |
|              | Mailing Address 1440 AIA   |   |                                 |       |                                    | 10 28 2019                    |                 |        |          |      |       |   |  |  |  |
|              | City   | State Zip Code  |                                 |       |                                    | Transaction ID : 13447340     |                 |        |          |      |       |   |  |  |  |
|              | Vero Beach   | FL  | 32963                           | A     | Amount of Each Receipt this Period |                               |                 |        |          |      |       |   |  |  |  |
|              | FEC ID number of contributing federal political committee.   | С   |                                 | 63.00 |                                    |                               |                 |        |          |      |       |   |  |  |  |
|              | Name of Employer (for Individual)<br>Palm Beach Insurance Advisory Group, I                              | Occupation (for Individual)<br>Broker   |                                 |       |                                    | Memo Item                     |                 |        |          |      |       |   |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>546.00        |       |                                    |                               |                 |        |          |      |       |   |  |  |  |
| <u> </u>     | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Tuthill, Glendae, , , |   |                                 |       |                                    | Re                            | eceip           | pt     |          |      |       |   |  |  |  |
|              | Mailing Address 736 Old Greenville Rd  |   |                                 |       |                                    | 10 28 2019                    |                 |        |          |      |       |   |  |  |  |
|              | City   | State   | Zip Code                        |       | Transaction ID : 13447343          |                               |                 |        |          |      |       |   |  |  |  |
|              | Fayetteville   | GA  | 30215-5935                      | A     | mount                              | of                            | Ead             | ch Re  | ceipt th | is P | eriod |   |  |  |  |
|              | FEC ID number of contributing federal political committee.   | С   |                                 | 25.0  |                                    |                               |                 |        |          |      | 0     |   |  |  |  |
|              | Name of Employer (for Individual)<br>Benevestco, Inc.  | Occ<br>Broł   | upation (for Individual)<br>ker |       | M                                  | ema                           | o Ite           | əm     |          |      |       |   |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>250.00        | ]     |                                    |                               |                 |        |          |      |       |   |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)   |   |                                 |       |                                    |                               | 9               |        | ,        |      | 113.0 | 0 |  |  |  |
| Т            | OTAL This Period (last page this line number o   | nly)  |                                 |       |                                    |                               | -               |        | -40-     |      |       |   |  |  |  |

# SCHEDULE A (FEC Form 3X)

| Use separate schedule(s)                          | FOR LINE NUMBER:<br>(check only one) |
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| for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b                     |

| ITEMIZED RECEIPTS |   |                              | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|-------------------|---|------------------------------|---|---|--|--|--|--|--|--|
|                   |   |                              | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r   |                              |   |   |  |  |  |  |  |  |
| $\rangle$         | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti   | on Com                       | mittee  |   |  |  |  |  |  |  |
| A.                | Full Name of Individual (Last, First, Middle Initia Reents, Joni, Robin, ,  | al) or Full O                | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 10701 Melody Drive<br>Suite 320   | 10 / Y Y Y Y Y<br>10 28 2019 |   |   |  |  |  |  |  |  |
|                   | City<br>Northglenn  | State<br>CO                  | Zip Code<br>80234-4122                            | Transaction ID : 13447344           Amount of Each Receipt this Period                                    |  |  |  |  |  |  |
|                   | FEC ID number of contributing<br>federal political committee.   | С                            |   | 85.00   |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Reents Insurance Agency  | Occi<br>Broł                 | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                    | Year-to-Date ▼<br>850.00                          |   |  |  |  |  |  |  |
| З.                | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Scopp, Kenneth, N, ,<br>Mailing Address 12121 Wilshire Blvd Ste 1100 |                              |   | Date of Receipt   |  |  |  |  |  |  |
|                   | City  | State                        | Zip Code  | 10 28 2019<br>Transaction ID : 13447345   |  |  |  |  |  |  |
|                   | Los Angeles   | CA                           | 90025-1166  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing<br>federal political committee.   | С                            |   | 25.00   |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>First Financial Resources  | Occ<br>Bro                   | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                    | Year-to-Date ▼<br>250.00                          |   |  |  |  |  |  |  |
|                   | Full Name of Individual (Last, First, Middle Initia<br>Wynkoop Kapostins, Ashley, , ,   | Date of Receipt              |   |   |  |  |  |  |  |  |
|                   | Mailing Address 255 Primera Blvd, Suite 264   | 10 / 28 / Y Y Y Y<br>2019    |   |   |  |  |  |  |  |  |
|                   | City<br>Lake Mary   | State<br>FL                  | Zip Code<br>32746-2148                            | Transaction ID : 13447346<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
|                   | FEC ID number of contributing<br>federal political committee.   | С                            |   | 85.00   |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>CIGNA  | Occu<br>Brok                 | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                    | Year-to-Date ▼<br>425.00                          |   |  |  |  |  |  |  |
|                   | JBTOTAL of Receipts This Page (optional)  |                              | •   | 195.00  |  |  |  |  |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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| TTEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
| or for commercial purposes, other than us                                  | and Statements may not be sold or used by any persing the name and address of any political committee to |   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic                 | al Action Committee  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Hall, Dwight, , ,           | Date of Receipt  |   |  |  |  |  |  |  |
| Mailing Address 6107 Hazelwood Ave.  | 10 / 28 / Y Y Y Y<br>2019  |   |  |  |  |  |  |  |
| City<br>Indianapolis   | StateZip CodeIN46228-1316  | Transaction ID : 13447349 Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C  | 30.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>D Hall & Associates                   | Occupation (for Individual)<br>Broker  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>350.00   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Kirk, Stephanie, S., ,      | Date of Receipt  |   |  |  |  |  |  |  |
| Mailing Address 18887 State Highway Suite 300                              |  |   |  |  |  |  |  |  |
| City<br>Poulsbo  | StateZip CodeWA98370-7461  | Transaction ID : 13447350<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C  | 30.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>J.C. Madison Inc                      | Occupation (for Individual)<br>Agency President & Licensed Producer                                      | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>300.00   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br><b>C.</b> Paxton, Pauline, , , | Date of Receipt  |   |  |  |  |  |  |  |
| Mailing Address 194 S Grandean Way   | M M / D D / Y Y Y Y<br>10 28 2019  |   |  |  |  |  |  |  |
| City<br>Eagle  | StateZip CodeID83616-4993  | Transaction ID : 13447351<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C  | 30.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Blue Cross of Idaho                   | Occupation (for Individual)<br>Account Leader  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate Year-to-Date ▼<br>300.00   |   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                     | nal) 🕨   | 90.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line n                                   | umber only)  |   |  |  |  |  |  |  |

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

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|           |   |                   | Detailed Summary Page        | × | 11a             |      | 11       | b     | 11c                        |    | 12               |    |
|-----------|---|-------------------|------------------------------|---|-----------------|------|----------|-------|----------------------------|----|------------------|----|
|           |   |                   | Solaneu Sullinaly Faye       |   | 13              |      | 14       | - H   | 15                         |    | 16               | 17 |
|           | y information copied from such Reports and Statements for commercial purposes, other than using the name an |                   |                              |   |                 |      |          |       |                            |    |                  |    |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Action Co                                      | ommi              | ttee                         |   |                 |      |          |       |                            |    |                  |    |
| A.        | Full Name of Individual (Last, First, Middle Initial) or Ful<br>Gant, Tom, , ,                              | ll Orgai          | nization Name                |   | Date of         | f Re | ecei     | ipt   |                            |    |                  |    |
|           | Mailing Address 100 North Weinbach Avenue   |                   | 1                            |   | 10 <sup>M</sup> | /    |          | 28    | / Y                        |    | )19              | Y  |
|           | City State<br>Evansville IN   |                   | Zip Code<br>47711-6006       |   |                 |      |          |       | 134473                     |    | a stand          |    |
|           | FEC ID number of contributing federal political committee.  |                   |                              |   | Amoun           | t ot | Ea       | CN Re | eceipt t                   |    | eriod<br>42.0    | 0  |
|           | Schultheis Life & Health Agency   | Occupat<br>Agent  | tion (for Individual)        |   | M               | emo  | o Ite    | em    |                            |    |                  |    |
|           | Receipt For:     Aggregation       Primary     General       Other (specify) ▼                              | ate Yea           | ar-to-Date ▼<br>620.00       |   |                 |      |          |       |                            |    |                  |    |
| В.        | Full Name of Individual (Last, First, Middle Initial) or Ful<br>Kahan, Stacy, , ,                           | ll Orgai          | nization Name                |   | Date of         | f Re | ecei     | ipt   |                            |    |                  |    |
|           | Mailing Address 8707 Skokie Blvd., Ste 206  |                   | 1                            |   | <sup>M</sup> 10 | 1    | [        | 28    | / Y                        | 20 | 19<br>19         | Y  |
|           | City State<br>Skokie IL   |                   | Zip Code<br>60077-2272       |   |                 |      | -        |       | 1 <b>34473</b><br>eceipt t |    | eriod            |    |
|           | FEC ID number of contributing federal political committee.  |                   |                              |   |                 |      | ,        |       |                            | _  | 85.0             | 0  |
|           | Lang Financial Crown, Chicago LTD   | Dccupa<br>Preside | tion (for Individual)<br>ent |   | М               | emo  | o Ite    | em    |                            |    |                  |    |
|           | Receipt For:     Aggrega       Primary     General       Other (specify) ▼                                  | ate Yea           | ar-to-Date ▼<br>420.00       |   |                 |      |          |       |                            |    |                  |    |
| с.        | Full Name of Individual (Last, First, Middle Initial) or Ful Stubbs, Guy, , ,                               | ll Orgai          | nization Name                |   | Date of         | f Re | ecei     | ipt   |                            |    |                  |    |
|           | Mailing Address PO Box 337  |                   |                              |   | <sup>M</sup> 10 | /    | Г        | 28    | / Y                        |    | )19 <sup>°</sup> | Y  |
|           | City State<br>Jerome ID   |                   | Zip Code<br>83338-0337       |   |                 |      |          |       | <b>134473</b><br>eceipt t  |    | eriod            |    |
|           | FEC ID number of contributing federal political committee.  |                   |                              |   |                 |      | <u> </u> |       | ,                          |    | 30.0             | 0  |
|           | Hall and Associates   | Dccupat<br>Agent  | tion (for Individual)        |   | М               | emo  | o Ite    | em    |                            |    |                  |    |
|           | Receipt For:     Aggregation       Primary     General       Other (specify)                                | ate Yea           | ar-to-Date ▼<br>400.00       |   |                 |      |          |       |                            |    |                  |    |
| s         | UBTOTAL of Receipts This Page (optional)  |                   |                              |   |                 |      |          |       |                            |    | 157.0            | 0  |
| Т         | OTAL This Period (last page this line number only)  |                   |                              |   |                 |      | 7        |       |                            |    |                  |    |

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|   |                                | Detailed Summary Page                              | × |                      |     | 11b                      |   | - H     | 12        |    |
|---|--------------------------------|--|---|----------------------|-----|--------------------------|---|---------|-----------|----|
| Any information copied from such Repo<br>or for commercial purposes, other than |                                |  |   |                      |     |                          |   | iting c |           |    |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Polit                        | ical Action Com                | mittee   |   |                      |     |                          |   |         |           |    |
| Full Name of Individual (Last, First,<br>A. Cagliola, Victoria, , ,             | Middle Initial) or Full C      | rganization Name                                   |   | Date of              | Re  | ceipt                    |   |         |           |    |
| Mailing Address 1041 Old Cassatt Ro   | ł                              |  |   | <sup>™</sup> 10      | /   | D<br>28                  |   | Y       | y<br>2019 | Y  |
| City<br>Berwyn  | State<br>PA                    | Zip Code<br>19312-1152                             | A |                      |     | i <b>on ID</b><br>Each I |   |         | Period    |    |
| FEC ID number of contributing federal political committee.                      | C                              |  |   |                      |     |                          |   |         | 85.       | 00 |
| Name of Employer (for Individual)<br>Simkiss & Block                            | Occ<br>CP/                     | upation (for Individual)<br>A                      |   | M                    | emo | Item                     |   |         |           |    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate                      | Year-to-Date ▼<br>925.00                           |   |                      |     |                          |   |         |           |    |
| Full Name of Individual (Last, First,<br>B. Pearson, E.J., , ,                  | Middle Initial) or Full C      | rganization Name                                   |   | Date of              | Re  | ceipt                    |   |         |           |    |
| Mailing Address 369 Stone Falls Ave<br>Apt 201                                  | 1                              |  |   | <sup>M</sup> M<br>10 | /   | D<br>28                  |   | Y       | 2019      | Y  |
| City<br>Ada   | State<br>MI                    | Zip Code<br>49301-7923                             |   |                      |     | on ID :<br>Each I        |   |         | Period    |    |
| FEC ID number of contributing federal political committee.                      | C                              |  |   | _                    |     | -                        |   |         | 30.       | 00 |
| Name of Employer (for Individual)<br>Varipro                                    |                                | upation (for Individual)<br>gional Sales Executive |   | M                    | emo | Item                     |   |         |           |    |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate                      | Year-to-Date ▼<br>300.00                           |   |                      |     |                          |   |         |           |    |
| Full Name of Individual (Last, First,<br><b>C. Lubenow, Douglas</b> , , ,       | l<br>Middle Initial) or Full C | rganization Name                                   |   | Date of              | Re  | ceipt                    |   |         |           |    |
| Mailing Address 214 West Main Stre<br>Suite 101                                 |                                |  |   | <sup>M</sup> 10      | /   | 28                       | 3 |         | 2019      | Y  |
| City<br>Moorestown  | State<br>NJ                    | Zip Code<br>08057-2345                             | A |                      |     | <b>ion ID</b><br>Each I  |   |         | Period    |    |
| FEC ID number of contributing federal political committee.                      | C                              |  |   | _                    |     | <u>,</u>                 |   |         | 85.       | 00 |
| Name of Employer (for Individual)<br>Lubenow Agency                             | Occ<br>Broł                    | upation (for Individual)<br>ker                    |   | M                    | emo | tem                      |   |         |           |    |
| Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate                      | Year-to-Date ▼<br>815.00                           |   |                      |     |                          |   |         |           |    |
| SUBTOTAL of Receipts This Page (op  | tional)                        |  |   |                      |     | , .                      |   |         | 200.(     | 00 |
| TOTAL This Period (last page this line  | number only)                   |  |   |                      |     |                          |   |         |           |    |

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FOR LINE NUMBER:

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|    |  |              |      | for each category of the<br>Detailed Summary Page | × | :  | 11a<br>13       |      | -    | 1b<br>4 |           | 11c<br>15                 |       | 12<br>16         | 17   |
|----|--|--------------|------|---|---|----|-----------------|------|------|---------|-----------|---------------------------|-------|------------------|------|
| or | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nan       |              |      |   |   |    | r the           |      | ро   | se      |           | solicitin                 |       | ntribut          | ions |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Action  | n Com        | mi   | ttee  |   |    |                 |      |      |         |           |                           |       |                  |      |
| Α. | Full Name of Individual (Last, First, Middle Initial)<br>Bosnakis, Gina, , ,<br>Mailing Address 801 B Street | or Full O    | rgai | nization Name                                     |   |    | ate of          | Re   | ece  | eipt    | D         |                           |       | Ý                | Y    |
|    | 5  | State        |      | Zip Code  |   |    | 10<br>Trans     | acti | io   |         | 28<br>):1 | 34473                     | 1.0   | 019              |      |
|    | Anchorage  | AK           |      | 99501-3657  |   | Aı | mount           | of   | Ea   | ach     | Re        | eceipt tl                 | his P | Period           |      |
|    | FEC ID number of contributing federal political committee.   | C            | _    |   |   |    |                 |      | ,    |         |           |                           |       | 30.0             | 0    |
|    | Name of Employer (for Individual)<br>Gina Bosnakis & Associates  | Occu<br>Brok | •    | tion (for Individual)                             |   | [  | Me              | emo  | o l' | tem     | I         |                           |       |                  |      |
|    | Receipt For: Ac  | ggregate     | Yea  | ar-to-Date ▼                                      | _ |    |                 |      |      |         |           |                           |       |                  |      |
|    | Other (specify) ▼  |              | 7    | 240.00  |   |    |                 |      |      |         |           |                           |       |                  |      |
|    | Full Name of Individual (Last, First, Middle Initial)  | or Full O    | rga  | nization Name                                     |   | D  | ate of          | Re   | ece  | eipt    |           |                           |       |                  |      |
|    | Mailing Address 40 E. McDermott  |              |      |   |   | Γ  | <sup>M</sup> 10 | /    | ľ    | D 2     | 28        | / Y                       |       | )19              | Y    |
|    | ,  | State<br>TX  |      | Zip Code<br>75002-2802                            |   |    |                 |      |      |         |           | <b>344736</b><br>ceipt tl | -     | Period           |      |
|    | FEC ID number of contributing federal political committee.   | C            | -    |   |   |    |                 |      | ,    |         |           |                           | _     | 250.0            | 0    |
|    | Name of Employer (for Individual)<br>The DI Center   | Occu<br>Brok |      | tion (for Individual)                             |   | [  | Me              | emo  | o l' | tem     | I         |                           |       |                  |      |
|    | Receipt For:     Ag       Primary     General       Other (specify) ▼  | ggregate     | Yea  | ar-to-Date ▼<br>2340.00                           |   |    |                 |      |      |         |           |                           |       |                  |      |
|    | Full Name of Individual (Last, First, Middle Initial)  | or Full O    | rga  | nization Name                                     |   | D  | ate of          | Re   | ece  | eipt    |           |                           |       |                  |      |
|    | Mailing Address 601 Hickory Street   |              |      |   |   | Γ  | 10 <sup>M</sup> | /    | ľ    |         | 28        | / Y                       |       | )19 <sup>°</sup> | Y    |
|    | 5  | State<br>NY  |      | Zip Code<br>13088-4416                            |   |    |                 |      |      |         |           | <b>34473</b><br>ceipt t   |       | Period           |      |
|    | FEC ID number of contributing federal political committee.   | C            | -    |   |   |    |                 |      | ,    |         |           |                           |       | 30.0             |      |
|    | Name of Employer (for Individual)<br>Pomco   | Occu<br>Brok | •    | tion (for Individual)                             |   | [  | Me              | emc  | o I  | ltem    | 1         |                           |       |                  |      |
|    | Receipt For:     Ag       Primary     General       Other (specify)  | ggregate     | Yea  | ar-to-Date ▼<br>300.00                            |   |    |                 |      |      |         |           |                           |       |                  |      |
| s  | UBTOTAL of Receipts This Page (optional)   |              |      | ••••••  |   | [  |                 |      | ,    |         |           | y                         |       | 310.0            | 0    |
| т  | OTAL This Period (last page this line number only)   | )            |      |   |   | Ľ  |                 |      | -    |         |           |                           |       |                  |      |

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

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|           |   |                 | Detailed Summary Page                           | ×  | 11a<br>13       |     | 11b<br>14                       | 11c<br>15  |         | 12<br>16        | 17  |  |  |  |  |  |
|-----------|---|-----------------|---|--|-----------------|-----|---------------------------------|------------|---------|-----------------|-----|--|--|--|--|--|
|           | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |   |  | or the          |     |                                 | soliciting |         | ntributi        | ons |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                               | tion Com        | mittee  |  |                 |     |                                 |            |         |                 |     |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Init<br>Carothers, Christopher, B., ,            | tial) or Full O | rganization Name                                |  | Date of         | Re  | ceipt                           |            |         |                 |     |  |  |  |  |  |
|           | Mailing Address 3161 East Warm Springs Rd #   |                 |   |  | м м<br>10       |     | D D<br>28                       | / Y        | 1       | )19             | Y   |  |  |  |  |  |
|           | City<br>Las Vegas   | State<br>NV     | Zip Code<br>89120-3144                          | A  |                 |     | on ID : <sup>2</sup><br>Each Re |            |         | eriod           |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |  | _               |     | 7                               |            |         | 12.0            | 0   |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Carothers Insurance Agency, Inc.                         |                 | upation (for Individual)<br>ncy Owner           |  | Me              | emo | Item                            |            |         |                 |     |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>370.00                        | ]  |                 |     |                                 |            |         |                 |     |  |  |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Init<br>Barta, James, , ,                        | tial) or Full O | rganization Name                                |  | Date of         | Re  | ceipt                           |            |         |                 |     |  |  |  |  |  |
|           | Mailing Address 331 TownePark Circle<br>Suite 200   |                 |   |  | м м<br>10       | /   | 28                              | / Y        | ү<br>20 | ү<br>19         | Y   |  |  |  |  |  |
|           | City<br>LOUISVILLE  | State<br>KY     | Zip Code<br>40243-2351                          | Transaction ID : 13447368 Amount of Each Receipt this Period |                 |     |                                 |            |         |                 |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |   | 30.00  |                 |     |                                 |            |         |                 |     |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>The Legacy Benefits Group                                | Occ<br>Sale     | upation (for Individual)<br>es                  |  | Me              | emo | Item                            |            |         |                 |     |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>300.00                        |  |                 |     |                                 |            |         |                 |     |  |  |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Init<br>Bull, Lynn, M., ,                        | tial) or Full O | rganization Name                                |  | Date of         | Re  | ceipt                           |            |         |                 |     |  |  |  |  |  |
|           | Mailing Address P O Box 3277  |                 |   |  | <sup>M</sup> 10 | 1   | D D<br>28                       | / Y        |         | 19 <sup>°</sup> | Y   |  |  |  |  |  |
|           | City<br>Turlock   | State<br>CA     | Zip Code<br>95381-3277                          |  |                 |     | i <b>on ID :</b><br>Each Re     |            |         | eriod           |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |   |  | _               |     | 9                               |            |         | 30.0            | 0   |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Winton-Ireland Insurance Agency, Inc.                    |                 | upation (for Individual)<br>efits Dept. Manager |  | Me              | emo | tem                             |            |         |                 |     |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>300.00                        | 1  |                 |     |                                 |            |         |                 |     |  |  |  |  |  |
|           | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number      |                 |   | ·  | -               | _   | 9                               |            |         | 72.0            | 0   |  |  |  |  |  |

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FOR LINE NUMBER:

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|   | -                      | Use separate schedule(s)                          | (check only one)   |
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| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 1   |
|   |                        |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica             | al Action Com          | mittee  |  |
| Full Name of Individual (Last, First, Mide<br>Hoover, Shelley, , ,      | dle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 15431 Washington St.                                    |                        |   | M M / D D / Y Y Y Y<br>10 28 2019  |
| City<br>Riverside   | State<br>CA            | Zip Code<br>92506-5763                            | Transaction ID : 13447371 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.              | C                      |   | 30.00  |
| Name of Employer (for Individual)<br>Dickerson Insurance Services       | Occi<br>Brol           | upation (for Individual)<br>ker                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate              | Year-to-Date ▼<br>300.00                          | ]  |
| Full Name of Individual (Last, First, Mide<br>B. Olson, Trenton, M., ,  | dle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 9980 S. 300 W. Suite 14                                 | 10                     |   | M M / D D / Y Y Y Y Y<br>10 28 2019  |
| City<br>Sandy   | State<br>UT            | Zip Code<br>84070-3641                            | Transaction ID : 13447374<br>Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.              | С                      |   | 30.00  |
| Name of Employer (for Individual)<br>Senior Benefits Insurance Services | Occ                    | upation (for Individual)<br>ker                   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate              | Year-to-Date ▼<br>300.00                          | ]  |
| Full Name of Individual (Last, First, Mide<br>C. Whaley, Vicki, Lee, ,  | dle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address PO Box 759<br><u>170 River Rock Rd</u><br>City          | State                  | Zip Code  | 10 28 2019<br>Transaction ID : 13447376  |
| Lewiston  | CA                     | 96052-0759  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.              | C                      |   | 42.00  |
| Name of Employer (for Individual)<br>Vicki Whaley Ins Svcs.             | Hea                    | upation (for Individual)<br>Ith Agent             | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate              | Year-to-Date ▼<br>252.00                          | ]  |
| SUBTOTAL of Receipts This Page (option                                  | al)                    |   | 102.00   |
| TOTAL This Period (last page this line nu                               | mber only)             |   |  |

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

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FOR LINE NUMBER:

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|              |   |               | Use separate schedule(s)                          | (ch      | neck only       | y or | ne)    |                              |                         |          |
|--------------|---|---------------|---|----------|-----------------|------|--------|------------------------------|-------------------------|----------|
|              |   |               | for each category of the<br>Detailed Summary Page |          | <b>×</b> 11a    |      | 11b    | 11c                          | 12                      | <u> </u> |
|              | ormation copied from such Reports and Sta<br>ommercial purposes, other than using the r |               |   |          |                 |      |        |                              |                         |          |
| <u></u>      | IE OF COMMITTEE (In Full)   |               |   | 0 10 0   |                 |      |        |                              |                         |          |
| \            | alth Underwriters Political Acti  | on Com        | mittee  |          |                 |      |        |                              |                         |          |
| <b>A.</b> Ap | Name of Individual (Last, First, Middle Initia<br>plegate, Teena, , ,                   | ll) or Full O | rganization Name                                  |          | Date of         | Re   | ceipt  |                              |                         |          |
|              | ng Address 3111 C St.   |               |   |          | <sup>M</sup> 10 | 1    | D 1    |                              | 2019                    | Y        |
| City<br>Anc  | horage  | State<br>AK   | Zip Code<br>99503-3901                            |          |                 |      |        | <b>134473</b><br>Receipt t   | 77<br>his Period        | d        |
|              | ID number of contributing ral political committee.                                      | С             |   |          |                 |      |        |                              | 30                      | 0.00     |
| RISC         | e of Employer (for Individual)<br>Ω Consulting  |               | upation (for Individual)<br>efit Consultant       |          | Me              | emc  | tem    |                              |                         |          |
|              | eipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate     | Year-to-Date ▼<br>240.00                          | ]        |                 |      |        |                              |                         |          |
|              | Name of Individual (Last, First, Middle Initia  | l) or Full O  | rganization Name                                  |          | Date of         | Re   | ceipt  |                              |                         |          |
| Maili        | ng Address 11481 Old St. Augustine Rd., # 2   | 201           |   |          | <sup>M</sup> 10 | /    | 28     |                              | 2019                    | Y        |
| City<br>Jack | ssonville   | State<br>FL   | Zip Code<br>32258-1475                            |          |                 |      |        | <b>134473</b>                | <b>79</b><br>his Period | 4        |
| FEC          | ID number of contributing<br>ral political committee.                                   | С             |   |          | . 01            | 1    |        |                              | 0.00                    |          |
|              | ie of Employer (for Individual)<br>Blackford Group                                      | Occi<br>Insu  |   | Me       | emc             | tem  |        |                              |                         |          |
| Rece         | eipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate     | Year-to-Date ▼<br>300.00                          | ]        |                 |      |        |                              |                         |          |
|              | Name of Individual (Last, First, Middle Initia<br>go, Julian, E., ,                     | ll) or Full O | rganization Name                                  |          | Date of         | Re   | ceipt  |                              |                         |          |
|              | ng Address 6671 W Indiantown Rd, Ste 502  |               |   |          | 10 <sup>M</sup> | 1    | 28     |                              | 2019                    | Ŷ        |
| City<br>Jupi | iter  | State<br>FL   | Zip Code<br>33458-3991                            |          |                 |      |        | : <b>134473</b><br>Receipt t | 81<br>his Period        | d        |
|              | ID number of contributing ral political committee.                                      | С             |   |          | <u> </u>        |      | ,      | , ,                          | 85                      | .00      |
| Bene         | e of Employer (for Individual)<br>ezon LLC  | Occu<br>Brok  | upation (for Individual)<br>er                    |          | M               | emo  | ) Item |                              |                         |          |
|              | eipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>425.00                          | ]        |                 |      |        |                              |                         |          |
| SUBT         | DTAL of Receipts This Page (optional)   |               |   | •        |                 |      | , .    |                              | 145                     | .00      |
| ΤΟΤΑΙ        | - This Period (last page this line number or  | ıly)          |   | <b>→</b> |                 |      |        |                              |                         |          |

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| ITEMIZED RECEIPTS   | -                      | Use separate schedule(s)                          | (check only one)  |
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| ILEWIIZED KEGEIPIS  |                        | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         17 |
|   |                        |   | e to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                     | al Action Com          | mittee  |   |
| Full Name of Individual (Last, First, Mid<br>A. Hanson, Sabrina, , ,            | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 5809 Acorn Knoll Place  |                        |   | M M / D D / Y Y Y Y<br>10 28 2019   |
| City<br>Mebane  | State<br>NC            | Zip Code<br>27302-7194                            | Transaction ID : 13447384<br>Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.                      | С                      |   | 30.00   |
| Name of Employer (for Individual)<br>TASC                                       |                        | upation (for Individual)<br>ional Director        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate              | Year-to-Date ▼<br>300.00                          | 1   |
| Full Name of Individual (Last, First, Mid<br><b>B.</b> Childers, Russell, B., , | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address PO Box 1547   |                        |   | M M / D D / Y Y Y Y<br>10 28 2019   |
| City<br>Americus  | State<br>GA            | Zip Code<br>31709-1547                            | Transaction ID : 13447433<br>Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.                      | С                      |   | 90.00   |
| Name of Employer (for Individual)<br>Russ Childers, CLU                         | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item   |
| Receipt For:  | Aggregate              | Year-to-Date ▼                                    | -   |
| Other (specify) V   |                        | 900.00  | 1   |
| Full Name of Individual (Last, First, Mid<br><b>C.</b> Fender, Marcia, A., ,    | ,                      | rganization Name                                  | Date of Receipt   |
| Mailing Address 5801 East 41st Street,  |                        |   | 10 / D D / Y Y Y Y<br>2019  |
| City<br>Tulsa   | State<br>OK            | Zip Code<br>74135-5629                            | Transaction ID : 13447445 Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.                      | С                      |   | 1000.00   |
| Name of Employer (for Individual)<br>Rogers Benefit Group                       | Occi<br>Brok           | upation (for Individual)<br>ker                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate              | Year-to-Date ▼<br>1000.00                         | ]   |
| SUBTOTAL of Receipts This Page (option  | '<br>nal)              |   | 1120.00   |
| TOTAL This Period (last page this line nu                                       | Imber only)            |   |   |

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|           | EMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | ×   | 11a<br>13 |      | 111<br>  14 | -      | 11c                | 12                         | 17    |
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| or        | y information copied from such Reports and s<br>for commercial purposes, other than using the                          |                   |   |     | or the    |      | pos         | e of s | soliciting         | g contribut                | tions |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac  | ction Com         | mittee  |     |           |      |             |        |                    |                            |       |
| Α.        | Full Name of Individual (Last, First, Middle In<br>Wilson, Janine, , ,<br>Mailing Address 15 W. Scenic Pointe Drive, S | te 100            | -<br>   |     | Date of   | /    |             | 31     | / Y                | y y<br>2019                | Y     |
|           | City<br>Draper<br>FEC ID number of contributing  | State<br>UT       | Zip Code<br>84020-6120                            | A   |           |      | -           |        | 330765<br>ceipt th | nis Period                 | -     |
|           | federal political committee.<br>Name of Employer (for Individual)  |                   | upation (for Individual)                          |     | M         | emo  | ) Ite       | em     |                    | 200.0                      | 00    |
|           | HealthEquity<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | xer<br>Year-to-Date ▼<br>350.00                   | ]   |           |      |             |        |                    |                            |       |
| B.        | Full Name of Individual (Last, First, Middle In<br>Oleksiak, Edward, M., ,<br>Mailing Address 12712 Park Central Drive | itial) or Full O  | rganization Name                                  |     | Date of   | f Re |             | D D    | / Y                | 2040                       | Y     |
|           | Suite 100       City       Dallas       FEC ID number of contributing federal political committee.                     | State<br>TX       | Zip Code<br>75251-1527                            | A   |           |      | -           |        | 331374<br>ceipt th | 2019<br>nis Period<br>50.0 | 00    |
|           | Name of Employer (for Individual)<br>Holmes Murphy & Associates  | Occ<br>Bro        | upation (for Individual)<br>ker                   | - ī | M         | emo  | ) Ite       | em     |                    |                            |       |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>2025.00                         | 1   |           |      |             |        |                    |                            |       |
| C.        | Full Name of Individual (Last, First, Middle In<br>Haberman, Joshua, , ,<br>Mailing Address 9301 Bryant Ave S          | iitial) or Full O | rganization Name                                  |     | Date of   | Re   |             |        |                    |                            |       |
|           | Suite 105<br>City<br>Bloomington   | State<br>MN       | Zip Code<br>55420-3473                            | A   |           |      | ion         |        | 332222             | 2019<br>2<br>nis Period    | Ŷ     |
|           | FEC ID number of contributing federal political committee.   | С                 |   |     |           |      | y           |        |                    | 125.                       | 00    |
|           | Name of Employer (for Individual)<br>Alexander & Haberman<br>Receipt For:  | Brok              | upation (for Individual)<br>er<br>Year-to-Date ▼  | _   | M         | emo  | o lte       | əm     |                    |                            |       |
|           | Primary General<br>Other (specify)   |                   | 1100.00   |     |           |      |             |        |                    |                            |       |
| s         | UBTOTAL of Receipts This Page (optional)   |                   | •••••   |     |           |      | y           |        | 9                  | 375.0                      | 00    |
| Т         | OTAL This Period (last page this line number   | only)             |   | .   |           |      | _           |        |                    |                            |       |

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

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| ידו        | TEMIZED RECEIPTS  | <b>EIPTS</b> Use separate schedule(s) for each category of the |   |       |                 |      | ne)        | L           |             |          |  |  |  |  |
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| 11         | EWIZED RECEIPIS   |  | for each category of the<br>Detailed Summary Page           |       | <b>1</b> 1a     |      | 11b        | 11c         | 12          | <u> </u> |  |  |  |  |
|            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |   |       |                 |      |            |             |             |          |  |  |  |  |
|            | NAME OF COMMITTEE (In Full)   | name and a   | doress of any political committee                           | 10 50 |                 |      | JULIONS    | ITOTTI SUCI | 1 commu     | ee.      |  |  |  |  |
| $\rangle$  | Health Underwriters Political Act   | ion Com  | mittee  |       |                 |      |            |             |             |          |  |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Initia<br>Brody, Andrea, , ,                       | al) or Full O  | rganization Name  |       | Date of Receipt |      |            |             |             |          |  |  |  |  |
|            | Mailing Address 6018 E Lowden Rd.   |  |   |       | <sup>M</sup> 10 | 1    | D<br>31    |             | үүү<br>2019 | Y        |  |  |  |  |
|            | City<br>Cave Creek  | State<br>AZ  | Zip Code<br>85331-3004                                      |       |                 |      |            | : 4333517   |             |          |  |  |  |  |
|            | FEC ID number of contributing   | _  |   | _     | Amount          | . 01 | Each i     | Receipt th  | is Period   | _        |  |  |  |  |
|            | federal political committee.  | С  |   |       | <u>L</u> .      |      | -y 1       |             | 50.0        | 00       |  |  |  |  |
|            | Name of Employer (for Individual)<br>RXBenefits   |  | upation (for Individual)<br>President of Business Developme | ər    | Me              | emo  | o Item     |             |             |          |  |  |  |  |
|            |   | Aggregate  | Year-to-Date ▼  |       |                 |      |            |             |             |          |  |  |  |  |
|            | Primary General<br>Other (specify) ▼  |  | 382.00  |       |                 |      |            |             |             |          |  |  |  |  |
|            | Full Name of Individual (Last, First, Middle Initia   | al) or Full O  | rganization Name  |       |                 |      |            |             |             |          |  |  |  |  |
| В.         | Sullivan, Brian, T., ,  | ,  | •<br>   |       | Date of         | Re   | eceipt     |             |             |          |  |  |  |  |
|            | Mailing Address 555 Marin St<br>Suite 140   |  |   |       | <sup>M</sup> 10 | 1    | D<br>31    |             | ү ү<br>2019 | Y        |  |  |  |  |
|            | City<br>Thousand Oaks   | StateZip CodeCA91360-4103                                      |   |       |                 |      | -          | 4368487     |             |          |  |  |  |  |
|            | FEC ID number of contributing   |  | 91300-4103  |       | Amount          | tof  | Each I     | Receipt th  | is Period   | _        |  |  |  |  |
|            | federal political committee.  | С  |   |       | <u> </u>        |      | - <b>1</b> |             | 75.0        | 00       |  |  |  |  |
|            | Name of Employer (for Individual)<br>Humana   |  | upation (for Individual)<br>ket Vice President              |       | Me              | emo  | o Item     |             |             |          |  |  |  |  |
|            | Receipt For:  | Aggregate  | Year-to-Date ▼  |       |                 |      |            |             |             |          |  |  |  |  |
|            | Primary     General       Other (specify) ▼   |  | 1200.00   |       |                 |      |            |             |             |          |  |  |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initia<br>Benson, David, C., ,                     | al) or Full O  | rganization Name  |       | Date of         | Re   | eceipt     |             |             |          |  |  |  |  |
|            | Mailing Address 22111 Glenoaks  |  |   |       | <sup>M</sup> 10 | 1    | D<br>31    |             | 2019        | Y        |  |  |  |  |
|            | City<br>Mission Viejo   | State<br>CA  | Zip Code<br>92692-4503                                      |       |                 |      |            | : 4370935   |             |          |  |  |  |  |
|            | FEC ID number of contributing   |  |   |       | Amount          | t of | Each I     | Receipt th  | 200.0       | 0        |  |  |  |  |
|            | federal political committee.  | С  |   |       | <u> </u>        | -    | y          | y           | 200.0       | 0        |  |  |  |  |
|            | Name of Employer (for Individual)<br>DCB Insurance Services                                     | Occu<br>Brok   | upation (for Individual)<br>ker                             |       | M               | em   | o Item     |             |             |          |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>1375.00                                   |       |                 |      |            |             |             |          |  |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |  | ▶   |       |                 |      | ,          |             | 325.0       | 00       |  |  |  |  |
| т          | OTAL This Period (last page this line number o  | nly)   | <b></b>   |       |                 |      |            |             |             |          |  |  |  |  |

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   | s and Statements ma     |   | erson f | 13<br>for the   | DUrr | 14<br>Dose d | )f s | 15<br>oliciting           | 16<br>contribu    | 17<br>tions |
| or for commercial purposes, other than us  |                         |   |         |                 |      |              |      |                           |                   |             |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic                         | al Action Com           | mittee                                      |         |                 |      |              |      |                           |                   |             |
| Full Name of Individual (Last, First, Mi<br>A. Rasmussen, Reid, , ,                | ddle Initial) or Full C | rganization Name                            |         | Date of         | Re   | ceipt        |      |                           |                   |             |
| Mailing Address 6841 Virginia Pkwy<br>Ste 103-377                                  |                         |   |         | м м<br>10       | /    | D<br>3'      |      | / Y                       | y y<br>2019       | Y           |
| City   | State<br>TX             | Zip Code                                    |         |                 |      | -            |      | 371586                    |                   |             |
| McKinney<br>FEC ID number of contributing<br>federal political committee.          | C                       | 75071-5710                                  |         | Amount          | of   | Each         | Re   | ceipt th                  | is Period<br>50.0 | 00          |
| Name of Employer (for Individual)<br>Freshbenies                                   | Occ                     | upation (for Individual)                    | _       | Me              | emo  | Item         |      | · · · · ·                 |                   |             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               |                         | Year-to-Date ▼<br>350.00                    | ]       |                 |      |              |      |                           |                   |             |
| Full Name of Individual (Last, First, Mi<br><b>B.</b> Trutanich, MaryAnna, , ,     | ddle Initial) or Full C | rganization Name                            |         | Date of         | Re   | ceipt        |      |                           |                   |             |
| Mailing Address 1851 E. First St., Ste.  | 1100                    |   |         | м м<br>10       | /    | D<br>3       |      | / Y                       | ү ү<br>2019       | Y           |
| City<br>Santa Ana  | State<br>CA             | Zip Code<br>92705-4051                      |         |                 |      |              |      | <b>372509</b><br>ceipt th | is Period         |             |
| FEC ID number of contributing federal political committee.                         | C                       |   |         |                 |      | -            |      | -,-                       | 200.              | 00          |
| Name of Employer (for Individual)<br>Kaiser Permanente                             |                         | upation (for Individual)<br>Sales Executive |         | Me              | emo  | Item         |      |                           |                   |             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate               | Year-to-Date ▼<br>400.00                    | ]       |                 |      |              |      |                           |                   |             |
| Full Name of Individual (Last, First, Mi<br>C. Barrera, Rolando, G., ,             | ddle Initial) or Full C | rganization Name                            |         | Date of         | Re   | ceipt        |      |                           |                   |             |
| Mailing Address 101 N Shoreline Blvd<br>Suite 410                                  |                         |   |         | <sup>M</sup> 10 | /    | D<br>3       |      | / Y                       | y y<br>2019       | Y           |
| City<br>Corpus Christi   | State<br>TX             | Zip Code<br>78401-2825                      |         |                 |      |              |      | 375612<br>ceipt th        | is Period         |             |
| FEC ID number of contributing federal political committee.                         | С                       |   |         |                 |      | ,            |      | 9                         | 125.              | 00          |
| Name of Employer (for Individual)<br>Roland Barrera Insurance                      | Occ<br>Age              | upation (for Individual)<br>nt              |         | M               | emo  | ltem         |      |                           |                   |             |
| Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate               | Year-to-Date ▼<br>1055.00                   | ]       |                 |      |              |      |                           |                   |             |
| SUBTOTAL of Receipts This Page (option<br>TOTAL This Period (last page this line r | ,                       |   |         |                 |      | , .<br>, .   |      | 9                         | 375.(             | 00          |

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|--|----------------------------------|---|---|-----------|-----------------|-------------|--------------------------------|---------------------------|---|-------|
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political   | Action Com                       | mittee  |   |           |                 |             |                                |                           |   |       |
| Full Name of Individual (Last, First, Middle<br>Hogeland, Charlene, M., ,<br>Mailing Address 3800 N Central Ave<br><u>Ninth Floor</u><br>City<br>Phoenix<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | State<br>AZ                      | Zip Code<br>85012-1979  |   | Amount    | /<br>acti<br>of | ion         | 31<br><u>ID : 43</u><br>ch Rec | 378466                    | 2019<br>is Period<br>75.0                     |       |
| Black, Gould & Associates<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                        | es<br>Year-to-Date ▼<br>1350.00   |   |           |                 |             |                                |                           |   |       |
| Full Name of Individual (Last, First, Middle         Theesfeld, Angela, A., ,         Mailing Address 403 Toyah Brk         City         San Antonio         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Davidson Camp Insurance Services, LLC         Receipt For:         Primary       General         Other (specify) | State<br>TX<br>C                 | Zip Code<br>78258-2564<br>upation (for Individual)<br>count Executive<br>Year-to-Date ▼<br>492.00 |   | Amount    | of              | ion I       | 31<br>ID : 43<br>ch Rec        | / Y<br>378707<br>ceipt th | 2019<br>is Period<br>150.0                    |       |
| Full Name of Individual (Last, First, Middle         McDougall, Heather, Lee, ,         Mailing Address 1312 W Kiva Ave         City         Mesa         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Affiliated Insurance Solutions         Receipt For:         Primary       General         Other (specify)   | State<br>AZ<br>C<br>Occu<br>Brok | Zip Code<br>85202-6633<br>upation (for Individual)  |   | Amount    | /<br>of         | ion<br>Eac  | 31<br>ID:P<br>ch Rec           | R43305<br>ceipt th        | 2019<br>5 <b>9221537</b><br>is Period<br>30.0 |       |
| SUBTOTAL of Receipts This Page (optional)  |                                  |   |   |           |                 | 9           |                                | y                         | 255.(   | 00    |
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|----------------|--|-----------------------|-------------------------------|----|-----------------|-------|--------------|---------|-----------|---------------------|--------|-----|
|                | y information copied from such Reports and Statemer<br>for commercial purposes, other than using the name                      |                       |                               |    | or the          |       | pos          | se of s | solicitir | ng contr            | ibutic | ons |
| $\left\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Action  | Comr                  | nittee                        |    |                 |       |              |         |           |                     |        |     |
| A.             | Full Name of Individual (Last, First, Middle Initial) or<br>Villagran, Denise, S., ,<br>Mailing Address 1016 Santa Fe St, #205 | · Full Or             | ganization Name               |    | Date of         | Re    | _            |         |           |                     | ¥ = •  |     |
|                |  | ate                   | Zip Code                      | 41 | 10<br>Trene     |       | L            | 31      | 432       | 201<br>201          | 9      |     |
|                | Corpus Christi T.  |                       | 78404-2343                    | A  |                 |       |              |         |           | this Per            |        |     |
|                | FEC ID number of contributing federal political committee.   |                       |                               |    | _               |       | -            |         | -         |                     | 42.00  | )   |
|                | Name of Employer (for Individual)<br>Entrust, Inc.   | Occup<br>Broke        | pation (for Individual)<br>er |    | Me              | emo   | ) Ite        | em      |           |                     |        |     |
|                | Receipt For:     Agg       Primary     General       Other (specify) ▼   | regate Y              | /ear-to-Date ▼<br>348.00      | P/ | R Ded           | uctio | on (         | (\$42.0 | 0 Mon     | thly)               |        |     |
| B.             | Full Name of Individual (Last, First, Middle Initial) or Schreder, Lynn, M., ,   | <sup>.</sup> Full Org | ganization Name               |    | Date of         | Re    | ecei         | ipt     |           |                     |        |     |
|                | Mailing Address 130 North 25th Street  |                       |                               |    | м м<br>10       | /     |              | 31      |           | 2019                |        |     |
|                | City St<br>Fort Dodge I/   | ate<br>A              | Zip Code<br>50501-4338        | A  |                 |       | -            |         |           | 0761215<br>this Per |        |     |
|                | FEC ID number of contributing federal political committee.   |                       |                               |    |                 |       | -<br>-<br>T  |         | - 7       | 1                   | 00.00  | )   |
|                | Name of Employer (for Individual)<br>KHI Solutions   | Occu<br>Broke         | pation (for Individual)<br>er |    | Me              | emo   | o Ite        | em      |           |                     |        |     |
|                | Receipt For:     Agg       Primary     General       Other (specify) ▼   | pregate Y             | ⁄ear-to-Date ▼<br>1000.00     | P/ | R Dedı          | uctio | on (         | (\$100. | .00 Mo    | nthly)              |        |     |
| с.             | Full Name of Individual (Last, First, Middle Initial) or Adams, Carla, , ,   | · Full Or             | ganization Name               | C  | Date of         | Re    | ecei         | ipt     |           |                     |        |     |
|                | Mailing Address PO Box 7630  |                       |                               |    | 10 <sup>M</sup> | /     | L            | 31      |           | 2019                | -      |     |
|                | ,  | ate<br>X              | Zip Code<br>78657-7630        | A  |                 |       |              |         |           | 095021<br>this Per  |        |     |
|                | FEC ID number of contributing federal political committee.   |                       |                               |    | _               |       | ,            |         | 9         |                     | 42.00  | )   |
|                | Name of Employer (for Individual)<br>TASC  | Occup<br>Broke        | pation (for Individual)<br>er |    | Me              | emo   | o Ite        | em      |           |                     |        |     |
|                | Receipt For:     Agg       Primary     General       Other (specify)   | regate Y              | /ear-to-Date ▼<br>422.00      | P/ | 'R Ded          | uctio | on           | (\$42.0 | 0 Mor     | ithly)              |        |     |
| s              | UBTOTAL of Receipts This Page (optional)   |                       |                               |    |                 |       | ,            |         | ,         | 1                   | 84.00  |     |
| т              | OTAL This Period (last page this line number only)   |                       |                               |    |                 |       | -            |         |           |                     | -      |     |

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|           |   |                                    |  | Detailed Summary Page                                     | X                  | 11a  |                                 | ] 11t                           | b       | 11c                         | 12                    |             |  |  |  |  |  |
|-----------|---|------------------------------------|--|---|--------------------|--|---------------------------------|---------------------------------|---------|-----------------------------|-----------------------|-------------|--|--|--|--|--|
|           |   |                                    |  | chance cummury r ago                                      |                    | 13   |                                 | 14                              | . [     | 15                          | 16                    | 17          |  |  |  |  |  |
| or        | y information copied from such Reports and S<br>for commercial purposes, other than using the             | Statements may                     | ay n<br>addre                          | ot be sold or used by any poss of any political committee | erson f<br>e to so | or the<br>licit cor  | purp<br>ntrib                   | pose<br>outio                   | e of s  | oliciting<br>om such        | contribut             | ions<br>ee. |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac   | tion Com                           | ımi                                    | ttee  |                    |  |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Ini<br>Deacon, Joseph, H., ,                                 | itial) or Full C                   | Drgar                                  | nization Name   | [                  | Date of Receipt  |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
|           | Mailing Address 221 1/2 Hale Street<br>PO Box 2831  |                                    |  |   |                    | <sup>M</sup> <sup>M</sup><br>10  | /                               | D                               | 31      | / Y                         | y y<br>2019           | Y           |  |  |  |  |  |
|           | City<br>Charleston  | State<br>WV                        |  | Zip Code<br>25301-2207                                    |                    | Transaction ID : PR433129321537           Amount of Each Receipt this Period |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                                  | _                                      |   | 30.00 Memo Item    |  |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Deacon & Deacon Insurance Agency                                     | Occ<br>Brol                        | •                                      | ion (for Individual)                                      |                    |  |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Yea                                    | r-to-Date ▼<br>300.00                                     | P                  | /R Ded   | uctio                           | on (                            | (\$30.0 | 0 Month                     | nly)                  |             |  |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>McFerrin, Dwane, C., , |                                    |  |   |                    |  |                                 | Date of Receipt                 |         |                             |                       |             |  |  |  |  |  |
|           | Mailing Address 8420 West Dodge Road Suite 510  |                                    |  |   |                    |  |                                 | D                               | 31      | / Y                         | y y<br>2019           | Y           |  |  |  |  |  |
|           | City<br>Omaha   | State<br>NE                        | Zip Code<br>68114-3432                 |   |                    |  |                                 |                                 |         | <b>8121537</b><br>is Period |                       |             |  |  |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.   | C                                  |  |   |                    |  | 160.00                          |                                 |         |                             |                       |             |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Senior Market Sales, Inc.  | ion (for Individual)               | Memo Item                              |   |                    |  |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Broker Aggregate Year-to-Date ▼ 925.00 |   |                    |  |                                 | P/R Deduction (\$85.00 Monthly) |         |                             |                       |             |  |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Ini<br>Barrett, William, J., ,                               | itial) or Full C                   | Drgar                                  | nization Name   |                    | Date of Receipt  |                                 |                                 |         |                             |                       |             |  |  |  |  |  |
|           | Mailing Address 6 Keswick Commons   |                                    |  |   |                    | <sup>M</sup> 10  | /                               | D                               | 31      | / Y                         | y y<br>2019           | Y           |  |  |  |  |  |
|           | City<br>New Albany  | State<br>OH                        |  | Zip Code<br>43054-8231                                    |                    |  |                                 |                                 |         |                             | 80621537<br>is Period |             |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                                  | _                                      |   |                    |  |                                 | 9                               |         | y                           | 60.0                  | 00          |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Custom Design Benefits   |                                    |  |   |                    |  |                                 | Memo Item                       |         |                             |                       |             |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>300.00 |  |   |                    |  | P/R Deduction (\$30.00 Monthly) |                                 |         |                             |                       |             |  |  |  |  |  |
|           | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number                  |                                    |  |   |                    |  |                                 | 9                               | -       | 9                           | 250.0                 | 00          |  |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page |  | 11a<br>13                                     |      | 11b<br>14 |         | 11c<br>15 | 12          | 17 |  |  |  |
|--|--------------------|---|--|---|------|-----------|---------|-----------|-------------|----|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using the |                    |   |  | on for the purpose of soliciting contribution |      |           |         |           |             |    |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A                                   | Action Com         | mittee  |  |   |      |           |         |           |             |    |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Christensen, H Elizabeth, , ,                  | Initial) or Full C | rganization Name                                  |  | Date of Receipt                               |      |           |         |           |             |    |  |  |  |
| Mailing Address 3013 Sonora Canyon Rd  |                    |   |  | 10 31 / Y Y Y Y Y<br>10 31 2019               |      |           |         |           |             |    |  |  |  |
| City<br>Weatherford  | State<br>TX        | Zip Code<br>76087-8215                            | Transaction ID : PR433187721537         Amount of Each Receipt this Period         30.00 |   |      |           |         |           |             |    |  |  |  |
|  |                    | 70007-0215  |  |   |      |           |         |           |             |    |  |  |  |
| FEC ID number of contributing federal political committee.                                       | C                  |   |  |   |      |           |         |           |             |    |  |  |  |
| Name of Employer (for Individual)<br>United Senior Services of Texas                             | Occ<br>Bro         | upation (for Individual)<br>ker                   | Memo Item  |   |      |           |         |           |             |    |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)  |   |      |           |         |           |             |    |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Rifkin, Robert, L., ,                       | Initial) or Full C | rganization Name                                  | Date of Receipt  |   |      |           |         |           |             |    |  |  |  |
| Mailing Address 7 Stonewall Lane   |                    |   |  | 10 / D D / Y Y Y Y Y<br>10 31 2019            |      |           |         |           |             |    |  |  |  |
| City   | State              | Zip Code  |  | Trans   | acti | on IE     | ) : P   | R43319    | 6821537     |    |  |  |  |
| Mamaroneck   | NY                 | 10543-1025  | A  | mount   | of   | Each      | Re      | ceipt th  | is Period   |    |  |  |  |
| FEC ID number of contributing federal political committee.                                       | C                  |   |  | 84.00   |      |           |         |           |             |    |  |  |  |
| Name of Employer (for Individual)<br>Insurance & Financial Services                              | Occ<br>Bro         | upation (for Individual)<br>ker                   |  | Me  | emo  | Item      | ו       |           |             |    |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly)  |   |      |           |         |           |             |    |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. Dorman, Harry, , ,                          | Initial) or Full C | rganization Name                                  |  | Date of Receipt                               |      |           |         |           |             |    |  |  |  |
| Mailing Address 1500 N Casaloma Dr Suite   | 411                |   |  | м м<br>10                                     | 1    |           | а<br>31 | / Y       | y y<br>2019 | Y  |  |  |  |
| City   | State              | Zip Code  |  | Trans   | acti | ion II    | ) : P   | R43319    | 97421537    | ,  |  |  |  |
| Appleton   | WI                 | 54913-8219  | A  | mount   | of   | Each      | Re      | ceipt th  | is Period   |    |  |  |  |
| FEC ID number of contributing federal political committee.                                       | С                  |   |  |   |      | <b>y</b>  |         | y         | 30.         | 00 |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | -  | Memo Item                                     |      |           |         |           |             |    |  |  |  |
| Medicare Masters, LLC  | Age                | nt  |  |   |      |           |         |           |             |    |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>                             |  |   |      |           |         |           |             |    |  |  |  |
| Other (specify)  |                    | 300.00  | P/R Deduction (\$30.00 Monthly)  |   |      |           |         |           |             |    |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                    |   |  |   |      |           |         |           | 144.        | 00 |  |  |  |
| TOTAL This Period (last page this line numbe   | er only)           |   | ĺ  |   |      | ,         |         | ,         |             |    |  |  |  |

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

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|        |   |                                       |                                    | ailed Summary Page         | ×     |                                    |                                 | 11b                             | 11c              | 12                |    |  |  |  |  |  |
|--------|---|---------------------------------------|------------------------------------|----------------------------|-------|------------------------------------|---------------------------------|---------------------------------|------------------|-------------------|----|--|--|--|--|--|
| ٨٣     | v information conied from such Departs and C  | tatomonto ma                          |                                    | be cold or used by any n   |       | 13<br>or tho                       |                                 | 14                              | 15<br>coliciting | 16                | 17 |  |  |  |  |  |
|        | y information copied from such Reports and S<br>for commercial purposes, other than using the |                                       |                                    |                            |       |                                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | NAME OF COMMITTEE (In Full)   | _                                     |                                    |                            |       |                                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
| $\sum$ | Health Underwriters Political Ac  |                                       |                                    |                            |       |                                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
| Α.     | Full Name of Individual (Last, First, Middle Ini<br>Long, Scott, W., ,                        | tial) or Full O                       | Organiza                           | ation Name                 | [     | Date of Receipt                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | Mailing Address 1715 Greenway Village Dr.   |                                       |                                    |                            |       | 10 / Y Y Y Y<br>10 31 2019         |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | City  | State                                 |                                    | p Code                     |       | Transaction ID : PR433206821537    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | Katy  | ТХ                                    |                                    | 77494-2175                 | /     | Amount of Each Receipt this Period |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | FEC ID number of contributing federal political committee.                                    | С                                     |                                    |                            | 30.00 |                                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | Name of Employer (for Individual)<br>Beazley Group  |                                       | upation<br>es Man                  | ı (for Individual)<br>ager |       | Me                                 | emc                             | tem                             |                  |                   |    |  |  |  |  |  |
|        | Receipt For:  | Aggregate                             | o-Date ▼                           |                            |       |                                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | Other (specify) ▼   |                                       |                                    | 300.00                     | P/    | 'R Ded                             | uctio                           | on (\$30.                       | 00 Month         | nly)              |    |  |  |  |  |  |
| В.     | Full Name of Individual (Last, First, Middle Ini<br>Brittain, Jennifer, , ,                   | tial) or Full O                       | Organiza                           | ation Name                 |       | Date of Receipt                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | Mailing Address 208 N. Mill   |                                       |                                    |                            |       | м м<br>10                          | 1                               | D D D 31                        | / Y              | y y<br>2019       | Ŷ  |  |  |  |  |  |
|        | City  | State                                 |                                    | p Code                     |       |                                    |                                 |                                 |                  | 4321537           |    |  |  |  |  |  |
|        | Pryor   | ОК                                    |                                    | 74361-2422                 | /     | mount                              | of                              | Each R                          | eceipt th        | is Period         |    |  |  |  |  |  |
|        | FEC ID number of contributing federal political committee.                                    | С                                     |                                    |                            |       | _                                  |                                 | -                               | -                | 42.               | 00 |  |  |  |  |  |
|        | Name of Employer (for Individual)<br>Brown & Brown, Inc.                                      | Occupation (for Individual)<br>Broker |                                    |                            |       |                                    |                                 | Memo Item                       |                  |                   |    |  |  |  |  |  |
|        | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>420.00    |                                    |                            |       |                                    | P/R Deduction (\$42.00 Monthly) |                                 |                  |                   |    |  |  |  |  |  |
| С.     | Full Name of Individual (Last, First, Middle Ini<br>Gerken, Barbara, Ann, ,                   | tial) or Full O                       | Organiza                           | ation Name                 |       | Date of Receipt                    |                                 |                                 |                  |                   |    |  |  |  |  |  |
|        | Mailing Address 1775 Indian Wood Circle   |                                       |                                    |                            |       | м м<br>10                          | 1                               | D D D 31                        |                  | 2019 <sup>°</sup> |    |  |  |  |  |  |
|        | City  | State<br>OH                           |                                    | p Code                     |       |                                    |                                 |                                 |                  | 68321537          |    |  |  |  |  |  |
|        | Maumee  |                                       | 4                                  | 13537-4010                 | /     | Amount                             | of                              | Each R                          | eceipt th        | is Period         |    |  |  |  |  |  |
|        | FEC ID number of contributing federal political committee.                                    | С                                     |                                    |                            |       |                                    |                                 | 9                               | ,<br>,           | 30.               | 00 |  |  |  |  |  |
|        | Name of Employer (for Individual)<br>First Insurance Group                                    | Occu<br>Dire                          |                                    | (for Individual)           |       | M                                  | emo                             | o Item                          |                  |                   |    |  |  |  |  |  |
|        | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                             | Aggregate Year-to-Date ▼<br>350.00 |                            |       |                                    |                                 | P/R Deduction (\$30.00 Monthly) |                  |                   |    |  |  |  |  |  |
|        | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number      |                                       |                                    |                            |       | -                                  |                                 | , .                             |                  | 102.0             | 00 |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEI   |  |                   | Use separate schedule(s)  |                                 |   | (check only one) |                                 |          |                        |    |  |  |  |  |
|--|--|-------------------|---|---------------------------------|---|------------------|---------------------------------|----------|------------------------|----|--|--|--|--|
|  | FIJ  |                   | for each category of the<br>Detailed Summary Page                   | ×                               | 11a   |                  | 11b                             | 11c      | 12                     | ·  |  |  |  |  |
|  |  |                   | ay not be sold or used by any p<br>ddress of any political committe |                                 |   |                  |                                 |          |                        |    |  |  |  |  |
| NAME OF COMMITTE<br>Health Underwi                         |  | ction Com         | mittee  |                                 |   |                  |                                 |          |                        |    |  |  |  |  |
| Full Name of Individua<br>A. Shooshanian, Barb             |  | nitial) or Full O | rganization Name  | Date of Receipt                 |   |                  |                                 |          |                        |    |  |  |  |  |
| Mailing Address 39500                                      | -  |                   |   |                                 | 10 / Y Y Y Y<br>10 31 2019  |                  |                                 |          |                        |    |  |  |  |  |
| City<br>Novi   |  | State<br>MI       | Zip Code<br>48375-5517  |                                 | Transaction ID : PR433298721537<br>Amount of Each Receipt this Period |                  |                                 |          |                        |    |  |  |  |  |
| FEC ID number of cor<br>federal political commit           | 0  | С                 |   |                                 | 30.00   |                  |                                 |          |                        |    |  |  |  |  |
| Name of Employer (for<br>Health Alliance Adminis           | ,  | Occu<br>Brok      | upation (for Individual)<br>ker                                     |                                 | Me  | emo              | ltem                            |          |                        |    |  |  |  |  |
| Receipt For:<br>Primary<br>Other (specify)                 | General<br>7   | Aggregate         | Aggregate Year-to-Date ▼<br>300.00                                  |                                 |   |                  |                                 | .00 Mont | hly)                   |    |  |  |  |  |
| Full Name of Individua<br>B. Vetter, Leah, M.,             |  | nitial) or Full O | rganization Name  |                                 | Date of   | Re               | ceipt                           |          |                        |    |  |  |  |  |
| Suite  | Mailing Address 10050 Regency Circle Suite 300 City State Zip Code |                   |   |                                 |   |                  | 31                              | ) / Y    | 2019                   | Y  |  |  |  |  |
| Omaha  |  | NE                | 2lp Code<br>68114-3721  |                                 |   |                  |                                 |          | 02721537<br>nis Period |    |  |  |  |  |
| FEC ID number of contributing federal political committee. |  |                   |   |                                 | 30.00   |                  |                                 |          |                        |    |  |  |  |  |
| Name of Employer (fo<br>Arthur J. Gallagher                | Name of Employer (for Individual) Occ<br>Arthur J. Gallagher Bro   |                   |   |                                 | Memo Item   |                  |                                 |          |                        |    |  |  |  |  |
| Receipt For:<br>Primary<br>Other (specify)                 | General  | Aggregate         | Year-to-Date ▼<br>300.00  | P/R Deduction (\$30.00 Monthly) |   |                  |                                 |          |                        |    |  |  |  |  |
| Full Name of Individua<br><b>c.</b> Thams, Todd, ,         |  | nitial) or Full O | rganization Name  |                                 | Date of   | Re               | ceipt                           |          |                        |    |  |  |  |  |
| Mailing Address 1209                                       | Broadway   |                   |   |                                 | <sup>M</sup> 10   | /                | D<br>31                         | _ L      | 2019                   |    |  |  |  |  |
| City<br>Denison  |  | State<br>IA       | Zip Code<br>51442-2632  |                                 |   |                  | -                               |          | 08321537<br>nis Period |    |  |  |  |  |
| FEC ID number of cor<br>federal political commit           | 0  | С                 |   |                                 |   | _                | 9                               | ,        | 85.                    | 00 |  |  |  |  |
| Name of Employer (for<br>Thams Agency                      | Individual)  | Occu<br>Brok      | upation (for Individual)<br>er                                      |                                 | Memo Item   |                  |                                 |          |                        |    |  |  |  |  |
| Receipt For:<br>Primary<br>Other (specify)                 | General  | Aggregate         | Aggregate Year-to-Date ▼<br>850.00                                  |                                 |   |                  | P/R Deduction (\$85.00 Monthly) |          |                        |    |  |  |  |  |
|  | ,  |                   |   |                                 |   |                  | , .                             |          | 145.                   | 00 |  |  |  |  |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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|   | -                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |  |  |
|---|------------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |  |
|   |                        |   | 13     14     15     16     1       berson for the purpose of soliciting contributions     e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                         | al Action Com          | mittee  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>Spleet, Michael, , ,                  | dle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2444 East Hill Rd.  |                        |   | M M / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Grand Blanc   | State<br>MI            | Zip Code<br>48439-5098                            | Transaction ID : PR433316621537 Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                      |   | 120.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Franklin Benefit Soutions                      | Occu<br>Brok           | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                | Aggregate              | Year-to-Date ▼<br>1245.00                         | P/R Deduction (\$120.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| B. WEBBER, Tom, , ,   |                        |   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2444 E Hikk Rd  | State                  | Zip Code  | 10 / 10 / 2019   |  |  |  |  |  |  |  |  |  |  |
| Grand Blanc   | MI                     | 48439   | Transaction ID : PR433316721537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                      |   | 30.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Franklin Benefit Soutions                      | Occu<br>Brol           | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                | Aggregate              | Year-to-Date ▼<br>228.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Ornellas, Helen, , ,               | dle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 239 W. Court St.  |                        |   | 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |  |  |  |  |  |  |  |
| City<br>Woodland  | State<br>CA            | Zip Code<br>95695-3080                            | Transaction ID : PR433463221537           Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | C                      |   | 42.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Ornellas & Associates                          | Occi<br>Brok           | upation (for Individual)<br>er                    | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                  | Aggregate              | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option<br>TOTAL This Period (last page this line nu |                        | ,   | 192.00   |  |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|   | -   | Use separate schedule(s)   | (check only one)   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
|   |   | for each category of the<br>Detailed Summary Page                  | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports a<br>or for commercial purposes, other than usir | and Statements mand the name and a  | A not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                               | I Action Com  | mittee   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>Willison, Clover, Denise, ,                 | le Initial) or Full C   | rganization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 355 Sprowel Creek Rd  |   |  | M M / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Garberville   | State<br>CA   | Zip Code<br>95542-3110   | Transaction ID : PR433468621537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C   |  | 100.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Clover Willison Insurance Services                   | Occ<br>Brol   | upation (for Individual)<br>ker                                    | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate   | Year-to-Date ▼<br>1000.00  | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Drake, Laura, , ,                        | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Drake, Laura, , , |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 401 Gooding St N #106   |   |  | 10 / Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |  |
| City<br>Twin Falls  | State   | Zip Code<br>83301-6177   | Transaction ID : PR433504421537  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | С   |  | Amount of Each Receipt this Period 42.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Laura Drake Insurance                                | Occ<br>Age  | upation (for Individual)<br>ent                                    | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate   | Year-to-Date ▼<br>420.00   | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Coogan, Michael, , ,                     | le Initial) or Full C   | rganization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 118 North Bedford Road<br>Suite 100<br>City                               | State   | Zip Code   | 10 / 31 2019<br>Transaction ID : PR433548021537  |  |  |  |  |  |  |  |  |  |
| Mount Kisco   | NY  | 10549-2555   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | С   |  | 42.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Coogan FX Insurance LLC                              |   | upation (for Individual)<br>ncy Founder                            | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>372.00   | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | al)   |  | 184.00   |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nur  | nber only)  |  |  |  |  |  |  |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 127 OF

|                    |  |                | Use separate schedule(s)                          | (check o                        | (check only one)        |        |      |                             |          |  |  |  |  |  |
|--------------------|--|----------------|---|---------------------------------|-------------------------|--------|------|-----------------------------|----------|--|--|--|--|--|
|                    |  |                | for each category of the<br>Detailed Summary Page | <b>X</b> 11a                    |                         | 11b    | 11c  | 12                          | <u> </u> |  |  |  |  |  |
|                    | ation copied from such Reports and Sta<br>nercial purposes, other than using the r |                |   |                                 |                         |        |      |                             |          |  |  |  |  |  |
| \                  | of COMMITTEE (In Full)<br>h Underwriters Political Acti                            | ion Com        | mittee  |                                 |                         |        |      |                             |          |  |  |  |  |  |
|                    | ne of Individual (Last, First, Middle Initia<br>iine, Dustin, , ,                  | al) or Full Or | rganization Name                                  | Date                            | Date of Receipt         |        |      |                             |          |  |  |  |  |  |
| Mailing A          | Address 2850 W Grand Blvd  |                |   |                                 | 10 31 Y Y Y Y Y<br>2019 |        |      |                             |          |  |  |  |  |  |
| City<br>Detroit    |  | State<br>MI    | Zip Code<br>48202-2643                            |                                 |                         |        |      | 72621537<br>is Period       |          |  |  |  |  |  |
|                    | number of contributing political committee.  | С              |   |                                 | _                       |        |      | 30.0                        | 0        |  |  |  |  |  |
| Health A           | f Employer (for Individual)<br>Iliance Plan  |                | upation (for Individual)<br>ount Executive        |                                 | Memo                    | o Item |      |                             |          |  |  |  |  |  |
|                    | For:<br>imary General<br>her (specify) ▼   | Aggregate      | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly) |                         |        |      |                             |          |  |  |  |  |  |
|                    | ne of Individual (Last, First, Middle Initia<br>DEN, Johnna, , ,                   | al) or Full Or | rganization Name                                  | Date                            | of Re                   | eceipt |      |                             |          |  |  |  |  |  |
|                    | Address 3800 Centerpoint Dr., Ste 940  |                |   | M<br>10                         |                         | D D 31 | / Y  | y y<br>2019                 | Y        |  |  |  |  |  |
| City<br>Anchora    | ge   | State<br>AK    | Zip Code<br>99503-5825                            |                                 |                         |        |      | <b>2821537</b><br>is Period |          |  |  |  |  |  |
|                    | number of contributing political committee.  |                |   |                                 |                         | -      | 30.0 | 0                           |          |  |  |  |  |  |
| Name of<br>Premera | f Employer (for Individual)<br>Blue Cross Blue Shield of Alas                      |                | upation (for Individual)<br>ount Manager          |                                 | Memo                    | o Item |      |                             |          |  |  |  |  |  |
|                    | For:<br>imary General<br>her (specify) ▼   | Aggregate      | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly) |                         |        |      |                             |          |  |  |  |  |  |
|                    | ne of Individual (Last, First, Middle Initia<br>r, Allison, , ,                    | al) or Full Or | rganization Name                                  | Date                            | of Re                   | eceipt |      |                             |          |  |  |  |  |  |
|                    | Address 2800 Civic Circle Suite 200  |                |   | 10                              | )                       | D D 31 |      | 2019 <sup>°</sup>           | Y        |  |  |  |  |  |
| City<br>Amarillo   | )  | State<br>TX    | Zip Code<br>79109-1619                            |                                 |                         |        |      | 94521537<br>is Period       |          |  |  |  |  |  |
|                    | number of contributing political committee.  | С              |   |                                 | _                       | y .    |      | 30.0                        | 0        |  |  |  |  |  |
| Butler Be          | f Employer (for Individual)<br>enefits & Consulting, LLC                           | Occu<br>Broke  | upation (for Individual)<br>ser                   |                                 | Memo Item               |        |      |                             |          |  |  |  |  |  |
|                    | For:<br>imary General<br>her (specify)   | Aggregate      | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly) |                         |        |      |                             |          |  |  |  |  |  |
| SUBTOTA            | L of Receipts This Page (optional)   |                |   |                                 | _                       | ,      |      | 90.0                        | 0        |  |  |  |  |  |
| TOTAL Th           | is Period (last page this line number of   | nly)           |   | . []                            |                         |        |      |                             |          |  |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |  |
|--|----------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than using                               |                      |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.        |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political               | Action Com           | mittee  |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Schneider, JoEllen, , , | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2807 W Taft St   |                      |   | 10 / D D / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Boise  | State<br>ID          | Zip Code<br>83703-5015                            | Transaction ID : PR433791821537   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                    |   | Amount of Each Receipt this Period 42.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Insurance Professionals               |                      | upation (for Individual)<br>efit Consultant       | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate            | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Skinner, Roger, W., ,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 5518 Hammock Glen Drive                                    |                      |   | 10 / D D / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Indianapolis   | State<br>IN          | Zip Code<br>46235-9779                            | Transaction ID : PR436789421537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                    |   | 30.50   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Argus Dental & Vision                 | Occi<br>Brol         | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate            | Year-to-Date ▼<br>305.00                          | P/R Deduction (\$30.50 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Rippinger, John, F., ,  | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 12253 N 115th St   |                      |   | 10 / D D / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Scottsdale   | State<br>AZ          | Zip Code<br>85259-2618                            | Transaction ID : PR436793521537   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                    |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Rippinger Financial Group, Inc.       | Occu<br>Brok         | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         |                      | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                   | )                    | ····· •   | 102.50  |  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                 | ber only)            | •   |   |  |  |  |  |  |  |  |  |  |  |

I

# SCHEDULE A (FEC Form 3X)

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

FOR LINE NUMBER:

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| TENNIZ         | ED RECEIPTS   |                   | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |
|----------------|---|-------------------|---|--|--|--|--|--|--|--|--|--|
|                |   |                   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |  |  |  |  |
|                |   |                   |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.       |  |  |  |  |  |  |  |  |
|                | OF COMMITTEE (In Full)<br>Ith Underwriters Political A  | ction Com         | mittee  |  |  |  |  |  |  |  |  |  |
|                | ame of Individual (Last, First, Middle I<br>, Roy, W., ,  | nitial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
|                | Address 3015 South Fort Avenue, Su  |                   |   | 10 / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |
| City<br>Spring | field   | State<br>MO       | Zip Code<br>65807-4311                            | Transaction ID : PR436804521537           Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |
|                | D number of contributing political committee.   | С                 |   | 50.00  |  |  |  |  |  |  |  |  |
| Kern In        | of Employer (for Individual)<br>Isurance Services, LLC  | Occu<br>Brok      | upation (for Individual)<br>er                    | Memo Item  |  |  |  |  |  |  |  |  |
|                | ot For:<br>Primary General<br>Dther (specify) ▼   | Aggregate         | Year-to-Date ▼<br>250.00                          | P/R Deduction (\$25.00 Monthly)  |  |  |  |  |  |  |  |  |
| B. Trau        | ame of Individual (Last, First, Middle I<br><b>twein, Janet, , ,</b><br>Address 1212 New York Ave. NW, St | -                 | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| City           |   | State             | Zip Code  | 10 31 2019<br>Transaction ID : PR436821421537  |  |  |  |  |  |  |  |  |
|                | D number of contributing<br>political committee.  | C                 | 20005-3987  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| Name<br>NAHU   | of Employer (for Individual)  | Occi              | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |  |  |
|                | t For:<br>Primary General<br>Dther (specify) ▼  | 1 .               | Year-to-Date ▼<br>, 1700.00                       | P/R Deduction (\$170.00 Monthly)   |  |  |  |  |  |  |  |  |
|                | ame of Individual (Last, First, Middle I<br>S-Carl, Elizabeth, E., ,                                      | nitial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing        | Address 210 North Campbell  |                   |   | 10 / D D / Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |
| City<br>El Pas | 60  | State<br>TX       | Zip Code<br>79901-1406                            | Transaction ID : PR436824521537           Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |
|                | D number of contributing political committee.   | С                 |   | 85.00  |  |  |  |  |  |  |  |  |
| Self-Er        | of Employer (for Individual)<br>mployed   | Occu<br>Brok      | ipation (for Individual)<br>er                    | P/R Deduction (\$85.00 Monthly)  |  |  |  |  |  |  |  |  |
|                | it For:<br>Primary General<br>Dther (specify)   | Aggregate         | Year-to-Date ▼<br>640.00                          |  |  |  |  |  |  |  |  |  |
|                | AL of Receipts This Page (optional)   |                   |   | 305.00   |  |  |  |  |  |  |  |  |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | -   | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|--|--|
|  |   | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |  |  |
|  |   |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       be to solicit contributions from such committee. |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica              | I Action Com  | mittee  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>Berman, David, A, ,        | lle Initial) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 8805 Sawleaf Road  |   |   | 10 / D D / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |
| City<br>Indianapolis   | State<br>IN   | Zip Code<br>46260-1534                            | Transaction ID : PR436829721537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С   |   | 85.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Neace Lukens Holding Company, Inc.  | Occi<br>Brol  | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate   | Year-to-Date ▼<br>925.00                          | P/R Deduction (\$85.00 Monthly)  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Ashmore, Elizabeth, , , | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ashmore, Elizabeth, , , |   |  |  |  |  |  |  |  |  |  |
| Mailing Address 6102 82nd St, Bldg #6                                    |   |   | 10 / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |
| City<br>Lubbock  | State<br>TX   | Zip Code<br>79424-0803                            | Transaction ID : PR436830321537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С   |   | 170.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Ashmore/Arthur J. Gallagher, Inc.   | Occ<br>Bro  | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate   | Year-to-Date ▼<br>1800.00                         | P/R Deduction (\$170.00 Monthly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>c. Grundman, Robert, A., , | lle Initial) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 7412 Karl Drive  |   |   | 10 / Y Y Y Y<br>10 31 / 2019   |  |  |  |  |  |  |  |  |
| City<br>Lincoln  | State<br>NE   | Zip Code<br>68516-4368                            | Transaction ID : PR436838921537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C   |   | 50.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Senior Benefit Strategies           | Occi<br>Brok  | upation (for Individual)<br>xer                   | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate   | Year-to-Date ▼<br>500.00                          | P/R Deduction (\$50.00 Monthly)  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                   | al)   |   | 305.00   |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nur                               | mber only)  |   |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| IT.                          |  |                           | Use separate schedule(s)                          | (ch                             | (check only one)   |     |         |                    |    |                  |   |  |  |  |
|------------------------------|--|---------------------------|---|---------------------------------|--|-----|---------|--------------------|----|------------------|---|--|--|--|
| 11                           | EMIZED RECEIPTS  |                           | for each category of the<br>Detailed Summary Page |                                 | <b>4</b> 11a   |     | 11b     | 11c                |    | 12               |   |  |  |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r    |                           |   |                                 |  |     |         |                    |    |                  |   |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                    | on Com                    | mittee  |                                 |  |     |         |                    |    |                  |   |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Cociu, Dorothy, M., ,                         | al) or Full O             | rganization Name                                  | Date of Receipt                 |  |     |         |                    |    |                  |   |  |  |  |
|                              | Mailing Address P.O. Box 6677  |                           |   |                                 | <sup>M</sup> 10  | 1   | D<br>31 |                    |    | )19<br>)         | Ŷ |  |  |  |
|                              | City<br>Fullerton  | StateZip CodeCA92834-6677 |   |                                 | Transaction ID : PR436844621537           Amount of Each Receipt this Period |     |         |                    |    |                  |   |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                         |   |                                 |  |     |         | -                  |    | 170.0            | 0 |  |  |  |
|                              | Name of Employer (for Individual)<br>Advanced Benefit Consulting & Insuranc                          | Occu<br>Brok              | upation (for Individual)<br>er                    |                                 | Me   | emo | Item    |                    |    |                  |   |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | P/R Deduction (\$85.00 Monthly)                   |                                 |  |     |         |                    |    |                  |   |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wright, Keith, L., , |                           |   |                                 |  |     | ceipt   |                    |    |                  |   |  |  |  |
|                              | Mailing Address 401 W Front St<br>Ste 4  |                           |   |                                 | 10   | ′   | 31      |                    |    | 19               | Ŷ |  |  |  |
|                              | City<br>Traverse City  | State<br>MI               | Zip Code<br>49684-2259                            |                                 | Trans<br>Amount  |     | -       | PR436              |    |                  |   |  |  |  |
|                              | FEC ID number of contributing federal political committee.   |                           |   | 42.00                           |  |     |         |                    |    | 0                |   |  |  |  |
|                              | Name of Employer (for Individual)<br>Wright Insurance Group  | Occi<br>Brol              | upation (for Individual)<br>ker                   | Memo Item                       |  |     |         |                    |    |                  |   |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly) |  |     |         |                    |    |                  |   |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initia<br>Bean, Darrald, T., ,                          | al) or Full O             | rganization Name                                  |                                 | Date of  | Re  | ceipt   |                    |    |                  |   |  |  |  |
|                              | Mailing Address 3922 Rampart ST  |                           |   |                                 | <sup>M</sup> 10  | /   | D<br>31 | _ L                | 20 | )19 <sup>°</sup> | Ŷ |  |  |  |
|                              | City<br>Boise  | State<br>ID               | Zip Code<br>83704-4557                            |                                 | Trans<br>Amount  |     |         | : PR436<br>Receipt |    |                  |   |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                         |   |                                 | Ē  |     | ,       | ,                  |    | 30.0             | 0 |  |  |  |
|                              | Name of Employer (for Individual)<br>Bean Insurance  | Occu<br>Brok              | ıpation (for Individual)<br>er                    |                                 | Memo Item  |     |         |                    |    |                  |   |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                 | P/R Deduction (\$30.00 Monthly)                   |                                 |  |     |         |                    |    |                  |   |  |  |  |
| ⊢                            | UBTOTAL of Receipts This Page (optional)   |                           |   | ►                               |  |     | 9       |                    | -  | 242.0            | 0 |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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|                 | ED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|-----------------|--|-----------------|---|---|--|--|--|--|--|--|
| or for com      | imercial purposes, other than using the                            |                 |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.        |  |  |  |  |  |  |
| \               | of COMMITTEE (In Full)<br>th Underwriters Political Act            | tion Comr       | nittee  |   |  |  |  |  |  |  |
| A. Trebi        | ng, C. Louanne, , ,  | · · ·           |   |   |  |  |  |  |  |  |
| Mailing<br>City | Address 1806 Patton Drive  | State           | Zip Code  | 10 31 2019<br>Transaction ID : PR436856921537   |  |  |  |  |  |  |
| Garlan          | d  | TX              | 75042-8205  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                 | ) number of contributing political committee.                      | С               |   | 30.00   |  |  |  |  |  |  |
| Trebing         | of Employer (for Individual)<br>I Insurance Services               | Occu<br>Broke   | pation (for Individual)<br>er                     | Memo Item   |  |  |  |  |  |  |
|                 | t For:<br>Primary General<br>Other (specify) ▼                     | Aggregate       | /ear-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |
|                 | me of Individual (Last, First, Middle Initi<br>man, Michael, J., , | ial) or Full Or | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |
|                 | Address 2333 Camino Del Rio South<br>Suite 200                     |                 |   | 10 / D D / Y Y Y Y Y<br>2019  |  |  |  |  |  |  |
| City<br>San Di  | ego  | State<br>CA     | Zip Code<br>92108-3600                            | Transaction ID : PR436861821537           Amount of Each Receipt this Period                              |  |  |  |  |  |  |
|                 | o number of contributing political committee.                      | С               |   | 30.00   |  |  |  |  |  |  |
|                 | of Employer (for Individual)<br>wide Health Ins. Services, Inc.    | Occu<br>Ager    | pation (for Individual)<br>nt                     | Memo Item   |  |  |  |  |  |  |
|                 | t For:<br>Primary General<br>Other (specify) ▼                     | Aggregate       | /ear-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |
|                 | me of Individual (Last, First, Middle Initi<br>Iey, Sandra, V., ,  | ial) or Full Or | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |
| Mailing         | Address 137 Executive Dr. Suite D                                  |                 |   | 10 / D D / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |
| City<br>Madiso  | on   | State<br>MS     | Zip Code<br>39110-8456                            | Transaction ID : PR436869321537           Amount of Each Receipt this Period                              |  |  |  |  |  |  |
|                 | ) number of contributing political committee.                      | С               |   | 50.00   |  |  |  |  |  |  |
|                 | of Employer (for Individual)<br>Insurance Agency LLC               | Occu<br>Broke   | pation (for Individual)<br>er                     | Memo Item   |  |  |  |  |  |  |
|                 | t For:<br>Primary General<br>Dther (specify)                       | Aggregate       | /ear-to-Date ▼<br>500.00                          | P/R Deduction (\$50.00 Monthly)   |  |  |  |  |  |  |
| SUBTOT          | AL of Receipts This Page (optional)                                |                 |   | 110.00  |  |  |  |  |  |  |
| TOTAL T         | his Period (last page this line number c                           | only)           |   |   |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|                  |   |                                       | Use separate schedule(s)   | (check only one)                |                  |                                 |                               |                               |             |  |  |
|------------------|---|---------------------------------------|--|---------------------------------|------------------|---------------------------------|-------------------------------|-------------------------------|-------------|--|--|
|                  |   |                                       | for each category of the<br>Detailed Summary Page                  | <b>×</b> 11a                    |                  | 11b                             | 11c                           | 12                            |             |  |  |
| Any in<br>or for | nformation copied from such Reports and Stat<br>commercial purposes, other than using the n | ements mag<br>ame and ac              | y not be sold or used by any p<br>dress of any political committee | erson for the to solicit of     | e pur<br>contrit | pose of<br>putions              | 15<br>soliciting<br>from sucl | 16<br>contribut<br>committ    | ions<br>ee. |  |  |
| \<br>\           | ME OF COMMITTEE (In Full)<br>ealth Underwriters Political Action                            | on Comi                               | nittee   |                                 |                  |                                 |                               |                               |             |  |  |
|                  | ll Name of Individual (Last, First, Middle Initial<br>/ilson, Paula, L., ,                  | ) or Full Or                          | ganization Name  | Date                            | of Re            | eceipt                          |                               |                               |             |  |  |
| Ma               | iling Address 31930 Daniel Way  |                                       |  | M<br>10                         |                  | D 31                            | ) / Y                         | y y<br>2019                   | Y           |  |  |
| Cit<br>Te        | y<br>emecula  | State<br>CA                           | Zip Code<br>92591-2129   |                                 |                  |                                 |                               | <b>73521537</b><br>iis Period |             |  |  |
|                  | C ID number of contributing leral political committee.                                      | С                                     |  |                                 |                  |                                 |                               | 85.0                          | 00          |  |  |
|                  | me of Employer (for Individual)<br>ula Wilson, Inc.   | Occu<br>Brok                          | pation (for Individual)<br>er                                      |                                 | Memo             | o Item                          |                               |                               |             |  |  |
| Re               | ceipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate `                           | Year-to-Date ▼<br>850.00   | P/R D                           | educti           | on (\$85                        | .00 Montl                     | nly)                          |             |  |  |
|                  | II Name of Individual (Last, First, Middle Initial rahin, Cindy, K., ,                      | ) or Full Or                          | ganization Name  | Date                            | of Re            | eceipt                          |                               |                               |             |  |  |
| Ma               | iling Address 7127 Homestead Road<br>Suite B  |                                       |  | 10                              |                  | 31                              | ) / Y                         | ү ү<br>2019                   | Y           |  |  |
| Cit<br>Fo        | y<br>rt Wayne   | State<br>IN                           | Zip Code<br>46814-4601   |                                 |                  |                                 |                               | 75621537<br>his Period        |             |  |  |
| FE               | C ID number of contributing<br>leral political committee.                                   | С                                     |  |                                 |                  |                                 |                               | 30.0                          | 00          |  |  |
| Na<br>Tra        | me of Employer (for Individual)<br>hin Insurance Services LLC                               | Occu<br>Brok                          | pation (for Individual)<br>er                                      |                                 | Memo             | o Item                          |                               |                               |             |  |  |
| Re               | ceipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                             | Year-to-Date ▼<br>300.00   | P/R Deduction (\$30.00 Monthly) |                  |                                 |                               |                               |             |  |  |
| -                | II Name of Individual (Last, First, Middle Initial stuart, Rodney, , ,                      | ) or Full Or                          | ganization Name  | Date                            | of Re            | eceipt                          |                               |                               |             |  |  |
| Ma<br>Cit        | illing Address 484 E Carmel Dr<br>Suite 358   | State                                 | Zip Code   | 10<br>Tree                      | )                | 31                              |                               | 2019                          |             |  |  |
|                  | y<br>armel  | IN                                    | 46032-2812   |                                 |                  |                                 |                               | 83321537<br>iis Period        |             |  |  |
|                  | C ID number of contributing leral political committee.                                      | С                                     |  | Ē                               |                  | 9                               | .,                            | 50.0                          | 00          |  |  |
| Sti              | me of Employer (for Individual)<br>rategic Insurance Inc.                                   | Occu<br>Broke                         | pation (for Individual)<br>er                                      |                                 | Mem              | o Item                          |                               |                               |             |  |  |
| Re               | ceipt For:<br>Primary General<br>Other (specify)  | al Aggregate Year-to-Date ▼<br>500.00 |  |                                 |                  | P/R Deduction (\$50.00 Monthly) |                               |                               |             |  |  |
|                  | TOTAL of Receipts This Page (optional)  |                                       | <b>r</b>   |                                 | -                | , .<br>, .                      |                               | 165.(                         | 00          |  |  |

Use separate schedule(s)

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|    |  |                | for each categor<br>Detailed Summa |                                  | ×                               | 11a<br>13   |       | 11b<br>14 |       | 11c<br>15 | 12<br>16               | 17    |  |  |
|----|--|----------------|------------------------------------|----------------------------------|---------------------------------|---|-------|-----------|-------|-----------|------------------------|-------|--|--|
| or | y information copied from such Reports and St<br>for commercial purposes, other than using the |                |                                    |                                  |                                 |   |       |           |       | liciting  | , contribu             | tions |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                               | ion Com        | mittee                             |                                  |                                 |   |       |           |       |           |                        |       |  |  |
|    | Full Name of Individual (Last, First, Middle Initi<br>Spragins, Jackie, L., ,                  |                | [                                  | Date o                           | of Re                           | eceipt  | t     |           |       |           |                        |       |  |  |
|    | Mailing Address P O Box 2073   |                |                                    | 10 / D D / Y Y Y Y<br>10 31 2019 |                                 |   |       |           |       |           |                        |       |  |  |
|    | City<br>Wichita Falls  | State<br>TX    | Zip Code<br>76307-2073             |                                  |                                 |   |       |           |       |           | 95321537<br>iis Period |       |  |  |
|    | FEC ID number of contributing federal political committee.                                     | С              |                                    |                                  |                                 |   |       |           |       | -         | 50.                    | _     |  |  |
|    | Name of Employer (for Individual)<br>Allred-Thompson-Mason-Daugherty Insura                    |                | upation (for Individu<br>ducer     | al)                              |                                 | N   | lemc  | b Iten    | n     |           |                        |       |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate      | Year-to-Date V                     | 500.00                           | P/R Deduction (\$50.00 Monthly) |   |       |           |       |           |                        |       |  |  |
|    | Full Name of Individual (Last, First, Middle Initi<br>Janway, Leah-Anne, , ,                   | al) or Full C  | rganization Name                   |                                  |                                 | Date o  | of Re | eceipt    | t     |           |                        |       |  |  |
|    | Mailing Address 2225 SW 96   |                |                                    |                                  |                                 | <sup>™</sup> 10   | /     | D         | 31    | / Y       | y y<br>2019            | Ŷ     |  |  |
|    | City<br>Oklahoma City  | State<br>OK    | Zip Code<br>73159-6861             |                                  |                                 |   |       |           |       |           | 01521537<br>iis Period |       |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                  | С              |                                    |                                  | 30.00                           |   |       |           |       |           | 00                     |       |  |  |
|    | Name of Employer (for Individual)<br>Self  | Occ<br>Bro     | upation (for Individu<br>ker       | al)                              | Memo Item                       |   |       |           |       |           |                        |       |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Year-to-Date ▼ | 300.00                             | P/R Deduction (\$30.00 Monthly)  |                                 |   |       |           |       |           |                        |       |  |  |
|    | Full Name of Individual (Last, First, Middle Initi<br>Morrow, Todd, , ,                        | al) or Full C  | rganization Name                   |                                  |                                 | Date o  | of Re | eceipt    | t     |           |                        |       |  |  |
|    | Mailing Address 453 CLEAR WATER TRAIL  |                |                                    |                                  | 10 / Y Y Y Y<br>10 31 2019      |   |       |           |       |           |                        |       |  |  |
|    | City<br>HOLLY LAKE RANCH   | State<br>TX    | Zip Code<br>75765-7313             |                                  |                                 | Transaction ID : PR436903721537<br>Amount of Each Receipt this Period |       |           |       |           |                        |       |  |  |
|    | FEC ID number of contributing federal political committee.                                     | С              |                                    |                                  |                                 |   |       | y         | _     |           | 84.                    | _     |  |  |
|    | Name of Employer (for Individual)<br>Kilpatrick Companies LLC                                  | Occ<br>Brok    | upation (for Individu<br>ker       | al)                              |                                 | N   | /lemo | o Iten    | n     |           |                        |       |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼                     | 420.00                           | P                               | /R De   | ducti | on (\$    | 42.00 | ) Month   | nly)                   |       |  |  |
| S  | JBTOTAL of Receipts This Page (optional)   |                |                                    | ····· ►                          |                                 |   |       | y         |       | ,         | 164.                   | 00    |  |  |
| т  | OTAL This Period (last page this line number of  | only)          |                                    | ····· ►                          |                                 |   |       | -         |       |           |                        | -     |  |  |

# SCHEDULE A (FEC Form 3X)

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

|  |                        | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
|--|------------------------|---|---|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
| or for commercial purposes, other than usin                                      |                        |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                      | I Action Com           | mittee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br><b>A</b> . Daugherty, Cathy, M., , | dle Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 1122 East Lincoln Aven<br>Suite 203                              | 1                      |   | 10 / Y Y Y Y<br>10 31 / 2019  |  |  |  |  |  |  |  |
| City<br>Orange   | State<br>CA            | Zip Code<br>92865-1908                            | Transaction ID : PR436910821537           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                       | C                      |   | 125.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Bridge Port Benefits                        | Occ<br>Pari            | upation (for Individual)<br>Iner                  | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate              | Year-to-Date ▼<br>1100.00                         | P/R Deduction (\$75.00 Weekly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Booth, Tonya, S., ,             | lle Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 275 W. Campbell Road<br>Suite 215 - LB 16                        |                        |   | 10 / Y Y Y Y<br>10 31 / 2019  |  |  |  |  |  |  |  |
| City<br>Richardson   | State<br>TX            | Zip Code<br>75080-8001                            | Transaction ID : PR436911021537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                       | С                      |   | 300.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Upshaw Insurance Agency                     | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate              | Year-to-Date ▼<br>1174.00                         | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>CHall, Dwight, , ,                 | dle Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 6107 Hazelwood Ave.  |                        |   | 10 / Y Y Y Y Y<br>10 31 / 2019  |  |  |  |  |  |  |  |
| City<br>Indianapolis   | State<br>IN            | Zip Code<br>46228-1316                            | Transaction ID : PR436914821537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                       | С                      |   | 50.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>D Hall & Associates                         | Occ<br>Brok            | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate              | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option   | al)                    |   | 475.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu  | mber only)             |   |   |  |  |  |  |  |  |  |

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# SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than using                                       |                    |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                       | Action Com         | mittee  |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Shaffer, Annette, , ,           | organization Name  | Date of Receipt                                   |   |  |  |  |  |  |  |  |  |  |
| Mailing Address 418 South Main Street  | State              | Zip Code  | 10 31 2019<br>Transaction ID : PR436917221537   |  |  |  |  |  |  |  |  |  |
| Findlay  | OH                 | 45840-3273  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                         | С                  |   | 30.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Group Benefit Consultants                     | Occ<br>Bro         | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate          | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Kaczmarek, Lawrence, , , | Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 145 N. Chestnut St.,<br>Ste. 202                                   |                    |   | 10 / D D / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Ravenna  | State<br>OH        | Zip Code<br>44266-4009                            | Transaction ID : PR436923421537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                         | С                  |   | 31.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Kaczmarek Ins. Services Agency, Inc.          | Occ<br>Bro         | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate          | Year-to-Date ▼<br>310.00                          | P/R Deduction (\$31.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Cason, Louie, L., ,             | Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address PO Box 11229   | 1                  |   | 10 / D D / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Columbia   | State<br>SC        | Zip Code<br>29211-1229                            | Transaction ID : PR436934821537   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                         | C                  |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>The Cason Group, Inc.                         | Occ<br>Brol        | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate          | Year-to-Date ▼<br>850.00                          | P/R Deduction (\$85.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  | )                  |   | 231.00  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb  | per only)          | •••••   |   |  |  |  |  |  |  |  |  |  |

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

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

| ITEMIZED RECEIPTS  | -                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
|--|----------------------|---|---|--|--|--|--|--|--|--|--|
|  |                      | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|  |                      |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political               | Action Com           | mittee  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>AStenger, James, R., ,      |                      | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 8926 Crown Colony Boul                                     |                      |   | 10 / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |
| City<br>Fort Myers   | State<br>FL          | Zip Code<br>33908-5627                            | Transaction ID : PR436939921537           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.              | C                    |   | 85.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>MVS Consulting                        | Occi<br>Brol         | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate            | Year-to-Date ▼<br>850.00                          | P/R Deduction (\$85.00 Monthly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>3. Seifert, Gregory, J., ,  | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address P.O. Box 189<br>916 Main Street                            |                      |   | 10 / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |
| City<br>Vancouver  | State<br>WA          | Zip Code<br>98666-0189                            | Transaction ID : PR436941621537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                    |   | 135.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>West Coast Ins Services dba Biggs Ins | Occ<br>Bro           | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate            | Year-to-Date ▼<br>1050.00                         | P/R Deduction (\$85.00 Monthly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Southan, Tamela, L., ,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 101 W. Renner Rd., Ste 3                                   |                      |   | 10 / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |
| City<br>Richardson   | State<br>TX          | Zip Code<br>75082-2025                            | Transaction ID : PR436949821537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                    |   | 50.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Benefit Solutions By Design           | Occi<br>Brok         | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate            | Year-to-Date ▼<br>550.00                          | P/R Deduction (\$42.00 Monthly)   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                    | l)                   |   | 270.00  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                 | iber only)           |   |   |  |  |  |  |  |  |  |  |

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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 138 OF

|   |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |  |
|   |                      |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |   |   |  |  |  |  |  |  |  |
| > Health Underwriters Political   | Action Com           | mittee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Woods, John, T., ,               | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 9400 East Market Street   |                      |   | M M / D D / Y Y Y Y   |  |  |  |  |  |  |  |
| City  | State                | Zip Code  | 10 31 2019<br>Transaction ID : PR436950021537   |  |  |  |  |  |  |  |
| Warren  | ОН                   | 44484-5514  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                    |   | 30.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>INSURANCE NAVIGATORS AGENCY                    | Occi<br>Brol         | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                | Aggregate            | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Holland, Robert, V., ,           | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address PO Box 698  |                      |   | 10 / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |
| City  | State<br>WA          | Zip Code  | Transaction ID : PR436961721537   |  |  |  |  |  |  |  |
| Centralia<br>FEC ID number of contributing  |                      | 98531-0698  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| federal political committee.  | C                    |   | 63.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Centralia General Agencies                     | Occ<br>Bro           | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate            | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼  |                      | 531.00  | P/R Deduction (\$63.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Schneider, John, E, ,            | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 4701 Trousdale Dr. Ste 2  |                      |   | 10 / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |
| City<br>Nashville   | State<br>TN          | Zip Code<br>37220-1386                            | Transaction ID : PR436963521537   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                    |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Colonial Life                                  | Occi<br>Brok         | upation (for Individual)<br>ter                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                  | Aggregate            | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num | ,                    |   | 123.00  |  |  |  |  |  |  |  |

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 139 OF

| TEMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page | <b>×</b> 11a 11b 11c 12   |  |  |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|--|--|
|  |  |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic               | al Action Com  | mittee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Parker, John, C., ,       | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Parker, John, C., , |   |   |  |  |  |  |  |  |  |
| Mailing Address 38 Hope St<br>Unit 1312<br>City                          | State  | Zip Code  | 10 / Y Y Y Y Y<br>10 31 / 2019  |  |  |  |  |  |  |  |
| Niantic  | CT   | 06357-2454  | Transaction ID : PR436986821537<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С  |   |   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Parker Agency                       | Occ  | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate  | Year-to-Date ▼<br>1075.00                         | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Splawn, William, Craig, , | ddle Initial) or Full O  | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 800 Avenue C   |  |   | 10 31 2019  |  |  |  |  |  |  |  |
| City<br>Katy   | State<br>TX  | Zip Code<br>77493-2302                            | Transaction ID : PR436992821537<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C  |   | 50,00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Splawn & Associates                 | Occ<br>Bro   | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate  | Year-to-Date ▼<br>500.00                          | P/R Deduction (\$50.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>C. Phillips, Paige, W., ,    | ddle Initial) or Full O  | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 1434 Hwy 301   |  |   | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |
| City<br>Calera   | State<br>AL  | Zip Code<br>35040-5466                            | Transaction ID : PR436993021537   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C  | 33040-3400  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Self                                | Occu<br>Brok   | upation (for Individual)<br>er                    | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate  | Year-to-Date ▼<br>1000.00                         |   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optic                                    | onal)  |   | 250.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line r                                 | number only)   |   |   |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|  |                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using                               |                    |   | 13     14     15     16     17       berson for the purpose of soliciting contributions e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A   | Action Com         | mittee  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>Fristoe, Kelly, Don</b> , ,   | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address PO Box 4789  |                    |   | M M / D D / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |
| City<br>Wichita Falls  | State<br>TX        | Zip Code<br>76308-0789                            | Transaction ID : PR437002321537<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |   | 155.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Financial Partners  | Occi<br>Broł       | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>1110.00                         | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Thorn, Ryan, P., ,<br>Mailing Address 10342 South Springcrest La |                    | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| City   | State              | Zip Code  | 10 31 2019<br>Transaction ID : PR437004021537   |  |  |  |  |  |  |  |  |
| South Jordan   | UT                 | 84095-4538  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |   | 40.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Ryan P. Thorn Insurance Planning, Inc.  | Occ                | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>500.00                          | P/R Deduction (\$40.00 Monthly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Buie, Scott, T., ,   | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 4525 S 2300 E<br>Ste 201   | State              | Zin Code  | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |
| City<br>Salt Lake City   | UT                 | Zip Code<br>84117-4639                            | Transaction ID : PR437010521537           Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Buie Insurance Services   | Occi<br>Brok       | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>500.00                          | P/R Deduction (\$50.00 Monthly)   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line numb                                  |                    |   | 245.00  |  |  |  |  |  |  |  |  |

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

(check only one)

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|   |   | Detailed Summary Page             |                                    | 11a        |        | 11b    |       | 11c      | 12              |    |  |  |  |  |  |  |  |  |  |
|---|---|-----------------------------------|------------------------------------|------------|--------|--------|-------|----------|-----------------|----|--|--|--|--|--|--|--|--|--|
|   |   | Solanda Gammary Fago              |                                    | 13         |        | 14     |       | 15       | 16              | 17 |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports an<br>or for commercial purposes, other than using |   |                                   |                                    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |                                   |                                    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| > Health Underwriters Political   | Action Com  | mittee                            |                                    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Gray, Michael, D., ,                        | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Gray, Michael, D., , |                                   |                                    |            |        |        |       |          | Date of Receipt |    |  |  |  |  |  |  |  |  |  |
| Mailing Address 233 South 13th Street, Su   |   | M M / D D / Y Y Y Y<br>10 31 2019 |                                    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| City  | State   | Zip Code                          |                                    | Trans      | acti   | ion II | D : P | R43701   | 6721537         |    |  |  |  |  |  |  |  |  |  |
| Lincoln   | NE  | 68508-2036                        | Amount of Each Receipt this Period |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.                               | С   |                                   |                                    |            |        | -      |       | -        | 100.            | 00 |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>The Harry A. Koch Co                                   | Occ   | upation (for Individual)<br>ker   |                                    | M          | emo    | lten   | n     |          |                 |    |  |  |  |  |  |  |  |  |  |
| Receipt For:  |   | Year-to-Date ▼                    | _                                  |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Primary General   | Aggregate   |                                   | P                                  | /R Ded     | uctio  | on (\$ | 100.  | 00 Mon   | thly)           |    |  |  |  |  |  |  |  |  |  |
| Other (specify)   |   | 1275.00                           |                                    |            | aoin   | o (¢   |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>3. Duhon, Keith, M., ,                      | e Initial) or Full C  | rganization Name                  |                                    | Date of    | f Re   | eceipt | t     |          |                 |    |  |  |  |  |  |  |  |  |  |
| Mailing Address PO Box 80158  |   |                                   |                                    | 10 31 2019 |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| City  | State   | Zip Code                          |                                    | Trans      | acti   | ion IE | ) : P | R43701   | 7121537         |    |  |  |  |  |  |  |  |  |  |
| Lafayette   | LA  | 70598-0158                        |                                    |            |        |        |       |          | is Period       |    |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С   |                                   |                                    | 30.00      |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>The Family Insurance Center, Inc.                      | Occ<br>Bro  | upation (for Individual)<br>ker   |                                    | Memo Item  |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                    |                                    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Primary General   |   |                                   | P/R Deduction (\$30.00 Monthly)    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  |   | 300.00                            | 4                                  |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>. Kaczmarek, T. Darlene, , ,                | e Initial) or Full C  | rganization Name                  |                                    | Date of    | f Re   | eceipt | t     |          |                 |    |  |  |  |  |  |  |  |  |  |
| Mailing Address 145 N. Chestnut St., Suite  | e 202   |                                   |                                    | 10 31 2019 |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| City  | State   | Zip Code                          |                                    | Trans      | sacti  | ion II | D : P | R43702   | 26321537        |    |  |  |  |  |  |  |  |  |  |
| Ravenna   | OH  | 44266-4009                        | /                                  | Amount     | t of   | Each   | n Re  | ceipt th | is Period       |    |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С   |                                   |                                    |            |        | y      |       | <b>y</b> | 31.             | 00 |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | 000   | upation (for Individual)          |                                    | М          | emo    | b Iten | n     |          |                 |    |  |  |  |  |  |  |  |  |  |
| Kaczmarek Ins. Services Agency, Inc.  | Brok  |                                   |                                    |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Receipt For:  |   | Year-to-Date ▼                    | _                                  |            |        |        |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| Primary General   | Aggregate   |                                   | P                                  | /R Ded     | luctio | on (\$ | 31.0  | 0 Month  | ılv)            |    |  |  |  |  |  |  |  |  |  |
| Other (specify)   |   | 310.00                            |                                    |            |        | 0(\$   |       |          |                 |    |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | )   |                                   | •                                  |            |        | ,      |       | 9        | 161.(           | 00 |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num  | ber only)   |                                   | •                                  |            |        | -      |       | -        |                 |    |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|   |   | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|--|--|--|
| IILIVIIZED RECEIFIJ   |   | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|   |   |   | e to solicit contributions from such committee.   |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic                  | al Action Com   | mittee  |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Blizman, Donna, J., ,        | ddle Initial) or Full O   | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 1939 Racimo Dr  |   |   | 10 / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |
| City<br>Sarasota  | State<br>FL   | Zip Code<br>34240-9426                            | Transaction ID : PR437031521537<br>Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | C   |   | 30.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Employee Benefits Marketing Group      | Occu<br>Brok  | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate   | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br><b>B. Moore, Wesley, P.</b> , , | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name |   |   |  |  |  |  |  |  |  |  |  |
| Mailing Address P O Box 604   | g Address P O Box 604   |   |   |  |  |  |  |  |  |  |  |  |
| City<br>Darlington  | State<br>SC   | Zip Code<br>29540-0604                            | Transaction ID : PR437039421537<br>Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С   |   | 30.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Moore Insurance Agency, LLC            | Memo Item   |   |   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate   | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>C. Hayes, Leesa, Kay, ,         | ddle Initial) or Full O   | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 812 Lyndon Lane Suit  | 10 / D D / Y Y Y Y<br>2019  |   |   |  |  |  |  |  |  |  |  |  |
| City<br>Louisville  | State<br>KY   | Zip Code<br>40222-3844                            | Transaction ID : PR437043321537<br>Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С   |   | 30.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Snowden & Associates, Inc.             | Occu<br>Brok  | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate   | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optic                                       | onal)   |   | 90.00   |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line r                                    | number only)  |   |   |  |  |  |  |  |  |  |  |  |

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

(check only one)

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|                |  |   |                     | Summary Page                    | ×        | -  |                                 | 11b          |          | 11c               |       | 12            |            |  |  |
|----------------|--|---|---------------------|---------------------------------|----------|--|---------------------------------|--------------|----------|-------------------|-------|---------------|------------|--|--|
| Δn             | y information copied from such Reports and S   | Statemente m  | av not be soly      | hor used by any n               | erson f  | 13<br>or the   | nur                             | 14<br>005e ( | <br>of s | 15<br>Oliciting   |       | 16<br>htribut | 17<br>ions |  |  |
| or             | for commercial purposes, other than using the  | e name and a  | ddress of any       | political committe              | e to sol | icit cor   | ntrib                           | utions       | ; fro    | onclung<br>m such |       | mmitte        | e.         |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |   |                     |                                 |          |  |                                 |              |          |                   |       |               |            |  |  |
| $\Big\rangle$  | Health Underwriters Political Ac   | ction Com   | mittee              |                                 |          |  |                                 |              |          |                   |       |               |            |  |  |
| Α.             | ull Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Ellingson, Susan, Katherine, , |   |                     |                                 |          | Date of Receipt  |                                 |              |          |                   |       |               |            |  |  |
|                | Mailing Address 4100 Victoria St   |   |                     |                                 |          | 10 / Y Y Y Y<br>10 31 2019   |                                 |              |          |                   |       |               |            |  |  |
|                | City<br>Minnetonka   | State Zip Code<br>MN 55345-1963   |                     |                                 |          | Transaction ID : PR437048721537 Amount of Each Receipt this Period |                                 |              |          |                   |       |               |            |  |  |
|                |  |   | 00040               | 1905                            | _ /      | Amount   | : of                            | Each         | Red      | ceipt th          | is P  | eriod         |            |  |  |
|                | FEC ID number of contributing federal political committee.   | C   |                     |                                 |          |  | 30.00                           |              |          |                   |       |               |            |  |  |
|                | Name of Employer (for Individual)<br>Above & Beyond Benefits   | Occupation (for Individual)<br>Broker                                       |                     |                                 |          | Memo Item  |                                 |              |          |                   |       |               |            |  |  |
|                | Receipt For:   |   |                     |                                 |          |  |                                 |              |          |                   |       |               |            |  |  |
|                | Primary General<br>Other (specify) ▼   |   | P/                  | P/R Deduction (\$30.00 Monthly) |          |  |                                 |              |          |                   |       |               |            |  |  |
| в.             | Full Name of Individual (Last, First, Middle In Olson, Terri, M., ,  | rganization N   | ame                 |                                 | Date of  | Re   | ceipt                           |              |          |                   |       |               |            |  |  |
|                | Mailing Address P. O. Box 21479  |   |                     |                                 |          | 10 / D D / Y Y Y Y<br>10 31 2019                                   |                                 |              |          |                   |       | Y             |            |  |  |
|                | City   | State   | Zip Code            |                                 |          | Trans  | acti                            | on ID        | : P      | R43707            | 7022  | 1537          |            |  |  |
|                | Keizer   | OR  | 97307-              | 1479                            | A        | Mount  | of                              | Each         | Red      | ceipt th          | is P  | eriod         |            |  |  |
|                | FEC ID number of contributing federal political committee.   | C   |                     |                                 |          | 65.00  |                                 |              |          |                   |       |               |            |  |  |
|                | Name of Employer (for Individual)<br>Olson Insurance   | Occupation (for Individual)<br>Broker                                       |                     |                                 |          |  | emo                             | Item         |          |                   |       |               |            |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>950.00  |                     |                                 |          |  | P/R Deduction (\$65.00 Monthly) |              |          |                   |       |               |            |  |  |
| c.             | Full Name of Individual (Last, First, Middle In Alberts, Suzetta, E., ,  | itial) or Full C  | rganization N       | ame                             |          | Date of  | Re                              | ceipt        |          |                   |       |               |            |  |  |
|                | Mailing Address 26555 Evergreen Drive<br>Ste 535   |   |                     |                                 |          | 10 / D D / Y Y Y Y<br>2019   |                                 |              |          |                   |       |               |            |  |  |
|                | City<br>Southfield   | State<br>MI   | Zip Code<br>48076-4 |                                 |          |  |                                 |              |          | R4370             |       |               |            |  |  |
|                |  |   | 40070               | 1210                            | -        | Amount   | : of                            | Each         | Red      | ceipt th          | iis P | eriod         | _          |  |  |
|                | FEC ID number of contributing federal political committee.   | C   |                     |                                 |          | 84.00  |                                 |              |          |                   |       |               |            |  |  |
|                | Name of Employer (for Individual)  | Occupation (for Individual)<br>Broker<br>Aggregate Year-to-Date ▼<br>965.00 |                     |                                 |          | M  | emo                             | ltem         |          |                   |       |               |            |  |  |
|                | Comprehensive Benefits   |   |                     |                                 |          |  |                                 |              |          |                   |       |               |            |  |  |
|                | Receipt For:<br>Primary General  |   |                     |                                 |          |  |                                 |              |          |                   |       |               |            |  |  |
|                | Other (specify)  |   |                     |                                 |          | P/R Deduction (\$84.00 Monthly)                                    |                                 |              |          |                   |       |               |            |  |  |
| s              | UBTOTAL of Receipts This Page (optional)   |   |                     |                                 |          |  |                                 | , ,          |          |                   |       | 179.0         | 0          |  |  |
| т              | OTAL This Period (last page this line number   | only)   |                     | ······ )                        |          |  |                                 | ,            |          | -                 |       |               |            |  |  |

I

# SCHEDULE A (FEC Form 3X)

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|--------------------------|--------------|---------|
| Use separate schedule(s) | (check only  | v one)  |
| for each category of the | ` `          |         |
| Detailed Summary Page    | <b>X</b> 11a | 11      |
|                          |              |         |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|
| or for commercial purposes, other than using                           |  |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political           | Action Com   | mittee  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Smith, Kevin, W., ,  | ne of Individual (Last, First, Middle Initial) or Full Organization Name<br>Kevin, W., , |   |   |  |  |  |  |  |
| Mailing Address 2000 RiverEdge Parkway Suite 1010                      |  |   |   |  |  |  |  |  |
| City<br>Sandy Springs  | State<br>GA  | Zip Code<br>30328-4657                            | Transaction ID : PR437077221537 Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.             | С  |   | 30.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>KSA Insurance Agency, LLC         | Occu<br>Brok   | upation (for Individual)<br>ter                   | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate  | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Lopez, Juan, R., ,   | I Name of Individual (Last, First, Middle Initial) or Full Organization Name             |   |   |  |  |  |  |  |
| Mailing Address 22431 Antonio Pkwy<br>Suite B160-420                   | 10 / D D / Y Y Y Y Y<br>10 31 2019   |   |   |  |  |  |  |  |
| City<br>Rancho Santa Margarita   | State<br>CA  | Zip Code<br>92688-2804                            | Transaction ID : PR437079021537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |
| FEC ID number of contributing federal political committee.             | C  |   | 170.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Self                              |  | upation (for Individual)<br>sultant               | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate  | Year-to-Date ▼<br>850.00                          | P/R Deduction (\$85.00 Monthly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Douglas, Paul, L., , | Date of Receipt  |   |   |  |  |  |  |  |
| Mailing Address 100 Independence Place                                 | 10 / D D / Y Y Y Y<br>10 31 2019   |   |   |  |  |  |  |  |
| City<br>Tyler  | State<br>TX  | Zip Code<br>75703-1310                            | Transaction ID : PR437080221537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |
| FEC ID number of contributing federal political committee.             | C  |   | 30.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>Douglas & Associates Insurance    | Occu<br>Brok   | ipation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                     | Aggregate  | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                | l)   |   | 230.00  |  |  |  |  |  |
| TOTAL This Period (last page this line num                             | nber only)   | ·····   |   |  |  |  |  |  |

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

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

(check only one)

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| TEIMIZED RECEIPTS   | Detailed Summary   |  |
|---|--|--|
|   |  | 13 14 15 16 17   |
| or for commercial purposes, other th                              | ports and Statements may not be sold or used<br>an using the name and address of any political | d by any person for the purpose of soliciting contributions<br>I committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Pc             | litical Action Committee   |  |
| Full Name of Individual (Last, Firs<br>Koehler, Linda Rose, , ,   | t, Middle Initial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 2 Treeble Ct                                      |  | 10 / Y Y Y Y Y<br>10 31 2019   |
| City<br>Greensboro  | State Zip Code<br>NC 27406-5375  | Transaction ID : PR437090121537 Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.        | C  | 30.00  |
| Name of Employer (for Individual)<br>Self                         | Occupation (for Individual)<br>Broker  | ) Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼   | P/R Deduction (\$30.00 Monthly)  |
| Full Name of Individual (Last, Firs<br><b>3.</b> Roiz, Mario, , , | t, Middle Initial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 10446 NW 31st T                                   |  | 10 / Y Y Y Y Y<br>2019   |
| City<br>Doral   | StateZip CodeFL33172-1200  | Transaction ID : PR437104921537<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | C  | 84.00  |
| Name of Employer (for Individual)<br>HR Benefit Services, Inc.    | Occupation (for Individual)<br>Broker  | ) Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼   | 420.00 P/R Deduction (\$42.00 Monthly)   |
| Full Name of Individual (Last, Firs<br>. Stephens, James, R., ,   | t, Middle Initial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 100 Mansell Ct E<br>Suite 400                     |  | 10 / D D / Y Y Y Y Y<br>2019   |
| City<br>Roswell   | State Zip Code<br>GA 30076-4859  | Transaction ID : PR437110721537<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | C  | 30.00  |
| Name of Employer (for Individual)<br>Humana                       | Occupation (for Individual)<br>Broker  | ) Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                | Aggregate Year-to-Date ▼   | P/R Deduction (\$30.00 Monthly)  |
| SUBTOTAL of Receipts This Page                                    | (optional)   | 144.00   |
|   | ine number only)   |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|   |                        | Detailed Summary Page            | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |
|---|------------------------|----------------------------------|--|--|--|--|--|--|--|
| v information copied from such Reports                                | and Statements ma      | av not be sold or used by any ne | 13     14     15     16     17       erson for the purpose of soliciting contributions |  |  |  |  |  |  |
| for commercial purposes, other than using                             |                        |                                  | to solicit contributions from such committee.  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                        |                                  |  |  |  |  |  |  |  |
| Health Underwriters Politica  | al Action Com          |                                  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>Garner, G. Russell, , , | dle Initial) or Full O | rganization Name                 | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 1308 Murraywood Drive                                 | ;                      |                                  | 10 31 / Y Y Y Y<br>2019  |  |  |  |  |  |  |
| City  | State                  | Zip Code                         | Transaction ID : PR437113221537  |  |  |  |  |  |  |
| Columbia  | SC                     | 29212-1159                       | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                      |                                  | 60.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>G. Russell Garner LLC            | Occu<br>Brok           | upation (for Individual)<br>ker  | Memo Item  |  |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date 🔻                   |  |  |  |  |  |  |  |
| Primary     General       Other (specify)     ▼                       |                        | 300.00                           | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide                            | dle Initial) or Full O | rganization Name                 |  |  |  |  |  |  |  |
| MCEVILLY, BRIAN, J., ,  |                        |                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 7260 West Azure Drive<br>#140-201                     |                        |                                  | 10 / D D / Y Y Y Y<br>2019   |  |  |  |  |  |  |
| City  | State<br>NV            | Zip Code<br>89130-7999           | Transaction ID : PR437117721537  |  |  |  |  |  |  |
| Las Vegas   |                        | 03190-1333                       | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С                      |                                  | 50.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>McEvilly Benefits                | Occi<br>Brol           | upation (for Individual)<br>ker  | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate              | Year-to-Date ▼<br>710.00         | P/R Deduction (\$50.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>Roberts, Joseph, K., ,  | dle Initial) or Full O | rganization Name                 | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 1128 Lincoln Mall<br>Suite 200                        |                        |                                  | 10 31 2019   |  |  |  |  |  |  |
| City  | State                  | Zip Code                         | Transaction ID : PR437118021537  |  |  |  |  |  |  |
| Lincoln   | NE                     | 68508-2878                       | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                      |                                  | 170.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>UNICO                            | Occu<br>Brok           | upation (for Individual)         | Memo Item  |  |  |  |  |  |  |
| Receipt For:  |                        | Year-to-Date ▼                   | —  |  |  |  |  |  |  |
| Primary General<br>Other (specify)                                    |                        | 1700.00                          | P/R Deduction (\$170.00 Monthly)   |  |  |  |  |  |  |
|   |                        |                                  | _  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 147 OF

| 17                           |   |                            | Use separate schedule(s)   | (check                      | only            | one)                            | L                                |                             |                  |  |  |
|------------------------------|---|----------------------------|--|-----------------------------|-----------------|---------------------------------|----------------------------------|-----------------------------|------------------|--|--|
|                              |   |                            | for each category of the<br>Detailed Summary Page                  | <b>X</b> 11                 | - H             | 11b                             | 11c                              | 12                          | ·                |  |  |
| Ar<br>or                     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the | atements ma<br>name and ad | y not be sold or used by any p<br>ddress of any political committe | erson for t<br>e to solicit | the pu          | 14<br>Irpose c<br>ibutions      | 15<br>If soliciting<br>from such | 16<br>contribut<br>committe | 17<br>ions<br>e. |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                | ion Com                    | mittee   |                             |                 |                                 |                                  |                             |                  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initia<br>Benton, Bruce, D., ,                     | al) or Full O              | rganization Name   | Date                        | Date of Receipt |                                 |                                  |                             |                  |  |  |
|                              | Mailing Address 17200 Ventura Blvd<br>Suite 312   |                            |  |                             | М<br>0          | / D<br>31                       |                                  | үүү<br>2019                 | Y                |  |  |
|                              | City<br>Encino  | State<br>CA                | Zip Code<br>91316-5018   |                             |                 |                                 | : PR43712<br>Receipt th          |                             |                  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С                          |  |                             |                 |                                 | -                                | 210.0                       | 0                |  |  |
|                              | Name of Employer (for Individual)<br>Genesis Financial & Insurance Services                     | Occu<br>Brok               | ipation (for Individual)<br>er                                     |                             | Men             | no Item                         |                                  |                             |                  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>1100.00  | P/R [                       | Deduc           | tion (\$8                       | 5.00 Month                       | nly)                        |                  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initia<br>Antongiovanni, Joanna, , ,               | al) or Full Oi             | rganization Name   | Date                        | e of F          | Receipt                         |                                  |                             |                  |  |  |
|                              | Mailing Address 2929 Allen Parkway<br>Suite 2500  |                            |  |                             | м<br>10         | / D                             |                                  | y y<br>2019                 | Y                |  |  |
|                              | City<br>Houston   | State<br>TX                | Zip Code<br>77019-2178   |                             |                 |                                 | : PR43712<br>Receipt th          |                             |                  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С                          |  | 30.00                       |                 |                                 |                                  |                             |                  |  |  |
|                              | Name of Employer (for Individual)<br>Marsh Wortham  | Occu<br>Brok               | Memo Item  |                             |                 |                                 |                                  |                             |                  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>300.00   | P/R I                       | Deduc           | tion (\$30                      | ).00 Month                       | nly)                        |                  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initia   | al) or Full O              | rganization Name   | Date                        | e of F          | Receipt                         |                                  |                             |                  |  |  |
|                              | Mailing Address 1128 Lincoln Mall Suite 200 City  | State                      | Zip Code   |                             | 10 <sup>M</sup> | / D 3                           | 1                                | 2019                        | Ŷ                |  |  |
|                              | Lincoln   | NE                         | 68508-2878   |                             |                 |                                 | : PR4371:<br>Receipt th          |                             |                  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С                          |  |                             |                 | , .                             | 9                                | 50.0                        | 0                |  |  |
|                              | Name of Employer (for Individual)<br>UNICO Group, Inc.  | Occu<br>Brok               | ipation (for Individual)<br>er                                     |                             | Men             | no Item                         |                                  |                             |                  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                  | ate Year-to-Date ▼<br>500.00                                       |                             |                 | P/R Deduction (\$50.00 Monthly) |                                  |                             |                  |  |  |
|                              | UBTOTAL of Receipts This Page (optional)  |                            | ,  |                             |                 | 5                               | , ,<br>,                         | 290.0                       | 0                |  |  |
| ľ                            | OTAL This Period (last page this line number o  | niy)                       | ······ ]   | L                           | <u> </u>        |                                 |                                  | 1.1.1.1                     | _                |  |  |

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FOR LINE NUMBER:

PAGE 148 OF

| ITEMIZED RECEIPTS   | -                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |
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|   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |
|   |                        |   | 13     14     15     16     17       berson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica             | I Action Com           | mittee  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>A. Papenfus, Jeffrey, , , | dle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 32110 Agoura Road                                       |                        |   | 10 31 2019   |  |  |  |  |  |  |
| City<br>Westlake Village  | State<br>CA            | Zip Code<br>91361-4026                            | Transaction ID : PR437137821537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С                      |   | 60.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Warner Pacific Insurance Services  | Occi<br>Brol           | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate              | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Walsh, Timothy, P.,,   | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 701 Oyster Catcher Driv                                 | e                      |   | 10 31 / Y Y Y Y  |  |  |  |  |  |  |
| City<br>Hampstead   | State<br>NC            | Zip Code<br>28443-8340                            | Transaction ID : PR437149421537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С                      |   | 30.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Advanced Insurance Systems         | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate              | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>C. Hebert, Laura, L., ,   | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 5151 Flynn Pkwy<br>Suite 403                            | 01-14                  |   | 10 / D D / Y Y Y Y<br>2019   |  |  |  |  |  |  |
| City<br>Corpus Christi  | State<br>TX            | Zip Code<br>78411-4372                            | Transaction ID : PR437154821537           Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.              | C                      |   | 84.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Hebert Insurance Group             | Occi<br>Brok           | upation (for Individual)<br>xer                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate              | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                  | al)                    |   | 174.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                               | mber only)             |   |  |  |  |  |  |  |  |

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

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

(check only one)

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|  |                    | Detailed Summary Page             | ×                                      | 11a<br>12                         | $\mid$ | 11b        | 110        |           |     |  |  |
|--|--------------------|-----------------------------------|--|-----------------------------------|--------|------------|------------|-----------|-----|--|--|
| Any information copied from such Reports an  |                    |                                   |  |                                   |        |            |            |           |     |  |  |
| or for commercial purposes, other than using   | ure name and a     | udiess of any political committee | <del>ບ</del> ເບ SOli                   | UL COI                            | ιιſĺĎ  | uuons 1    | TOTT SUC   |           | ee. |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political                             | Action Com         | mittee                            |  |                                   |        |            |            |           |     |  |  |
| Full Name of Individual (Last, First, Middle Allard, Terry, , ,                          | Initial) or Full O | rganization Name                  | D                                      | Date of Receipt                   |        |            |            |           |     |  |  |
| Mailing Address 3000 A Street, Suite 400   |                    |                                   |  | <sup>M</sup> 10                   | 1      | 31         | ) / Y      | ү<br>2019 | Y   |  |  |
| City   | State              | Zip Code                          |  | Trans                             | acti   | ion ID :   | PR43718    | 82321537  |     |  |  |
| Anchorage  | AK                 | 99503-4040                        | A                                      | mount                             | of     | Each R     | leceipt th | is Period |     |  |  |
| FEC ID number of contributing federal political committee.                               | C                  |                                   |  | _                                 |        | <b>.</b>   |            | 300.0     | 00  |  |  |
| Name of Employer (for Individual)<br>The Wilson Agency, LLC                              | Occu<br>Brok       | upation (for Individual)<br>ker   | [                                      | Me                                | emo    | tem        |            |           |     |  |  |
| Receipt For:   | Agareaate          | Year-to-Date ▼                    |  |                                   |        |            |            |           |     |  |  |
| Primary General<br>Other (specify) ▼   |                    | 2600.00                           | P/F                                    | R Dedi                            | uctic  | on (\$25)  | 0.00 Mon   | thly)     |     |  |  |
| Full Name of Individual (Last, First, Middle<br>Murray, Neal, , ,                        | Initial) or Full O | rganization Name                  | D                                      | ate of                            | Re     | ceipt      |            |           |     |  |  |
| Mailing Address 1314 East Atlantic Bouleva   |                    |                                   |  | M M / D D / Y Y Y Y<br>10 31 2019 |        |            |            |           |     |  |  |
| City   | State              | Zip Code                          |  |                                   |        |            |            | 33421537  |     |  |  |
| Pompano Beach  | FL                 | 33060-6745                        | A                                      | mount                             | of     | Each R     | leceipt th | is Period |     |  |  |
| FEC ID number of contributing federal political committee.                               | C                  |                                   |  | 60.00 Memo Item                   |        |            |            |           |     |  |  |
| Name of Employer (for Individual)<br>Frank H. Furman, Inc                                | Occi<br>Brol       | upation (for Individual)<br>ker   | 1                                      |                                   |        |            |            |           |     |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                     | Aggregate          | Year-to-Date ▼<br>300.00          | P/R Deduction (\$30.00 Monthly)        |                                   |        |            |            |           |     |  |  |
| Full Name of Individual (Last, First, Middle<br>Ducote, Dale, , ,                        | Initial) or Full O | rganization Name                  | D                                      | ate of                            | Re     | ceipt      |            |           |     |  |  |
| Mailing Address 235 Highlandia Drive<br>Suite 100  |                    |                                   |  | <sup>M</sup> 10                   | 1      | 31         |            | 2019      |     |  |  |
| City<br>Roton Rouge  | State              | Zip Code                          |  |                                   |        |            |            | 84621537  |     |  |  |
| Baton Rouge  | LA                 | 70810-6056                        | A                                      | mount                             | of     | Each R     | leceipt th | is Period |     |  |  |
| FEC ID number of contributing federal political committee.                               | C                  |                                   |  | _                                 | _      | ,          |            | 42.0      | 00  |  |  |
| Name of Employer (for Individual)<br>Health Plus Consulting Services                     | Occu<br>Brok       | upation (for Individual)<br>er    | [                                      | Me                                | emo    | ttem       |            |           |     |  |  |
| Receipt For:   | Aggregate          | Year-to-Date V                    |  |                                   |        |            |            |           |     |  |  |
| Primary General<br>Other (specify)   |                    | 420.00                            | 420.00 P/R Deduction (\$42.00 Monthly) |                                   |        |            |            | hly)      |     |  |  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb |                    |                                   |  | -                                 | -      | <u>, .</u> |            | 402.0     | )0  |  |  |

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|                              |   |                | Use separate schedule(s)                          |                                 |                 | (check only one) |           |                       |             |      |    |  |
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|                              |   |                | for each category of the<br>Detailed Summary Page | ×                               | 11a<br>13       |                  | 11b<br>14 | 11c<br>15             | 12          |      | 17 |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                |   |                                 | or the          |                  | pose of   | soliciting            | g contrib   |      | 17 |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                               | ion Com        | nittee  |                                 |                 |                  |           |                       |             |      |    |  |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Debler, Johnnie, O., ,                   | al) or Full Or | ganization Name                                   |                                 | Date of Receipt |                  |           |                       |             |      |    |  |
|                              | Mailing Address 1102 E. Laurel St.  |                |   |                                 | <sup>M</sup> 10 | 1                | 31        | ) / Y                 | y y<br>2019 | Y    |    |  |
|                              | City<br>Rockport  | State<br>TX    | Zip Code<br>78382-2815                            |                                 |                 |                  |           | PR43719<br>Receipt th |             |      |    |  |
|                              | FEC ID number of contributing federal political committee.                                      | С              |   |                                 |                 |                  | -         |                       | 30          | 0.00 |    |  |
|                              | Name of Employer (for Individual)<br>GSM Insurors Group   | Occu<br>Brok   | pation (for Individual)<br>er                     |                                 | Me              | emc              | tem       |                       |             |      |    |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>300.00                          | P                               | /R Ded          | uctio            | on (\$30  | .00 Montl             | nly)        |      |    |  |
| в.                           | Full Name of Individual (Last, First, Middle Initia<br>Bunkers, Scott, R., ,                    | al) or Full Or | ganization Name                                   |                                 | Date of         | Re               | ceipt     |                       |             |      |    |  |
|                              | Mailing Address 2211 Lee Road, Suite 100  |                |   |                                 | м м<br>10       | 1                | 31        | ) / Y                 | y y<br>2019 | Y    |    |  |
|                              | City<br>Winter Park   | State<br>FL    | Zip Code<br>32789-1849                            |                                 |                 |                  | -         | PR43719<br>Receipt th |             |      |    |  |
|                              | FEC ID number of contributing federal political committee.                                      | С              |   | 30.00                           |                 |                  |           |                       |             |      |    |  |
|                              | Name of Employer (for Individual)<br>Fringe Benefit Plans, Inc.                                 |                | Occupation (for Individual)<br>Broker             |                                 |                 |                  | Memo Item |                       |             |      |    |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly) |                 |                  |           |                       |             |      |    |  |
| с.                           | Full Name of Individual (Last, First, Middle Initia<br>Braden, Victoria, J., ,                  | al) or Full Or | ganization Name                                   |                                 | Date of         | Re               | ceipt     |                       |             |      |    |  |
|                              | Mailing Address 3875 Johns Creek Parkway, Su  |                |   |                                 | <sup>M</sup> 10 | 1                | 31        | ) / Y                 | 2019        | Y    |    |  |
|                              | City<br>Suwanee   | State<br>GA    | Zip Code<br>30024-1294                            |                                 |                 |                  |           | PR4372                |             |      |    |  |
|                              | FEC ID number of contributing federal political committee.                                      | С              |   |                                 | anoun           |                  | ,         |                       |             | 0.00 |    |  |
|                              | Name of Employer (for Individual)<br>Braden Benefit Strategies, Inc                             | Occu<br>Brok   | pation (for Individual)<br>er                     |                                 | M               | emo              | tem       |                       |             |      |    |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>2200.00                         | <b>]</b>                        | /R Ded          | ucti             | on (\$15  | 0.00 Mor              | ithly)      |      |    |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |                | )   |                                 |                 |                  | ,         |                       | 21(         | ).00 | ]  |  |
| т                            | OTAL This Period (last page this line number of   | nly)           |   |                                 |                 |                  |           |                       |             |      |    |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| 171      |   |               | Use separate schedule(s)                          | (check only one)                                  |  |        |          |  |  |  |  |  |  |
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|          |   |               | for each category of the<br>Detailed Summary Page |   | 11b 11c  | 12     | <u> </u> |  |  |  |  |  |  |
|          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   | erson for the purp                                |  |        |          |  |  |  |  |  |  |
| <u> </u> | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                |               |   |   |  |        |          |  |  |  |  |  |  |
| A.       | Full Name of Individual (Last, First, Middle Initia Nace, Joshua, D., ,                         | al) or Full O | rganization Name                                  | Date of Rec                                       | Date of Receipt                                |        |          |  |  |  |  |  |  |
|          | Mailing Address 100 W. Harrison Street, Suite S   | 440           |   | 10 <sup>M</sup>                                   | D D / Y<br>31                                  | 2019   | Y        |  |  |  |  |  |  |
|          | City<br>Seattle   | State<br>WA   | Zip Code<br>98119-4116                            |   | on ID : PR43720<br>Each Receipt th             |        |          |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С             |   |   | р. I   | 30.0   | 0        |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Dental Health Services                                     | Occu<br>Brok  | upation (for Individual)<br>ker                   | Memo  | Item   |        |          |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)                   |  |        |          |  |  |  |  |  |  |
|          | Full Name of Individual (Last, First, Middle Initia<br>Bundy-Cobb, Jennifer, , ,                | al) or Full O | rganization Name                                  | Date of Rec                                       | eipt   |        |          |  |  |  |  |  |  |
|          | Mailing Address 3000 A Street, Suite 400  |               |   | 10 / 31 / 2019<br>Transaction ID : PR437204421537 |  |        |          |  |  |  |  |  |  |
|          | City<br>Anchorage   | State<br>AK   | Zip Code<br>99503-4040                            |   |  |        |          |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                      | C             |   |   | Each Receipt th                                | 85.0   | 0        |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>The Wilson Agency, LLC                                     | Occu<br>Broł  | upation (for Individual)<br>ker                   | Memo Item   |  |        |          |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>685.00                          | P/R Deduction (\$85.00 Monthly)                   |  |        |          |  |  |  |  |  |  |
|          | Full Name of Individual (Last, First, Middle Initia<br>Garbina, James, S., ,                    | al) or Full O | rganization Name                                  | Date of Rec                                       | eipt   |        |          |  |  |  |  |  |  |
|          | Mailing Address 14010 FNB Pkwy Ste 300  |               |   | 10 <sup>M</sup> /                                 | 31   | 2019   | Y        |  |  |  |  |  |  |
|          | City<br>Omaha   | State<br>NE   | Zip Code<br>68154-5235                            |   | on ID : PR4372 <sup>,</sup><br>Each Receipt th |        |          |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С             |   |   | , , ,  | 85.0   | 0        |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>The Harry A. Koch Co                                       | Occu<br>Brok  | ıpation (for Individual)<br>er                    | Memo Item   |  |        |          |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>850.00                          | P/R Deductio                                      | n (\$85.00 Montl                               | nly)   |          |  |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)  |               |   |   |  | 200.00 | )        |  |  |  |  |  |  |
| т        | OTAL This Period (last page this line number o  | nly)          |   |   |  |        |          |  |  |  |  |  |  |

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

Use separate schedule(s) for each category of the

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|          |  |                               | Detailed Summary Page   | ×                                  | 11a<br>13                       |               | 11b                           | 11c        | 12                | 17     |  |  |  |  |  |
|----------|--|-------------------------------|---|------------------------------------|---------------------------------|---------------|-------------------------------|------------|-------------------|--------|--|--|--|--|--|
| An<br>or | y information copied from such Reports and for commercial purposes, other than using the | Statements ma<br>e name and a | I<br>ay not be sold or used by any p<br>address of any political committe | person f<br>e to sol               | or the                          | purp<br>ntrib | pose of a                     | soliciting | g contrib         | utions |  |  |  |  |  |
| <u> </u> | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A                           |                               |   |                                    |                                 |               |                               |            |                   |        |  |  |  |  |  |
| A.       | Full Name of Individual (Last, First, Middle Ir<br>Cooper, Catherine, L., ,              | nitial) or Full O             | Organization Name   | [                                  | Date of                         | Re            | ceipt                         |            |                   |        |  |  |  |  |  |
|          | Mailing Address 39500 High Pointe Blvd., Su  | te 400                        |   |                                    | 10 31 2019                      |               |                               |            |                   |        |  |  |  |  |  |
|          | City<br>Novi   | State<br>MI                   | Zip Code<br>48375-5517  |                                    |                                 |               | i <b>on ID : I</b><br>Each Be |            |                   |        |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                               | С                             |   | Amount of Each Receipt this Period |                                 |               |                               |            |                   |        |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Health Alliance Administrators                      | Occi<br>Brol                  | upation (for Individual)<br>ker   |                                    | Me                              | emo           | Item                          |            |                   |        |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼                                     | Aggregate                     | Year-to-Date ▼<br>1741.00   | P                                  | /R Ded                          | uctio         | on (\$112                     | .00 Mon    | thly)             |        |  |  |  |  |  |
|          | Full Name of Individual (Last, First, Middle In Daubert, Jim, , ,                        | nitial) or Full O             | Organization Name   |                                    | Date of                         | Re            | ceipt                         |            |                   |        |  |  |  |  |  |
|          | Mailing Address P.O. Box 67220   |                               |   |                                    | м м<br>10                       | /             | D D D 31                      | / Y        | 2019              | Y      |  |  |  |  |  |
|          | City<br>Lincoln  | State<br>NE                   | Zip Code<br>68506-7220  | /                                  |                                 |               | <b>on ID : F</b><br>Each Re   |            |                   |        |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                               | С                             |   |                                    | 85.00                           |               |                               |            |                   |        |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Daubert and Butler Associates                       | Occ<br>Bro                    | upation (for Individual)<br>ker   |                                    | Memo Item                       |               |                               |            |                   |        |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼                                     | Aggregate                     | Year-to-Date ▼<br>850.00  | P/                                 | P/R Deduction (\$85.00 Monthly) |               |                               |            |                   |        |  |  |  |  |  |
| С.       | Full Name of Individual (Last, First, Middle Ir<br>Musser, Rita, A., ,                   | nitial) or Full O             | Organization Name   |                                    | Date of                         | Re            | ceipt                         |            |                   |        |  |  |  |  |  |
|          | Mailing Address 3330 Thames Drive  |                               |   |                                    | <sup>M</sup> 10                 | /             | D D D 31                      | / Y        | 2019 <sup>°</sup> | Ý      |  |  |  |  |  |
|          | City<br>Fort Wayne   | State<br>IN                   | Zip Code<br>46815-5994  | -                                  |                                 |               | ion ID : I<br>Each Re         |            |                   |        |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                               | С                             |   |                                    |                                 | . 01          |                               | , j        |                   | 0.00   |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Senior Insurance Solutions                          | Occu<br>Brok                  | upation (for Individual)<br>ker   |                                    | M                               | emc           | tem                           |            |                   |        |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)                                       | Aggregate                     | Year-to-Date ▼<br>300.00  | P                                  | /R Ded                          | ucti          | on (\$30.0                    | 00 Mont    | hly)              |        |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                               |   |                                    |                                 |               | y                             | . ,        | 227               | 7.00   |  |  |  |  |  |
| т        | OTAL This Period (last page this line number   | only)                         |   |                                    |                                 |               |                               |            |                   |        |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | -                         | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |
|--|---------------------------|---|--|--|--|--|--|--|--|
| II EIVIIZED REGEIPIS   |                           | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |
|  |                           |   | 13     14     15     16       berson for the purpose of soliciting contributions e to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politi                | cal Action Com            | mittee  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>Gardner, Joy, K., ,           | liddle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 9424 Double R Blvd                                       |                           |   | M M / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |
| City<br>Reno   | State<br>NV               | Zip Code<br>89521-5977                            | Transaction ID : PR437231221537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                         |   | 47.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Comstock Insurance Agencies, Inc.   | Occi<br>Brol              | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate                 | Year-to-Date ▼<br>620.00                          | P/R Deduction (\$47.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>B. Rowe, Peter, L., ,         | liddle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 3033 N. Central Ave<br>Suite 810                         | 0                         | 750 00 40   | 10 / 31 / 2019   |  |  |  |  |  |  |
| City<br>Phoenix  | State<br>AZ               | Zip Code<br>85012-2804                            | Transaction ID : PR437236921537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                         |   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Arcwood Benefits Consulting, Inc.   | Occ                       | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate                 | Year-to-Date ▼<br>2001.00                         | P/R Deduction (\$170.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>C. Barton-Lewis, Diane, L., , | liddle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address Arthur J Gallagher &<br>615 E. Britton Road              |                           |   | 10 / Y Y Y Y<br>2019   |  |  |  |  |  |  |
| City<br>Oklahoma City  | State<br>OK               | Zip Code<br>73114-7710                            | Transaction ID : PR437254121537           Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                         |   | 30.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Gallagher Benefit Services, Inc.    | Occi<br>Brok              | upation (for Individual)<br>er                    | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate                 | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opt                                      | ional)                    |   | 247.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line                                   | number only)              |   | • • • • • • • • • • • • • •  |  |  |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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|  |                                  | Use separate schedule(s)  | (check only one)  |  |  |  |  |  |  |  |
|--|----------------------------------|---|---|--|--|--|--|--|--|--|
| II EIVIIZED KEGEIP13   |                                  | for each category of the<br>Detailed Summary Page                   |   |  |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t                       | Statements mathematic here and a | ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       berson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A   | Action Com                       | mittee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Merken, Monte, A., ,  | Initial) or Full O               | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 24577 Indian Hill Lane   |                                  |   | M M / D D / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |
| City<br>West Hills   | State<br>CA                      | Zip Code<br>91307-3829  | Transaction ID : PR437256121537<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                                |   | 30.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Merken Insurance, Petersen Internation  | Occi<br>Brol                     | upation (for Individual)<br>ker                                     | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                        | Year-to-Date ▼<br>280.00  | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. McLane, Mark, A., ,<br>Mailing Address 3301 Veterans Drive, Suite |                                  | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |
| City   | State                            | Zip Code  | 10 31 2019<br>Transaction ID : PR437258321537   |  |  |  |  |  |  |  |
| Traverse City  | MI                               | 49684-4575  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                                |   | 30.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Mark McLane Insurance   | Occ<br>Bro                       | upation (for Individual)<br>ker                                     | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                        | Year-to-Date ▼<br>300.00  | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Powers-Booth, Sandra, Lee, ,   | Initial) or Full O               | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 4817 S. 175th Street   | Otata                            | Zin Oode  | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |
| City<br>Seatac   | State<br>WA                      | Zip Code<br>98188-3710  | Transaction ID : PR437264321537           Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                                |   | 42.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Health Benefits Northwest   | Occi<br>Brok                     | upation (for Individual)<br>er                                      | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                        | Year-to-Date ▼<br>420.00  | P/R Deduction (\$42.00 Monthly)   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                                  |   | 102.00  |  |  |  |  |  |  |  |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|   | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page |          | 11a                             |        | 111   | H       | 11c       | 12                     |      |  |  |  |
|---|---|--------------|---|----------|---------------------------------|--------|-------|---------|-----------|------------------------|------|--|--|--|
|   | y information copied from such Reports and Sta                                    |              |   |          |                                 |        |       | e of    |           |                        |      |  |  |  |
|   | for commercial purposes, other than using the n                                   | name and a   | ddress of any political committee                 | e to sol | icit coi                        | ntrib  | utio  | ons fr  | om suc    | h commit               | tee. |  |  |  |
|   | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                 | on Com       | mittee  |          |                                 |        |       |         |           |                        |      |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initia<br>Hardy, Allen, D., ,        | l) or Full O | ganization Name                                   |          | Date of Receipt                 |        |       |         |           |                        |      |  |  |  |
|   | Mailing Address 802 Kosciusko Road<br>P.O. Box 89                                 | State        | Zin Onde  |          | 10 / 31 / 2019                  |        |       |         |           |                        |      |  |  |  |
|   | City<br>Philadelphia  | MS           | Zip Code<br>39350-3555                            |          |                                 |        |       |         |           | 64921537               |      |  |  |  |
|   | FEC ID number of contributing<br>federal political committee.                     | С            |   |          | moun                            | t of   | Ead   | ch Re   | eceipt ti | nis Perioc<br>30       | .00  |  |  |  |
|   | Name of Employer (for Individual)<br>Philadelphia Security Insurance              | Occu<br>Brok | pation (for Individual)                           | 1        | M                               | emo    | ) Ite | em      | ,         |                        |      |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼                              | _            | Year-to-Date ▼<br>300.00                          | <br>  P/ | R Ded                           | uctio  | on (  | \$30.0  | 00 Mont   | hly)                   |      |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initia<br>Harte, Heather, Roberts, , | l) or Full O | rganization Name                                  |          | Date of                         | f Re   | cei   | pt      |           |                        |      |  |  |  |
|   | Mailing Address 11365 Avant Lane  |              |   |          | <sup>M</sup> 10                 | /      | D     | 31      | / Y       | 2019                   | Y    |  |  |  |
|   | City<br>Cincinnati  | State<br>OH  | Zip Code<br>45249-2373                            | A        |                                 |        | -     |         |           | 68321537<br>nis Perioc |      |  |  |  |
|   | FEC ID number of contributing federal political committee.                        | С            |   |          | 30.00                           |        |       |         |           |                        |      |  |  |  |
|   | Name of Employer (for Individual)<br>HSA Bank                                     | Occi<br>Brol | ipation (for Individual)<br>ter                   |          | M                               | emo    | lte   | em      |           |                        |      |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate    | Year-to-Date ▼<br>, 300.00                        | P/       | P/R Deduction (\$30.00 Monthly) |        |       |         |           |                        |      |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initia<br>Toups, Jennifer, L., ,     | l) or Full O | rganization Name                                  |          | Date of                         | f Re   | ceip  | pt      |           |                        |      |  |  |  |
|   | Mailing Address #1 Galleria Blvd, Suite 1122                                      |              |   |          | <sup>M</sup> 10                 | /      |       | 31      | / Y       | 2019                   | Y    |  |  |  |
|   | City<br>Materia   | State<br>LA  | Zip Code  |          |                                 |        |       |         |           | 7052153                |      |  |  |  |
|   | Metairie  |              | 70001-2092  | A        | mount                           | t of   | Ead   | ch Re   | eceipt t  | nis Perioc             | 1    |  |  |  |
|   | FEC ID number of contributing federal political committee.                        | С            |   |          |                                 | _      | 9     |         |           | 85                     | .00  |  |  |  |
|   | Name of Employer (for Individual)<br>Humana                                       | Occu<br>Brok | pation (for Individual)<br>er                     |          | М                               | emo    | ) Ite | em      |           |                        |      |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate    | Year-to-Date ▼<br>850.00                          | P        | 'R Ded                          | luctio | on (  | (\$85.) | 00 Mon    | thly)                  |      |  |  |  |
| _ |   |              |   |          |                                 | _      | _     |         |           |                        | _    |  |  |  |

Use separate schedule(s)

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| ıт.      |   |               | Use separate schedule(s)                          | (ch   | (check only one) |       |                                 |            |                        |    |  |  |  |
|----------|---|---------------|---|---|------------------|-------|---------------------------------|------------|------------------------|----|--|--|--|
|          | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |   | <b>1</b> 1a      |       | 11b                             | 11c        | 12                     |    |  |  |  |
|          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |   |                  |       |                                 |            |                        |    |  |  |  |
|          | NAME OF COMMITTEE (In Full)   |               |   |   |                  |       |                                 |            |                        |    |  |  |  |
|          | Health Underwriters Political Act   | ion Com       | mittee  |   |                  |       |                                 |            |                        |    |  |  |  |
| A.       | Full Name of Individual (Last, First, Middle Initia<br>Hissong, James, H., ,                    | al) or Full O | rganization Name                                  | Date of Receipt                                   |                  |       |                                 |            |                        |    |  |  |  |
|          | Mailing Address 8401 Widmer Rd  |               |   |   | <sup>M</sup> 10  | 1     | D 31                            | ) / Y      | ү ү<br>2019            | Y  |  |  |  |
|          | City<br>Lenexa  | State<br>KS   | Zip Code<br>66215-5416                            |   |                  |       |                                 |            | 74721537<br>nis Period |    |  |  |  |
|          | FEC ID number of contributing federal political committee.                                      | C             |   |   |                  |       |                                 |            | 30.                    | 00 |  |  |  |
|          | Name of Employer (for Individual)<br>Self   | Occu<br>Agei  | upation (for Individual)<br>nt                    |   | Me               | emo   | Item                            |            |                        |    |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>300.00                          | F   | P/R Dedu         | uctio | on (\$30.                       | .00 Monti  | hly)                   |    |  |  |  |
| B.       | Full Name of Individual (Last, First, Middle Initia Summers, James, F., ,                       | al) or Full O | rganization Name                                  |   | Date of          | Re    | ceipt                           |            |                        |    |  |  |  |
|          | Mailing Address 8420 West Dodge Road, 5th Fo  |               | Zin Oode  | 10 / 31 / 2019<br>Transaction ID : PR437281021537 |                  |       |                                 |            |                        |    |  |  |  |
|          | City<br>Omaha   | State<br>NE   | Zip Code<br>68114-3443                            | -   |                  |       | -                               |            | 81021537<br>nis Period |    |  |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С             |   |   |                  | -     |                                 | 125.       | 00                     |    |  |  |  |
|          | Name of Employer (for Individual)<br>Senior Market Sales, Inc.                                  | Occu<br>Brok  | Memo Item   |   |                  |       |                                 |            |                        |    |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>1250.00                         | P/R Deduction (\$125.00 Monthly)                  |                  |       |                                 |            |                        |    |  |  |  |
| C.       | Full Name of Individual (Last, First, Middle Initia<br>Grossnickle, Jeffrey, R., ,              | al) or Full O | rganization Name                                  |   | Date of          | Re    | ceipt                           |            |                        |    |  |  |  |
|          | Mailing Address 1405 North College Avenue   | 1-            |   |   | <sup>M</sup> 10  | /     | 31                              |            | 2019                   |    |  |  |  |
|          | City<br>Bloomington   | State<br>IN   | Zip Code<br>47404-2417                            |   |                  |       |                                 |            | 94721537<br>nis Period |    |  |  |  |
|          | FEC ID number of contributing federal political committee.                                      | С             |   |   | <u> </u>         | _     | y .                             | , <u>,</u> | 30.                    | 00 |  |  |  |
|          | Name of Employer (for Individual)<br>First Insurance Group Inc.                                 | Occu<br>Ager  | upation (for Individual)<br>ht                    |   | Me               | emo   | ltem                            |            |                        |    |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Aggregate Year-to-Date ▼<br>300.00                |   |                  |       | P/R Deduction (\$30.00 Monthly) |            |                        |    |  |  |  |
| $\vdash$ | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o      |               | •   | •<br>-  |                  |       | ,                               |            | 185.0                  | 00 |  |  |  |

Use separate schedule(s)

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|   | Use separate schedule(s)  |   |  |  |  |  |  |  |  |  |  |  |  |
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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17                                      |  |  |  |  |  |  |  |  |  |  |
|   |   |   | 13     14     15     16     17       person for the purpose of soliciting contributions       se to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic            | al Action Com   | mittee  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Yarberry, Luann, S., , | ddle Initial) or Full O   | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1300 10th Street                                      |   |   | 10 31 2019   |  |  |  |  |  |  |  |  |  |  |
| City<br>Wichita Falls   | State<br>TX   | Zip Code<br>76301-3227                            | Transaction ID : PR437301021537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C   |   | 60.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Higginbotham Ins Agency, Inc.    | Occi<br>Brol  | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate   | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>Sullivan, T.J., , ,       | ddle Initial) or Full O   | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1786 State Street                                     | Ctoto   | Zin Code  | 10 / D D / Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |  |  |
| City<br>Salem   | State<br>OR   | Zip Code<br>97301-4341                            | Transaction ID : PR437310521537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С   |   | 30.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Huggins Insurance Services, Inc. | Occ   | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate   | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>C. Bell, Marie, D., ,     | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Bell, Marie, D., , |   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 701 4th Ave S. #1500                                  |   |   | 10 / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |  |  |
| City<br>Minneapolis   | State<br>MN   | Zip Code<br>55415-1637                            | Transaction ID : PR437323321537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C   |   | 30.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>DeRuyter-Bell, LLC               | Occu<br>Brok  | upation (for Individual)<br>er                    | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                    | Aggregate   | Year-to-Date ▼<br>450.00                          | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                | ,<br>onal)  |   | 120.00   |  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line r                              | umber only)   |   |  |  |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s) for each category of the

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(check only one)

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|           |  |                          | Detailed Summary Page           | ×          | 11a   |          | 11b     |     | 11c       | 12        |    |  |  |  |  |  |
|-----------|--|--------------------------|---------------------------------|------------|---|----------|---------|-----|-----------|-----------|----|--|--|--|--|--|
| ٨٠٠       | v information conied from such Denote and Ot   | atomonto res             |                                 |            | 13  | <u> </u> | 14      |     | 15        | 16        | 17 |  |  |  |  |  |
|           | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |                          |                                 |            |   |          |         |     |           |           |    |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Act                                 | ion Com                  | mittee                          |            |   |          |         |     |           |           |    |  |  |  |  |  |
| /         |  |                          |                                 |            |   |          |         |     |           |           |    |  |  |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initi<br>Mihalyi-Stiffler, Patricia, , ,            | aı) or Full O            | yanızation Name                 | [          | Date of   | Re       | eceipt  |     |           |           |    |  |  |  |  |  |
|           | Mailing Address 155 N. Riverview Drive   |                          |                                 | 10 31 2019 |   |          |         |     |           |           |    |  |  |  |  |  |
|           | City   | State                    | Zip Code                        |            |   |          |         |     |           | 6121537   |    |  |  |  |  |  |
|           |  | CA                       | 92808-1225                      | A          | Mount   | of       | Each    | Re  | ceipt thi | is Period |    |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                       | С                        |                                 | 85.00      |   |          |         |     |           |           |    |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Options in Insurance  | Occu<br>Brok             | ipation (for Individual)<br>er  |            | Me  | emc      | tem     |     |           |           |    |  |  |  |  |  |
|           | Receipt For:   | Aggregate                | Year-to-Date V                  |            |   |          |         |     |           |           |    |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |                          | 889.00                          | P/         | 'R Ded  | uctio    | on (\$8 | 5.0 | 0 Month   | ıly)      |    |  |  |  |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initi<br>Pittman, Susan, R., ,                      | al) or Full O            | rganization Name                |            | Date of   | Re       | eceipt  |     |           |           |    |  |  |  |  |  |
|           | Mailing Address 1010 South 336th Street<br>Suite 305   |                          |                                 |            | M         M         /         D         D         /         Y |          |         |     |           |           |    |  |  |  |  |  |
|           | City   | State                    | Zip Code                        |            |   |          |         |     |           |           |    |  |  |  |  |  |
|           | Federal Way  | WA                       | 98003-7355                      | A          | Mount   | of       | Each    | Re  | ceipt thi | is Period |    |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                       | С                        |                                 | 50.00      |   |          |         |     |           |           |    |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Insure NW Inc.  | Occu<br>Brok             | upation (for Individual)<br>ker |            | Memo Item   |          |         |     |           |           |    |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Year-to-Date ▼<br>500.00 | P/R Deduction (\$50.00 Monthly) |            |   |          |         |     |           |           |    |  |  |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initi<br>Duvernay, Jack, , ,                        | al) or Full O            | rganization Name                |            | Date of   | Re       | eceipt  |     |           |           |    |  |  |  |  |  |
|           | Mailing Address 714 Millikens Bend   |                          |                                 |            | 10 M  | _        | 31      |     | / Y       | 2019      | Y  |  |  |  |  |  |
|           | City   | State                    | Zip Code                        |            | Trans   | act      | ion ID  | : P | R43734    | 4521537   |    |  |  |  |  |  |
|           | Covington  | LA                       | 70433-4581                      | A          | mount   | of       | Each    | Re  | ceipt thi | is Period |    |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                       | С                        |                                 |            |   |          | y       |     | 9         | 25.       | 00 |  |  |  |  |  |
|           | Name of Employer (for Individual) benefits.one   | Occu<br>Brok             | ipation (for Individual)<br>er  |            | Me  | emo      | b Item  |     |           |           |    |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                | Year-to-Date ▼<br>250.00        | P          | /R Ded  | ucti     | on (\$2 | 5.0 | 0 Month   | nly)      |    |  |  |  |  |  |
| S         | UBTOTAL of Receipts This Page (optional)   |                          | , <del>-</del>                  |            | -   |          | ,       |     | 9         | 160.0     | 00 |  |  |  |  |  |
| Т         | OTAL This Period (last page this line number o   | nly)                     | •••••••                         | •          | _   |          | _       |     |           |           |    |  |  |  |  |  |

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

| Use separate schedule(s)                          | FOR LINE NUMBER:<br>(check only one) |
|---|--------------------------------------|
| for each category of the<br>Detailed Summary Page | 🗡 11a 🗌 11b                          |
| Detailed Summary Lage                             |                                      |

| IT! |  |                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
|-----|--|--------------------|---|---|--|--|--|--|--|--|--|--|
| 111 | EMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|     |  |                    |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |  |
|     | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political A           | Action Com         | mittee  |   |  |  |  |  |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Farrell, Jennifer, Liane, , | Initial) or Full O | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |
|     | Mailing Address 3800 North Central Avenue<br>9th Floor                   |                    |   | 10 / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |
|     | City<br>Phoenix  | State<br>AZ        | Zip Code<br>85012-1979                            | Transaction ID : PR437358821537           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.               | С                  |   | 75.00   |  |  |  |  |  |  |  |  |
|     | Name of Employer (for Individual)<br>Black, Gould & Associates           | Memo Item          |   |   |  |  |  |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate          | Year-to-Date ▼<br>1300.00                         | P/R Deduction (\$75.00 Weekly)  |  |  |  |  |  |  |  |  |
| в.  | Full Name of Individual (Last, First, Middle Bajkowski, Catherine, A., , | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
|     | Mailing Address 188 Industrial Drive, Suite 2                            |                    |   | 10 / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |
|     | City<br>Elmhurst   | State<br>IL        | Zip Code<br>60126-1610                            | Transaction ID : PR437361121537   |  |  |  |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.               | С                  |   | Amount of Each Receipt this Period 42.00  |  |  |  |  |  |  |  |  |
|     | Name of Employer (for Individual)<br>CB Health Insurance                 | Occu<br>Brok       | upation (for Individual)<br>ter                   | Memo Item   |  |  |  |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate          | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly)   |  |  |  |  |  |  |  |  |
| с.  | Full Name of Individual (Last, First, Middle Block, David, M., ,         | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
|     | Mailing Address P O Box 1809   |                    | - 1   | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |
|     | City<br>Candler  | State<br>NC        | Zip Code<br>28715-1809                            | Transaction ID : PR437364421537 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.               | С                  |   | 30.00   |  |  |  |  |  |  |  |  |
|     | Name of Employer (for Individual)<br>Insurance Specialties, Inc.         |                    |   |   |  |  |  |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate          | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |
|     |  | 1                  |   | 1   |  |  |  |  |  |  |  |  |

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

FOR LINE NUMBER:

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| 1a       11b       11c       12         3       14       15       16       17         the purpose of soliciting contributions to contributions from such committee.       16       17         the of Receipt       16       17         10       31       2019         ransaction ID : PR437367921537       0unt of Each Receipt this Period         30.00       30.00         Memo Item       10 |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| the purpose of soliciting contributions<br>t contributions from such committee.  |  |  |  |  |  |  |  |  |  |  |
| 10 / 31 / 2019<br>ransaction ID : PR437367921537<br>ount of Each Receipt this Period<br>30.00  |  |  |  |  |  |  |  |  |  |  |
| 10 / 31 / 2019<br>ransaction ID : PR437367921537<br>ount of Each Receipt this Period<br>30.00  |  |  |  |  |  |  |  |  |  |  |
| 10     31     2019       ransaction ID : PR437367921537       ount of Each Receipt this Period       30.00   |  |  |  |  |  |  |  |  |  |  |
| ount of Each Receipt this Period<br>30.00  |  |  |  |  |  |  |  |  |  |  |
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| Memo Item  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| te of Receipt  |  |  |  |  |  |  |  |  |  |  |
| 10 / D D / Y Y Y Y<br>31 2019  |  |  |  |  |  |  |  |  |  |  |
| Transaction ID : PR437385421537           Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| 30.00  |  |  |  |  |  |  |  |  |  |  |
| Memo Item  |  |  |  |  |  |  |  |  |  |  |
| P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| e of Receipt   |  |  |  |  |  |  |  |  |  |  |
| 10 / D D / Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |  |  |
| ransaction ID : PR437388321537<br>ount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| 42.00  |  |  |  |  |  |  |  |  |  |  |
| Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| ]  |  |  |  |  |  |  |  |  |  |  |

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

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

(check only one)

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|    |   |                 | Detailed Summary Page           | ×                               | 11a                               |       | 11b        |                    | 11c             | 12                | <u> </u> |  |  |  |  |  |
|----|---|-----------------|---------------------------------|---------------------------------|-----------------------------------|-------|------------|--------------------|-----------------|-------------------|----------|--|--|--|--|--|
| An | / information copied from such Reports and S                                | tatements ma    | ay not be sold or used by any p | erson f                         | 13<br>or the                      | pur   | 14<br>pose | of s               | 15<br>oliciting | 16<br>  contribut | ions     |  |  |  |  |  |
|    | for commercial purposes, other than using the                               |                 |                                 |                                 |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac             | tion Com        | mittee                          |                                 |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
| /  |   |                 |                                 |                                 |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Ini<br>Jensen, Cerrina, , ,    | tial) or Full O | rganization Name                |                                 | Date of Receipt                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Mailing Address 2520 Venture Oaks Way #240                                  | )               |                                 | 10 31 2019                      |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | City  | State           | Zip Code                        | Transaction ID : PR437391221537 |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Sacramento  | CA              | 95833-4228                      |                                 | mount                             | of    | Each       | Re                 | ceipt th        | is Period         |          |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                  | С               |                                 | 50.00                           |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>CoreMark Insurance Services Inc        | Occi<br>Brol    | upation (for Individual)<br>ker | Memo Item                       |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Receipt For:  |                 | Year-to-Date ▼                  | -                               | -                                 |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Primary General<br>Other (specify) ▼  |                 | 700.00                          | P/                              | 'R Dedi                           | uctio | on (\$     | 50.0               | 0 Month         | nly)              |          |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle Ini<br>Bogard, Andrea, J., ,   | tial) or Full O | rganization Name                |                                 | Date of                           | Re    | ceipt      |                    |                 |                   |          |  |  |  |  |  |
|    | Mailing Address 100 W. Court Ave.<br>Suite 207                              |                 |                                 |                                 | M M / D D / Y Y Y Y<br>10 31 2019 |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | City  | State           | _                               | Trans                           | acti                              | on ID | ) : P      | R43740             | 0021537         |                   |          |  |  |  |  |  |
|    | Jeffersonville  | IN              | 47130-3502                      | A                               | Amount                            | of    | Each       | Re                 | ceipt th        | is Period         |          |  |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.               | С               |                                 |                                 | 30.00                             |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>A. Bogard Insurance Group              | Occ<br>Bro      | upation (for Individual)<br>ker |                                 | Me                                | emo   | Item       | 1                  |                 |                   |          |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate       | Year-to-Date ▼<br>270.00        | P/                              | R Dedu                            | uctic | on (\$3    | 30.00              | ) Month         | nly)              |          |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle Ini<br>Gutierrez, Antonio, , , | tial) or Full O | rganization Name                |                                 | Date of                           | Re    | ceipt      |                    |                 |                   |          |  |  |  |  |  |
|    | Mailing Address 12833 River Dance Dr.                                       |                 |                                 |                                 | <sup>M</sup> 10                   | /     |            | <sup>р</sup><br>31 | / Y             | 2019              | Y        |  |  |  |  |  |
|    | City  | State<br>NC     | Zip Code<br>27613-7093          | -                               |                                   |       |            |                    |                 | 02021537          |          |  |  |  |  |  |
|    | Raleigh   |                 | 27613-7093                      | /                               | Mount                             | of    | Each       | Re                 | ceipt th        | is Period         |          |  |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.               | C               |                                 |                                 |                                   | _     | 9          |                    |                 | 60.0              | 00       |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Benefitcare.com                        | Occi<br>Brok    |                                 | Me                              | emo                               | lterr | I          |                    |                 |                   |          |  |  |  |  |  |
|    | Receipt For:  |                 | Year-to-Date ▼                  |                                 |                                   |       |            |                    |                 |                   |          |  |  |  |  |  |
|    | Primary General<br>Other (specify)  |                 | 300.00                          | P,                              | /R Ded                            | uctio | on (\$:    | 30.0               | 0 Montl         | hly)              |          |  |  |  |  |  |
| SI | JBTOTAL of Receipts This Page (optional)                                    |                 | <b>\</b>                        |                                 |                                   |       |            |                    |                 | 140.0             | 00       |  |  |  |  |  |
|    | DTAL This Period (last page this line number                                |                 | · · · · ·                       | - i                             |                                   |       | ,          |                    | ,               |                   |          |  |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |   |                | Use separate schedule(s)  | (check only one)   |  |  |  |  |  |  |  |  |  |  |
|---|---|----------------|---|--|--|--|--|--|--|--|--|--|--|--|
|   |   |                | for each category of the<br>Detailed Summary Page                   | X         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |  |  |  |  |  |  |
| Ar<br>or  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the | atements ma    | y not be sold or used by any p<br>ddress of any political committee | erson for the purpose of soliciting contributions  |  |  |  |  |  |  |  |  |  |  |
| $\left\langle \right\rangle$  | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                               | ion Com        | mittee  |  |  |  |  |  |  |  |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initia<br>Cramer, Valerie, Lynn, ,                 | al) or Full Oi | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
|   | Mailing Address 3200 Broadmoor Ave SE   |                |   | 10 / D D / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |  |  |
|   | City<br>Grand Rapids  | State<br>MI    | Zip Code<br>49512-2865  | Transaction ID : PR437416421537           Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                      | С              |   | 100.00   |  |  |  |  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>HealthBridge   | Occu<br>Brok   | upation (for Individual)<br>ker                                     | Memo Item  |  |  |  |  |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>1050.00   | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| в.  | Full Name of Individual (Last, First, Middle Initia<br>Gandy, Hollie, , ,                       | al) or Full Oi | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
|   | Mailing Address 2920 Duniven Circle, #2   |                |   | 10 / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |  |  |
|   | City<br>Amarillo  | State<br>TX    | Zip Code<br>79109-1650  | Transaction ID : PR437425021537           Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                      | C              |   | 30.00  |  |  |  |  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Senior Solutions Group                                     | Occu<br>Brok   | upation (for Individual)<br>ker                                     | Memo Item  |  |  |  |  |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>300.00  | P/R Deduction (\$30.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| С.  | Full Name of Individual (Last, First, Middle Initia<br>Clark, Robert, S., ,                     | al) or Full O  | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
|   | Mailing Address 7548 Preston Road   | -              |   | 10 / Y Y Y Y<br>10 31 2019   |  |  |  |  |  |  |  |  |  |  |
|   | City<br>Frisco  | State<br>TX    | Zip Code<br>75034-5683  | Transaction ID : PR437427221537           Amount of Each Receipt this Period                             |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            |   | С              |   | 42.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Clark Insurance Associates, PLLC |   |                | upation (for Individual)<br>er                                      | Memo Item  |  |  |  |  |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>420.00  | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |                |   | 172.00   |  |  |  |  |  |  |  |  |  |  |
| Т   | OTAL This Period (last page this line number of   | nly)           |   |  |  |  |  |  |  |  |  |  |  |  |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|  |                         | Use separate schedule(s)                               | (check only one)  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page      | ✗ 11a         11b         11c         12           13         14         15         16         17     |  |  |  |  |  |  |  |  |  |  |  |
|  |                         |  | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politic           | al Action Com           | mittee   |   |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Carlson, Daryl, , ,   | ddle Initial) or Full O | rganization Name                                       | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 200 W Vine Street<br>Ste 300                         |                         |  | 10 / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |  |
| City<br>Lexington  | State<br>KY             | Zip Code<br>40507-1620                                 | Transaction ID : PR437442121537           Amount of Each Receipt this Period                          |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C                       |  | 15.00   |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>BB&T Insurance Services, Inc.   | Occu<br>Brok            | upation (for Individual)<br>er                         | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate               | Year-to-Date ▼<br>300.00                               | P/R Deduction (\$15.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Crotty, Karen, R., ,  | ddle Initial) or Full O | rganization Name                                       | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 67 Walnut Avenue<br>Suite 304                        | 0                       | 7. 0.4   | 10 / D D / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |  |  |  |  |
| City<br>Clark  | State<br>NJ             | Zip Code<br>07066-1640                                 | Transaction ID : PR437445121537<br>Amount of Each Receipt this Period                                 |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                       |  | 12.00   |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Kistler Tiffany Benefits        |                         | upation (for Individual)<br>ployee Benefits Consultant | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate               | Year-to-Date ▼<br>270.00                               | P/R Deduction (\$12.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>C. Mutter, Amy, D., ,    | ddle Initial) or Full O | rganization Name                                       | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2670 Electric Road                                   |                         |  | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |  |
| City<br>Roanoke  | State<br>VA             | Zip Code<br>24018-3511                                 | Transaction ID : PR437454921537 Amount of Each Receipt this Period                                    |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                       |  | 63.00   |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Innovative Insurance Group, LLC | Occu<br>Brok            | ipation (for Individual)<br>er                         | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate               | Year-to-Date ▼<br>596.00                               | P/R Deduction (\$63.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optic                                | onal)                   |  | 90.00   |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line r                             | number only)            |  |   |  |  |  |  |  |  |  |  |  |  |  |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | Use separate schedule(s) |   | (check only one)  |  |  |  |  |  |  |  |  |  |  |
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| II EIVIIZED REGEIFIJ   |                          | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |  |  |  |  |
|  |                          |   | 13     14     15     16       berson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political   | Action Com               | mittee  |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>Smith, David, C., ,                                     | e Initial) or Full O     | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 110 N. Corcoran St. #120   | 5                        |   | 10 / Y Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Durham   | State<br>NC              | Zip Code<br>27701-5020                            | Transaction ID : PR437474521537<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                        |   | 50.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Ebenconcepts Company  | Occ                      | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>1630.00                         | P/R Deduction (\$170.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Creasy, Marcus, , ,<br>Mailing Address P. O. Box 220 | e Initial) or Full O     | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| City   | Zip Code                 | 10 31 2019  |   |  |  |  |  |  |  |  |  |  |  |
| Heber Springs  | State<br>AR              | 72543-0220  | Transaction ID : PR437474921537<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                        |   | 30.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Adams & Creasy Insurance Agency, Inc.                             | Occ<br>Bro               | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Fiala, Colby, , ,                                    | e Initial) or Full O     | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 195 River Vista Place Su   |                          |   | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |  |  |  |
| City<br>Twin Falls   | State<br>ID              | Zip Code<br>83301-3189                            | Transaction ID : PR437475121537           Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                        |   | 30.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Magic Valley Insurance  | Occi<br>Brok             | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona<br>TOTAL This Period (last page this line num                  |                          |   | 110.00  |  |  |  |  |  |  |  |  |  |  |

Use separate schedule(s) (check only one)

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|    |   |                                       |                                    | for each category of the<br>Detailed Summary Page                            | ×               | 11<br>13        |                                  |                                 | 11<br>  14 | - H     | 11<br>15 | ł   | 12              |        | 17  |  |
|----|---|---------------------------------------|------------------------------------|--|-----------------|-----------------|----------------------------------|---------------------------------|------------|---------|----------|---|-----------------|--------|-----|--|
| or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |                                       |                                    |  |                 |                 |                                  |                                 |            |         | solici   | iting   | contr           | ibutio | ons |  |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | on Com                                | ımi                                | ittee  |                 |                 |                                  |                                 |            |         |          |   |                 |        |     |  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Pennington, Carol, C., ,                   | l) or Full O                          | )rga                               | nization Name  |                 | Date of Receipt |                                  |                                 |            |         |          |   |                 |        |     |  |
|    | Mailing Address 4640 Woodbridge Drive   | State                                 |                                    | Zip Code   |                 | 1               | 0                                | 1                               | L          | 31      | /        | Y   | 2019            | 9      | Ý   |  |
|    | Kernersville  | NC                                    |                                    | 27284-8850   |                 |                 |                                  |                                 | -          |         | -        |   | 54215<br>s Peri |        |     |  |
|    | FEC ID number of contributing federal political committee.  | С                                     |                                    |  |                 | 4111C           |                                  |                                 | 1          |         | Jeeip    |   |                 | 60.00  | 0   |  |
|    | Name of Employer (for Individual)<br>Pennington Associates  | Occ<br>Brol                           | •                                  | tion (for Individual)  | Memo Item       |                 |                                  |                                 |            |         |          |   |                 |        |     |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | P/                                    | P/R Deduction (\$30.00 Monthly)    |  |                 |                 |                                  |                                 |            |         |          |   |                 |        |     |  |
|    | Full Name of Individual (Last, First, Middle Initia<br>Miller, Dawn, M., ,                        | l) or Full O                          | )rga                               | nization Name  | Date of Receipt |                 |                                  |                                 |            |         |          |   |                 |        |     |  |
|    | Mailing Address PO Box 847 City State Zip Code  |                                       |                                    |  |                 |                 | 10 / D D / Y Y Y Y<br>10 31 2019 |                                 |            |         |          |   |                 |        |     |  |
|    | City<br>McMinnville   | State<br>OR                           |                                    | Transaction ID : PR437488821537           Amount of Each Receipt this Period |                 |                 |                                  |                                 |            |         |          |   |                 |        |     |  |
|    | FEC ID number of contributing<br>federal political committee.                                     | C                                     |                                    |  |                 |                 |                                  | 25.00                           |            |         |          |   |                 |        | 0   |  |
|    | Name of Employer (for Individual)<br>Hagan Hamilton Insurance                                     | Occupation (for Individual)<br>Broker |                                    |  |                 |                 |                                  |                                 | Memo Item  |         |          |   |                 |        |     |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00    |                                    |  |                 |                 |                                  | P/R Deduction (\$25.00 Monthly) |            |         |          |   |                 |        |     |  |
| C. | Full Name of Individual (Last, First, Middle Initia Cohn, Barry, S., ,                            | l) or Full O                          | )rga                               | nization Name  |                 | Date            | e of                             | Re                              | ecei       | pt      |          |   |                 |        |     |  |
|    | Mailing Address 21515 Vanowen St Ste 200  |                                       |                                    |  |                 |                 | 10 / D D / Y Y Y Y<br>10 31 2019 |                                 |            |         |          |   |                 |        |     |  |
|    | City<br>Canoga Park   | State<br>CA                           |                                    | Zip Code<br>91303-2715   | Δ               |                 |                                  |                                 |            |         |          |   | 73215<br>s Peri |        |     |  |
|    | FEC ID number of contributing federal political committee.  | С                                     | Amount of Each Receipt this Period |  |                 |                 |                                  |                                 |            |         | 0        |   |                 |        |     |  |
|    | Name of Employer (for Individual)<br>Really Great Employee Benefits                               | Occupation (for Individual)<br>Broker |                                    |  |                 |                 |                                  |                                 | o Ite      | əm      |          |   |                 |        |     |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                             | Yea                                | ar-to-Date ▼<br>300.00   | P/              | /R E            | Ded                              | uctio                           | on         | (\$30.0 | 00 M     | onth  | ly)             |        |     |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                                       |                                    | ····· •  | ļ               |                 |                                  | _                               | ,          | -       | -        |   | 14              | 45.00  | )   |  |
| т  | OTAL This Period (last page this line number or   | ıly)                                  |                                    | ••••••   | . I             |                 |                                  |                                 | -          |         |          | <u>,                                     </u> |                 | - 10   |     |  |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 166 OF

| ITEMIZED RECEIPTS   | -                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |  |  |
|---|------------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| I LIVILLED RECEIPIO   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |  |
|   |                        |   | 13     14     15     16     17       verson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                 | I Action Com           | mittee  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>A. Stedt, Margaret, Evelyn, , | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 486 Calle Amigo   |                        |   | 10 31 2019   |  |  |  |  |  |  |  |  |  |  |
| City<br>San Clemente  | State<br>CA            | Zip Code<br>92673-3003                            | Transaction ID : PR437529921537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                      |   | 175.00   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Stedt Insurance Services               | Occi<br>Brol           | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate              | Year-to-Date ▼<br>1120.00                         | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Swanson, Cynthia, , ,      | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 501 Shelley Drive   |                        |   | 10 31 2019   |  |  |  |  |  |  |  |  |  |  |
| City<br>Tyler   | State<br>TX            | Zip Code<br>75701-9540                            | Transaction ID : PR437544921537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                      |   | 42.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Hibbs Hallmark & Company               | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate              | Year-to-Date ▼<br>420.00                          | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>C. Giardina, Charles, J., ,   | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 5440 Mounes Street, Su                                      |                        |   | 10 / D D / Y Y Y Y Y<br>2019   |  |  |  |  |  |  |  |  |  |  |
| City<br>New Orleans   | State<br>LA            | Zip Code<br>70123-3296                            | Transaction ID : PR437562821537           Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | C                      |   | 42.00  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>MassMutual                             | Occi<br>Brok           | upation (for Individual)<br>ter                   | Memo Item  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate              | Year-to-Date ▼<br>372.00                          | P/R Deduction (\$42.00 Monthly)  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                      | al)                    |   | 259.00   |  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                   | mber only)             |   |  |  |  |  |  |  |  |  |  |  |  |

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

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| 111       | EWIZED RECEIPIS  |               | for each category of the<br>Detailed Summary Page |        | <b>×</b> 11a    |       | 11b        | 11c       | 12                     |    |
|           | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |   |        |                 | purp  |            |           |                        |    |
|           | NAME OF COMMITTEE (In Full)  |               | duress of any pointear committee                  | 0 10 3 |                 |       |            | UIII SUCI | in commu               |    |
| $\rangle$ | Health Underwriters Political Act  | ion Com       | mittee  |        |                 |       |            |           |                        |    |
| Α.        | Full Name of Individual (Last, First, Middle Initi<br>Contorno, David, , ,                     | al) or Full O | rganization Name                                  |        | Date of         | Rec   | ceipt      |           |                        |    |
|           | Mailing Address 106 Langtree Village Dr<br>Suite 301   |               |   |        | <sup>M</sup> 10 | /     | D D D 31   | / Y       | ү ү<br>2019            | Y  |
|           | City<br>Mooresville  | State<br>NC   | Zip Code<br>28117-7571                            |        |                 |       |            |           | 66621537<br>his Period |    |
|           | FEC ID number of contributing<br>federal political committee.                                  | С             |   |        | <u> </u>        |       | y          |           | 60.0                   | )0 |
|           | Name of Employer (for Individual)<br>E Powered Benefits  | Occu<br>Brok  | upation (for Individual)<br>ker                   |        | Me              | emo   | Item       |           |                        |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>600.00                          | 1      | P/R Dedu        | uctio | ın (\$30.0 | 00 Montl  | hly)                   |    |
| в.        | Full Name of Individual (Last, First, Middle Initi<br>Miles, Bradley, V., ,                    | al) or Full O | rganization Name                                  |        | Date of         | Red   | ceipt      |           |                        |    |
|           | Mailing Address 1110 W Ironwood Dr   |               |   |        | м м<br>10       | 1     | D D D 31   | / Y       | 2019                   | Y  |
|           | City   | State<br>ID   | Zip Code  |        |                 |       |            |           | 30321537               |    |
|           | Coeur D Alene  |               | 83814-2475  |        | Amount          | of E  | Each R     | eceipt th | nis Period             | _  |
|           | FEC ID number of contributing federal political committee.                                     | С             |   |        | Ľ.              |       |            |           | 250.0                  | 0  |
|           | Name of Employer (for Individual)<br>Brad Miles Insurance                                      | Occi<br>Brol  | upation (for Individual)<br>ker                   |        | Me              | emo   | Item       |           |                        |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>250.00                          | ] '    | P/R Dedu        | uctio | n (\$150   | .00 Wee   | ekly)                  |    |
| с.        | Full Name of Individual (Last, First, Middle Initi<br>Mobley, Dennis, F., ,                    | al) or Full O | rganization Name                                  |        | Date of         | Red   | ceipt      |           |                        |    |
|           | Mailing Address 137 Executive Drive Suite D  | 01-14-        | 7. 0.4  |        | 10 <sup>M</sup> | /     | 31         | L L       | 2019                   |    |
|           | City<br>Madison  | State<br>MS   | Zip Code<br>39110-8456                            |        |                 |       | -          |           | 87521537<br>his Period |    |
|           | FEC ID number of contributing federal political committee.                                     | С             |   |        | <u> </u>        | _     | y          | , y       | 50.0                   | 0  |
|           | Name of Employer (for Individual)<br>Mobley Group  | Occu<br>Brok  | upation (for Individual)<br>cer                   |        | Me              | emo   | ltem       |           |                        |    |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>500.00                          | 1      | P/R Dedi        | uctio | on (\$50.  | 00 Mont   | hly)                   |    |
| s         | UBTOTAL of Receipts This Page (optional)   |               |   | ►      |                 |       |            |           | 360.0                  | 0  |
|           | OTAL This Period (last page this line number o   |               |   | •<br>• | H.              |       | y          |           |                        |    |

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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|                         |  |                   | Use separate schedule(s)                          | (ch      | eck only        | y or     | ne)       |           |                         |     |
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|                         |  |                   | for each category of the<br>Detailed Summary Page | ×        | <b>1</b> 1a     |          | 11b       | 11c       | 12                      |     |
|                         | on copied from such Reports and                            |                   |   |          |                 |          |           |           |                         |     |
| \                       | rcial purposes, other than using th                        | e name and a      | ddress of any political committee                 | e to so  | olicit cor      | ntrib    | utions 1  | from sucl | h committ               | 90. |
|                         | COMMITTEE (In Full)<br>Underwriters Political A            | ction Com         | mittee  |          |                 |          |           |           |                         |     |
| A. Waller, I            |  | nitial) or Full O | rganization Name                                  |          | Date of         | Re       | ceipt     |           |                         |     |
|                         | dress 1778 N. Plano Rd.<br>Suite 310                       |                   |   |          | <sup>M</sup> 10 | 1        | 31        | ) / Y     | ү ү<br>2019             | Y   |
| City<br>Richardso       | n  | State<br>TX       | Zip Code<br>75081-1958                            |          |                 |          |           |           | 91521537<br>nis Period  |     |
|                         | imber of contributing itical committee.                    | С                 |   |          |                 |          |           |           | 85.0                    | 00  |
| Pan-Ameri               | Employer (for Individual)<br>can Benefits Solutions, Inc.  | Occi<br>Brol      | upation (for Individual)<br>ker                   |          | Me              | emc      | ltem      |           |                         |     |
| Receipt Fo              |  | Aggregate         | Year-to-Date ▼<br>721.00                          | ] 「      | P/R Ded         | uctio    | on (\$85  | .00 Montl | hly)                    |     |
| B. Robinso              | of Individual (Last, First, Middle Ir<br>on, Judith, L., , | nitial) or Full O | rganization Name                                  |          | Date of         | Re       | ceipt     |           |                         |     |
|                         | dress P O Box 10071  |                   |   |          | <sup>M</sup> 10 | 1        | 31        | ) / Y     | 2019                    | Y   |
| City<br>Tyler           |  | State<br>TX       | Zip Code<br>75711-0071                            |          |                 |          | -         |           | 94121537<br>his Period  |     |
|                         | umber of contributing<br>itical committee.                 | С                 |   |          |                 |          |           |           | 85.0                    | 00  |
| Name of E<br>CFG Insura | Employer (for Individual)<br>ance                          | Occ               | upation (for Individual)<br>ker                   |          | Me              | emc      | Item      |           |                         |     |
| Receipt Fo              |  | Aggregate         | Year-to-Date ▼<br>850.00                          | F        | P/R Dedu        | uctio    | on (\$85. | .00 Month | nly)                    |     |
|                         | of Individual (Last, First, Middle Ir<br>n, Ryan, R., ,    | nitial) or Full O | rganization Name                                  |          | Date of         | Re       | ceipt     |           |                         |     |
| Mailing Ad              | dress 1128 Lincoln Mall<br>Suite 200                       | State             | Zip Code  |          | 10              | <b>'</b> | 31        |           | 2019<br><b>94921537</b> | Y   |
| Lincoln                 |  | NE                | 68508-2878  |          |                 |          |           |           | nis Period              |     |
|                         | umber of contributing<br>itical committee.                 | С                 |   |          | <u> </u>        |          | <b>,</b>  |           | 170.0                   | 00  |
| UNICO Gr                | •  | Occi<br>Brok      | upation (for Individual)<br>er                    |          | Me              | emo      | tem       |           |                         |     |
| Receipt Fo              |  | Aggregate         | Year-to-Date ▼<br>850.00                          | ]        | P/R Ded         | ucti     | on (\$85  | .00 Mont  | hly)                    |     |
| SUBTOTAL                | of Receipts This Page (optional)                           |                   |   | •        |                 |          | , .       | . ,       | 340.0                   | 00  |
| TOTAL This              | Period (last page this line number                         | only)             |   | <b>→</b> |                 |          |           |           |                         |     |

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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|    |  |                     | for each category of the<br>Detailed Summary Page                 | ×                  | 11a<br>13          |               | 11    |          | 11c       | 12                     | 17      |
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| or | y information copied from such Reports and Stateme<br>for commercial purposes, other than using the name | ents may<br>and add | not be sold or used by any pe<br>dress of any political committee | erson fo<br>to sol | or the             | purp<br>ntrib | pos   | se of :  | solicitin | g contril              | outions |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Action                                      | Comn                | nittee  |                    |                    |               |       |          |           |                        |         |
| Α. | Full Name of Individual (Last, First, Middle Initial) or Starks, Eugene, , ,                             | Full Org            | ganization Name   | C                  | Date of            | f Re          | ecei  | ipt      |           |                        |         |
|    | Mailing Address 613 Crescent Circle Suite 201 City Sta   | ate                 | Zip Code  | [                  | M M<br>10<br>Trans |               | L     | 31<br>31 | / Y       | 2019<br>0 <b>31215</b> |         |
|    | Ridgeland M  |                     | 39157-8686  | A                  |                    |               |       |          |           | his Perio              |         |
|    | FEC ID number of contributing federal political committee.   |                     |   |                    |                    |               | -     |          |           |                        | 5.00    |
|    | Name of Employer (for Individual)<br>Benefit Administration Services, Ltd.                               | Occup<br>Broke      | pation (for Individual)<br>Pr                                     |                    | M                  | emo           | o Ite | em       |           |                        |         |
|    | Receipt For:     Agg       Primary     General       Other (specify) ▼                                   | regate Y            | ′ear-to-Date ▼<br>975.00  | P/                 | R Ded              | uctio         | on    | (\$85.0  | 0 Mont    | hly)                   |         |
| в. | Full Name of Individual (Last, First, Middle Initial) or Williams, George, , ,                           | Full Org            | ganization Name   |                    | Date of            | f Re          | ecei  | ipt      |           |                        |         |
|    | Mailing Address 4109 Woodway Dr.   |                     |   |                    | ™M<br>10           | /             | Ľ     | D D D    | / Y       | 2019                   | Y       |
|    | City Sta<br>Monroe L   | ate<br>A            | Zip Code<br>71201-2218  |                    |                    |               | -     |          |           | 057215:<br>his Perio   | -       |
|    | FEC ID number of contributing federal political committee.   |                     |   |                    | _                  |               | -     |          |           | 3                      | 0.00    |
|    | Name of Employer (for Individual)<br>Financial Planning Resources  | Occup<br>Broke      | pation (for Individual)<br>er                                     |                    | Memo Item          |               |       |          |           |                        |         |
|    | Receipt For:     Agg       Primary     General       Other (specify) ▼                                   | regate Y            | ′ear-to-Date ▼<br>300.00  | P/                 | R Ded              | uctio         | on (  | (\$30.0  | 0 Mont    | hly)                   |         |
|    | Full Name of Individual (Last, First, Middle Initial) or Niederman, Tammy, Lyn, ,                        | Full Org            | ganization Name   |                    | Date of            | f Re          | ecei  | ipt      |           |                        |         |
|    | Mailing Address 10042 Silver Maple Circle  |                     |   |                    | <sup>M</sup> 10    | 1             | E     | D D D 31 | / Y       | 2019                   | Y       |
|    | City Sta<br>Highlands Ranch C  | ate<br>O            | Zip Code<br>80129-5420  |                    |                    |               |       |          |           | 5109215                |         |
|    | FEC ID number of contributing federal political committee.   |                     |   |                    | moun               |               | Ea    |          |           | his Perio<br>5         | 0.00    |
|    | Name of Employer (for Individual)<br>Avesis  | Occup<br>Broke      | pation (for Individual)<br>r                                      |                    | М                  | emc           | o Ite | em       |           |                        |         |
|    | Pagaint For:   |                     | ′ear-to-Date ▼<br>392.00  | P/                 | R Ded              | lucti         | ion   | (\$10.0  | 00 Mon    | :hly)                  |         |
| s  | JBTOTAL of Receipts This Page (optional)   |                     | ••••••  | [                  |                    |               |       |          |           | 16                     | 5.00    |
| т  | OTAL This Period (last page this line number only)   |                     | ·····   | ĺ                  |                    |               | -     |          |           |                        | -       |

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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:

(check only one)

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|              |  |              |          | ailed Summary Page | ×   | 11a       |       | 11    | b       | 11c       | 12         |    |
|--------------|--|--------------|----------|--------------------|-----|-----------|-------|-------|---------|-----------|------------|----|
|              |  |              |          |                    |     | 13        |       | 14    |         | 15        | 16         | 17 |
|              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |          |                    |     |           |       |       |         |           |            |    |
| $\backslash$ | NAME OF COMMITTEE (In Full)  | -            | • • •    |                    |     |           |       |       |         |           |            |    |
|              | Health Underwriters Political Action   | on Com       | mitte    | e                  |     |           |       |       |         |           |            |    |
| Α.           | Full Name of Individual (Last, First, Middle Initial LaRocco, Andrew, M., ,                        | ) or Full O  | organiza | tion Name          |     | Date of   | Re    | ecei  | ipt     |           |            |    |
|              | Mailing Address 5880 Live Oak Parkway, # 230   |              |          |                    |     | м м<br>10 | /     | Γ     | 31      | / Y       | 2019       | Y  |
|              | City   | State        |          | o Code             |     | Trans     | acti  | ion   | ID : F  | PR4376    | 40921537   |    |
|              | Norcross   | GA           | 3        | 80093-1740         | A   | mount     | of    | Ea    | ch Re   | eceipt th | nis Period |    |
|              | FEC ID number of contributing<br>federal political committee.                                      | С            |          |                    |     |           |       | -     |         | - 1       | 80.0       | 00 |
|              | Name of Employer (for Individual)<br>The LaRocco Companies   | Occi<br>Brol | •        | (for Individual)   |     | Me        | emo   | o Ite | em      |           |            |    |
|              | Boosint For:   | Aggregate    | Year-to  | -Date ▼            |     |           |       |       |         |           |            |    |
|              | Primary General<br>Other (specify) ▼   |              |          | 400.00             | P/  | R Ded     | uctio | on (  | (\$40.0 | 0 Mont    | hly)       |    |
| B.           | Full Name of Individual (Last, First, Middle Initial Israel, Steven, , ,                           | ) or Full O  | Irganiza | tion Name          |     | Date of   | Re    | ecei  | ipt     |           |            |    |
|              | Mailing Address 12281 Wedge Way  |              |          |                    |     | м м<br>10 | 1     | ľ     | 31      | / Y       | 2019       | Y  |
|              | City   | State        | Zip      | Code               |     | Trans     | acti  | ion   | ID : F  | R4376     | 54421537   |    |
|              | Boynton Beach  | FL           | 3        | 3437-2059          | A   | mount     | of    | Ea    | ch Re   | eceipt th | nis Period |    |
|              | FEC ID number of contributing federal political committee.   | С            |          |                    |     |           |       | ,     |         | - 19-     | 42.0       | 00 |
|              | Name of Employer (for Individual)<br>S. Florida Affiliated Health Insurers,                        | Occ<br>Bro   | •        | (for Individual)   |     | Me        | emo   | o Ite | em      |           |            |    |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to  | -Date ▼<br>420.00  | P/  | R Dedi    | uctic | on (  | (\$42.0 | 0 Montł   | ıly)       |    |
| с.           | Full Name of Individual (Last, First, Middle Initial Siciliano, Dominic, , ,                       | ) or Full O  | Irganiza | tion Name          |     | Date of   | Re    | ecei  | ipt     |           |            |    |
|              | Mailing Address 500 Cascade Road SE Suite 100  |              |          |                    |     | м м<br>10 | /     | L     | 31      | / Y       | 2019       |    |
|              | City<br>Crand Banida   | State<br>MI  | ·        | Code               |     |           |       |       |         |           | 69521537   |    |
|              | Grand Rapids   |              | 4        | 9546-2166          | A   | mount     | of    | Ea    | ch Re   | eceipt th | nis Period |    |
|              | FEC ID number of contributing federal political committee.   | С            |          |                    |     |           |       | y     |         |           | 30.0       | 00 |
|              | Name of Employer (for Individual)<br>Benefit Profiles, Inc.  | Occi<br>Brok | •        | (for Individual)   |     | M         | emo   | o Ite | em      |           |            |    |
|              | Receipt For:   | Aggregate    | Year-to  | -Date ▼            |     |           |       |       |         |           |            |    |
|              | Primary General<br>Other (specify)   |              |          | 300.00             | P   | 'R Ded    | uctio | on    | (\$30.0 | 0 Mont    | hly)       |    |
| s            | UBTOTAL of Receipts This Page (optional)   |              |          |                    |     |           |       |       |         |           | 152.0      | 00 |
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#### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ .

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | -                           | Use separate schedule(s)                          | (check only one)  |
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|  |                             | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |
| Any information conied from such De                                    | outo and Ctatamanta my      | w not be cold or used by only n                   | 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 Pol  | itical Action Com           | mittee  |   |
| Full Name of Individual (Last, First<br>A. Strouse, Marcie, , ,        | , Middle Initial) or Full O | rganization Name                                  |   |
| A. Strouse, Marcie, , ,<br>Mailing Address 9854 Colby Ave              |                             |   | Date of Receipt   |
|  |                             |   | 10 31 2019  |
| City   | State                       | Zip Code  | Transaction ID : PR437683121537   |
| Clive  | IA                          | 50325-6422  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | С                           |   | 85.00   |
| Name of Employer (for Individual)                                      | Осси                        | upation (for Individual)                          | Memo Item   |
| KHI Solutions  | Brok                        | ker   |   |
| Receipt For:   | Aggregate                   | Year-to-Date <b>V</b>                             |   |
| Other (specify)  |                             | 850.00  | P/R Deduction (\$85.00 Monthly)   |
|  |                             |   |   |
| Full Name of Individual (Last, First<br>B. Atkinson, Lynn, , ,         | , Middle Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 3800 Electric Road                                     | I, # 406                    |   | 10 / Y Y Y Y<br>10 31 2019  |
| City   | State                       | Zip Code  | Transaction ID : PR437687321537   |
| Roanoke  | VA                          | 24018-4568  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | C                           |   | 30.00   |
| Name of Employer (for Individual)<br>Humana                            | Occu<br>Brol                | upation (for Individual)<br>ker                   | Memo Item   |
| Receipt For:   | Aggregate                   | Year-to-Date ▼                                    |   |
| Primary General  |                             |   | P/R Deduction (\$30.00 Monthly)   |
| Other (specify) ▼  |                             | , 300.00  |   |
| Full Name of Individual (Last, First<br><b>c.</b> Granado, Arthur, , , | , Middle Initial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 418 Peoples, # 50                                      | 5                           |   | 10 31 2019  |
| City   | State                       | Zip Code  | Transaction ID : PR437693221537   |
| Corpus Christi   | ТХ                          | 78401-2350  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.             | С                           |   | 85.00   |
| Name of Employer (for Individual)<br>The Granado Group                 | Occu<br>Brok                | upation (for Individual)<br>ter                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                     | Aggregate                   | Year-to-Date ▼<br>850.00                          | P/R Deduction (\$85.00 Monthly)   |
| SUBTOTAL of Receipts This Page (                                       | optional)                   |   | 200.00  |
| TOTAL This Period (last page this lin                                  | ne number only)             |   |   |

### 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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|-----------|---|---------------|------|----------------------------------|-------------------------|-----------------|-------|------|-----------|-------|----------|--------------------------|----|
|           |   |               |      |                                  |                         | 13              |       | 14   |           | 15    |          | 16                       | 17 |
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |               |      |                                  |                         |                 |       |      |           |       |          |                          |    |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | ion Com       | nmi  | ttee                             |                         |                 |       |      |           |       |          |                          |    |
| A.        | Full Name of Individual (Last, First, Middle Initia<br>Webb, Yolanda, Marie, ,                    | al) or Full O | rga  | nization Name                    | [                       | Date of         | Re    | ece  | eipt      |       |          |                          |    |
|           | Mailing Address 6117 Clover Ct.   |               |      |                                  |                         | <sup>M</sup> 10 | 1     | E    | D D<br>31 | 1     | Y )<br>2 | 2019                     | Y  |
|           | City<br>Chino   | State<br>CA   |      | Zip Code<br>91710-5337           |                         | Trans           |       | -    |           | -     |          | 5 <b>21537</b><br>Period |    |
|           | FEC ID number of contributing federal political committee.  | С             |      |                                  |                         |                 |       | -    |           | - 4   | _        | 25.                      | 00 |
|           | Name of Employer (for Individual)<br>Webb Insurance Solutions                                     | Occi<br>Brol  | •    | tion (for Individual)            |                         | M               | emc   | o It | tem       |       |          |                          |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea  | ar-to-Date ▼<br>325.00           | P                       | /R Ded          | ucti  | ion  | (\$25.0   | )0 Mo | nthly)   | I                        |    |
| B.        | Full Name of Individual (Last, First, Middle Initia<br>Griffey, Don, R., ,                        | al) or Full O | orga | nization Name                    | (                       | Date of         | Re    | ece  | eipt      |       |          |                          |    |
|           | Mailing Address 56294 Prim Rose Circle  |               |      |                                  |                         | м м<br>10       | 1     | E    | D D<br>31 | /     | ΥΥΥ<br>2 | 019                      | Y  |
|           | City<br>Elkhart   | State<br>IN   |      | Zip Code<br>46516-1509           |                         | Trans           |       |      |           |       |          | 21537<br>Period          |    |
|           | FEC ID number of contributing federal political committee.  | С             |      |                                  |                         |                 |       | -    |           |       | _        | 75.0                     | 00 |
|           | Name of Employer (for Individual)<br>Hailey-Campbell, Inc   | Occ<br>Bro    | •    | tion (for Individual)            |                         | M               | emc   | o It | tem       |       |          |                          |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea  | ur-to-Date ▼<br>900.00           | P/                      | 'R Ded          | uctio | on   | (\$30.0   | 0 Moi | thly)    |                          |    |
| C.        | Full Name of Individual (Last, First, Middle Initia<br>Kirsch, Cara, , ,                          | al) or Full O | rga  | nization Name                    |                         | Date of         | Re    | ece  | eipt      |       |          |                          |    |
|           | Mailing Address 720 Grenoble Drive  |               |      | 1                                |                         | <sup>M</sup> 10 | Ŀ.    | L    | 31        | 1     | 2        | 2019                     |    |
|           | City<br>Bellevue  | State<br>NE   |      | Zip Code<br>68123-4158           |                         | Trans           |       |      |           |       |          | 121537<br>Period         |    |
|           | FEC ID number of contributing federal political committee.  | С             |      |                                  |                         |                 |       | y    |           | ,     |          | 85.0                     | 00 |
|           | Name of Employer (for Individual)<br>Silver Stone Group   |               | •    | tion (for Individual)<br>esident |                         | М               | emo   | o It | tem       |       |          |                          |    |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea  | ur-to-Date ▼<br>850.00           | P.                      | /R Ded          | ucti  | ion  | (\$85.0   | 00 Mo | nthly)   | )                        |    |
| s         | UBTOTAL of Receipts This Page (optional)  |               |      | ••••••                           | .                       |                 |       |      |           |       |          | 185.0                    | 00 |
| т         | OTAL This Period (last page this line number or   | nly)          |      |                                  |                         |                 |       | -    |           | ,     |          |                          |    |

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

Use separate schedule(s)

FOR LINE NUMBER:

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|---|------------------------|---|----------------------------------|-----------------|-----------|-----------|-----------|-------|--|--|--|--|--|
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                             | al Action Com          | mittee  |                                  |                 |           |           |           |       |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>A. Berry, Ernest, , ,                     | dle Initial) or Full C | rganization Name                                  | Date of                          | Date of Receipt |           |           |           |       |  |  |  |  |  |
| Mailing Address 5121 69th St., A9A  |                        |   | 10 / D D / Y Y Y Y<br>10 31 2019 |                 |           |           |           |       |  |  |  |  |  |
| City<br>Lubbock   | State<br>TX            | Zip Code<br>79424-1631                            |                                  |                 |           |           | 37421537  |       |  |  |  |  |  |
|   |                        | 7.5424-1051                                       | Amount                           | t of Ea         | ach Rec   | eipt th   | is Period |       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | C                      |   |                                  | 1 - 17-         |           | -         | 50.       | 00    |  |  |  |  |  |
| Name of Employer (for Individual)<br>Berry Agency                                       | Occ<br>Bro             | upation (for Individual)<br>ker                   | M                                | emo Ite         | em        |           |           |       |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date ▼                                    |                                  |                 |           |           |           |       |  |  |  |  |  |
| Other (specify) ▼   |                        | 500.00  | P/R Ded                          | uction          | (\$50.00  | Month     | ıly)      |       |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Conto, Teresa, , ,                     | dle Initial) or Full C | rganization Name                                  | Date of                          | f Recei         | eipt      |           |           |       |  |  |  |  |  |
| Mailing Address 15800 Crabbs Branch W   | /ay #350               |   | 10 <sup>M</sup>                  | /               | D D D 31  | / Y       | y<br>2019 | Y     |  |  |  |  |  |
| City  | State                  | Zip Code  | Transaction ID : PR437740821537  |                 |           |           |           |       |  |  |  |  |  |
| Rockville   | MD                     | 20855-2697  | Amount                           | t of Ea         | ach Rec   | eipt th   | is Period |       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С                      |   |                                  |                 | -         | 30.       | 00        |       |  |  |  |  |  |
| Name of Employer (for Individual)<br>Gallagher Benefit Services                         | Occ<br>Bro             | upation (for Individual)<br>ker                   | M                                | emo Ite         | em        |           |           |       |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                    | Aggregate              | Year-to-Date ▼<br>300.00                          | P/R Ded                          | uction          | (\$30.00  | Month     | ily)      |       |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Williams, Leslie, A., ,                | dle Initial) or Full C | rganization Name                                  | Date of                          | f Recei         | eipt      |           |           |       |  |  |  |  |  |
| Mailing Address 2295 Hilltop Drive<br>Suite 5   |                        |   | м м<br>10                        | /               | D D D 31  | / Y       | 2019      | Y     |  |  |  |  |  |
| City  | State                  | Zip Code  | Trans                            | action          | n ID : PF | R43774    | 42921537  | 7     |  |  |  |  |  |
| Redding   | CA                     | 96002-0515  | Amount                           | t of Ea         | ach Rec   | eipt th   | is Period |       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С                      |   |                                  | ,               |           | y         | 42.       | 00    |  |  |  |  |  |
| Name of Employer (for Individual)<br>Leslie A. Williams Insurance Services              | Occ                    | upation (for Individual)<br>ker                   | M                                | emo It          | tem       |           |           |       |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                      | Aggregate              | Year-to-Date ▼<br>420.00                          | P/R Ded                          | luction         | (\$42.00  | Month     | ıly)      |       |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option<br>TOTAL This Period (last page this line nu     |                        |   |                                  |                 |           | ,<br>,    | 122.      | 00    |  |  |  |  |  |

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

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

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|               |   |              |       | Detailed Summary Page       | ×        | -                  |       | -   | 11b          |    | 11c            | 12          |       | ٦       |
|---------------|---|--------------|-------|-----------------------------|----------|--------------------|-------|-----|--------------|----|----------------|-------------|-------|---------|
| An            | y information copied from such Reports and Sta  | tements ma   | av n  | ot be sold or used by any m | erson    | 13<br>for the      |       | _   | 14<br>ose of | 50 | 15<br>licitina | contrib     | ution | 17<br>s |
|               | for commercial purposes, other than using the r                                       |              |       |                             |          |                    |       |     |              |    |                |             |       |         |
|               | NAME OF COMMITTEE (In Full)   |              |       |                             |          |                    |       |     |              |    |                |             |       |         |
| $\Big\rangle$ | Health Underwriters Political Acti  | on Com       | nmit  | ttee                        |          |                    |       |     |              |    |                |             |       |         |
| Α.            | Full Name of Individual (Last, First, Middle Initia<br>Edwards, Susan, Christensen, , | l) or Full O | Drgar | nization Name               |          | Date               | of R  | ec  | eipt         |    |                |             |       |         |
|               | Mailing Address 40 S. Roop St.  |              |       |                             |          | <sup>м</sup><br>10 | VI    | /   | 31           | 1  | / Y            | y y<br>2019 | Y     |         |
|               | City  | State        |       | Zip Code                    |          | Trar               | sac   | tic | on ID : I    | PR | R43775         | 552153      | 57    |         |
|               | Susanville  | CA           |       | 96130-4336                  | /        | Amou               | nt of | fE  | Each Re      | ec | eipt thi       | s Perio     | d     |         |
|               | FEC ID number of contributing<br>federal political committee.                         | С            |       |                             |          |                    |       |     | -            | ļ  | -y             | 50          | 0.00  |         |
|               | Name of Employer (for Individual)<br>E. Christensen Insurance Agency, Inc.            | Occu<br>Brol | •     | ion (for Individual)        |          |                    | /lem  | 0   | Item         |    |                |             |       |         |
|               | Receipt For:  | Aggregate    | Yea   | r-to-Date ▼                 |          |                    |       |     |              |    |                |             |       |         |
|               | Primary General<br>Other (specify) ▼  |              | -     | 500.00                      | P        | /R De              | duct  | tio | n (\$50.(    | 00 | Month          | ly)         |       |         |
| В.            | Full Name of Individual (Last, First, Middle Initia<br>Cade, Kareim, R., ,            | l) or Full O | Drgar | nization Name               |          | Date               | of R  | ec  | ceipt        |    |                |             |       |         |
|               | Mailing Address 28411 Northwestern Hwy., Ste 9  | 950          |       | -                           |          | <sup>™</sup> 10    | V     | /   | D D D 31     | ]  | / Y            | y y<br>2019 | Y     |         |
|               | City  | State        |       | Zip Code                    |          | Tran               | sact  | tic | on ID : F    | PR | 43777          | 862153      | 7     |         |
|               | Southfield  | MI           |       | 48034-5515                  |          | Amou               | nt of | fE  | Each Re      | ec | eipt thi       | s Perio     | d     |         |
|               | FEC ID number of contributing<br>federal political committee.                         | С            |       |                             |          |                    |       |     | ,            |    | -7             | 8           | 5.00  |         |
|               | Name of Employer (for Individual)<br>Great Lakes Benefit Group                        | Occ<br>Bro   | •     | ion (for Individual)        |          |                    | /lem  | 0   | Item         |    |                |             |       |         |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate    | Yea   | r-to-Date ▼<br>, 850.00     | P/       | /R De              | duct  | io  | n (\$85.0    | 00 | Month          | ly)         |       |         |
| с.            | Full Name of Individual (Last, First, Middle Initia<br>Heider, Ryan, , ,              | l) or Full O | Drgar | nization Name               |          | Date               | of R  | ec  | eipt         |    |                |             |       |         |
|               | Mailing Address 195 River Vista Place Suite #20                                       | 06           |       |                             |          | <sup>™</sup> 10    |       | /   | D D D 31     | ]  | / Y            | y y<br>2019 | Y     |         |
|               |   | State<br>ID  |       | Zip Code                    |          | Trar               | sac   | tic | on ID : I    | PF | R43779         | 222153      | 87    |         |
|               | Twin Falls  |              |       | 83301-3189                  | <u> </u> | Amou               | nt of | fE  | Each Re      | ec | eipt thi       | s Perio     | d     |         |
|               | FEC ID number of contributing<br>federal political committee.                         | С            |       |                             |          |                    |       |     | 9            |    | y              | 3(          | 0.00  |         |
|               | Name of Employer (for Individual)<br>Magic Valley Ins.                                | Occi<br>Brok | •     | ion (for Individual)        |          |                    | Nem   | 10  | Item         |    |                |             |       |         |
|               | Receipt For:  |              |       | x ta Data 🔻                 | _        |                    |       |     |              |    |                |             |       |         |
|               | Primary General   | Aggregate    | rea   | r-to-Date ▼                 | P        | /R De              | duct  | tio | n (\$30.0    | 00 | Month          | lv)         |       |         |
|               | Other (specify)   | L            | -     | 300.00                      |          | _ •                |       |     | (            |    |                | ,,          |       |         |
| s             | JBTOTAL of Receipts This Page (optional)  |              |       | •••••                       | .        |                    |       |     | ,            | Ì  | y              | 16          | 5.00  |         |
| т             | OTAL This Period (last page this line number or                                       | nly)         |       |                             |          |                    |       |     | ,            | 1  | -y             |             | -     |         |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page | ×  | 11a<br>13       |       | ] 11b  |         | 11c<br>15 | 12                             | 17    |
|--|------------------------|---|----|-----------------|-------|--------|---------|-----------|--------------------------------|-------|
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                            | al Action Com          | mittee  |    |                 |       |        |         |           |                                |       |
| Full Name of Individual (Last, First, Mide<br>A. Schell, Gregory, J., ,                | dle Initial) or Full C | rganization Name                                  | [  | Date of         | Re    | eceip  | ot      |           |                                |       |
| Mailing Address 545 South Third Street<br>Suite 300                                    | 01-14                  | 7. 0.1  |    | м м<br>10       | /     | L      | 31      |           | ү ү<br>2019                    |       |
| City<br>Louisville   | State<br>KY            | Zip Code<br>40202-1936                            |    |                 |       |        |         |           | 97621537<br>iis Period         |       |
| FEC ID number of contributing federal political committee.                             | С                      |   |    | anoun           |       | 1      |         |           | 85.                            | _     |
| Name of Employer (for Individual)<br>Sterling Thompson Company                         | Occ                    | upation (for Individual)<br>ker                   |    | Me              | emo   | ) Ite  | m       |           |                                |       |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate              | Year-to-Date ▼<br>850.00                          | P/ | 'R Dedi         | uctio | on (S  | \$85.00 | 0 Month   | ıly)                           |       |
| Full Name of Individual (Last, First, Mide<br>B. Purcilly, Amy, , ,                    | dle Initial) or Full C | rganization Name                                  |    | Date of         | Re    | eceip  | ot      |           |                                |       |
| Mailing Address PO Box 7028  |                        |   |    | м м<br>10       | /     | D      | 31      | / Y       | y y<br>2019                    | Y     |
| City<br>Troy   | State<br>MI            | Zip Code<br>48007-7028                            | A  |                 |       |        |         |           | 1 <b>4921537</b><br>iis Period |       |
| FEC ID number of contributing federal political committee.                             | С                      |   |    | _               |       | -      |         | -7        | 230.                           | 00    |
| Name of Employer (for Individual)<br>Mason-McBride, Inc.                               | Occ<br>Bro             | upation (for Individual)<br>ker                   |    | Me              | emo   | b Ite  | m       |           |                                |       |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate              | Year-to-Date ▼<br>700.00                          | P/ | R Dedu          | uctic | on (\$ | \$30.00 | ) Month   | ıly)                           |       |
| Full Name of Individual (Last, First, Mide<br>C. Taggart, Liz, , ,                     | dle Initial) or Full C | rganization Name                                  |    | Date of         | Re    | eceip  | ot      |           |                                |       |
| Mailing Address 7134 Brunswick Circle  |                        |   |    | <sup>M</sup> 10 | /     | D      | 31      | / Y       | ү ү<br>2019                    | Y     |
| City<br>Boynton Beach  | State<br>FL            | Zip Code<br>33472-2534                            |    |                 |       |        |         |           | 25121537                       |       |
| FEC ID number of contributing federal political committee.                             | С                      |   |    | Amount          | OT    | Eac    | n Red   | ceipt th  | iis Period<br>30.              |       |
| Name of Employer (for Individual)<br>United Healthcare Medicare Solutions              | Occ                    | upation (for Individual)<br>ser                   |    | Me              | emo   | o Ite  | m       |           |                                |       |
| Receipt For:<br>Primary General<br>Other (specify)                                     |                        | Year-to-Date ▼<br>300.00                          | P/ | ′R Ded          | uctio | on (\$ | \$30.0  | 0 Month   | hly)                           |       |
| SUBTOTAL of Receipts This Page (option   | '<br>nal)              | ····· •   |    |                 |       | ,      |         | 9         | 345.                           | 00    |
| TOTAL This Period (last page this line nu  | mber only)             | ·····   | ĺ  |                 |       | -      |         | -         |                                |       |

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

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|   | -                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
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| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
| or for commercial purposes, other than usi                                    |                        |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.       |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Politica                   | al Action Com          | mittee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>Daricek, Natalie, , ,            | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 2444 W Las Palmaritas   |                        |   | 10 / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |
| City<br>Phoenix   | State<br>AZ            | Zip Code<br>85021-4860                            | Transaction ID : PR437834921537           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 30.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Blue Cross Blue Shield of AZ             |                        | upation (for Individual)<br>ount Executive        | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>324.00                          | P/R Deduction (\$30.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br><b>B.</b> Hediger, Debbie, R., , |                        | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address One N Dale Mabry Hwy  |                        | Zin Oode  | 10 / D D / Y Y Y Y<br>10 31 2019  |  |  |  |  |  |  |  |
| City<br>Tampa   | State<br>FL            | Zip Code<br>33609-2755                            | Transaction ID : PR437852421537 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 50.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>McGriff Insurance Services, Inc          | Occ<br>Bro             | upation (for Individual)<br>ker                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>452.00                          | P/R Deduction (\$50.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>Little, Cathy, , ,               | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 1145 2nd Street<br>#A-269                                     |                        |   | 10 / Y Y Y Y<br>2019  |  |  |  |  |  |  |  |
| City<br>Brentwood   | State<br>CA            | Zip Code<br>94513-2292                            | Transaction ID : PR437855621537<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 38.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Essential Exchange Insurance Services    | Occi<br>Brok           | upation (for Individual)<br>er                    | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate              | Year-to-Date ▼<br>382.00                          | P/R Deduction (\$38.00 Monthly)   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | hal)                   |   | 118.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                     | mber only)             |   |   |  |  |  |  |  |  |  |

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

Use separate schedule(s)

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|             |   |                 | for each catego<br>Detailed Summ |        | ×               |                                    |        | 11b        | 11c                                   | 12             |    |  |  |  |
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|             | / information copied from such Reports and S<br>for commercial purposes, other than using the |                 |                                  |        |                 |                                    |        |            |                                       |                |    |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Ac                               |                 |                                  |        |                 |                                    |        |            |                                       |                |    |  |  |  |
|             | Full Name of Individual (Last, First, Middle Init<br>Emidy, Mike, , ,                         | tial) or Full O | rganization Name                 |        |                 | Date of Receipt                    |        |            |                                       |                |    |  |  |  |
|             | Mailing Address P O Box 2021  |                 |                                  |        |                 | 10 / D D / Y Y Y Y Y<br>10 31 2019 |        |            |                                       |                |    |  |  |  |
|             | City  | State           | Zip Code                         |        |                 | Trans                              | sacti  | ion ID : F | PR4378                                | 78321537       | ,  |  |  |  |
| -           | Ridgeland   | MS              | 39158-2021                       |        | _ /             | Amoun                              | t of   | Each Re    | eceipt th                             | nis Period     |    |  |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С               |                                  |        |                 |                                    |        |            | - 1                                   | 30.            | 00 |  |  |  |
|             | Name of Employer (for Individual)<br>Colonial Life  | Occi<br>Brok    | upation (for Individ             | ual)   |                 | М                                  | lemo   | tem        |                                       |                |    |  |  |  |
|             | Receipt For:<br>Primary General   | Aggregate       | Year-to-Date <b>V</b>            |        |                 |                                    | luoti  | on (\$20 ( | 0 Mont                                | hhu)           |    |  |  |  |
|             | Other (specify) ▼   |                 | 4                                | 300.00 |                 |                                    | JUCII  | on (\$30.0 |                                       | i iiy <i>)</i> |    |  |  |  |
|             | ا<br>Full Name of Individual (Last, First, Middle Init<br>McDonald, Jesse, D., ,              | tial) or Full O | rganization Name                 |        |                 | Date o                             | f Re   | eceipt     |                                       |                |    |  |  |  |
|             | Mailing Address 111 River St<br>#7  |                 |                                  |        |                 | м м<br>10                          |        | ,<br>31    | / Y                                   | 2019           | Y  |  |  |  |
|             | City  | State           | Zip Code                         |        |                 | Trans                              | acti   | on ID : F  | R4378                                 | 87921537       |    |  |  |  |
| -           | Milford   | СТ              | 06460-3326                       |        |                 |                                    |        |            | nis Period                            |                |    |  |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С               |                                  |        | 30.00 Memo Item |                                    |        |            |                                       |                |    |  |  |  |
|             | Name of Employer (for Individual)<br>Modern Insurance   | Occi<br>Brol    | upation (for Indivic<br>ker      |        |                 |                                    |        |            |                                       |                |    |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date V                   | 300.00 | P               | P/R Deduction (\$30.00 Monthly)    |        |            |                                       |                |    |  |  |  |
|             | Full Name of Individual (Last, First, Middle Init<br>Blanchard, Brian, G, ,                   | tial) or Full O | rganization Name                 |        |                 | Date o                             | f Re   | eceipt     |                                       |                |    |  |  |  |
|             | Mailing Address 225 S 6th Ste 2900  |                 |                                  |        |                 | M M                                | /      | D D 31     | / Y                                   | 2019           | Y  |  |  |  |
|             | City  | State           | Zip Code                         |        |                 | Trans                              | sact   | ion ID : I | PR4380                                | 00021537       | ,  |  |  |  |
|             | Minneapolis   | MN              | 55402-4609                       |        | /               | Amoun                              | t of   | Each Re    | eceipt th                             | nis Period     |    |  |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С               |                                  |        |                 |                                    |        | ,          | . y                                   | 25.            | 00 |  |  |  |
|             | Name of Employer (for Individual)   | Occi            | upation (for Individ             | ual)   | $\neg$          | N                                  | lemc   | ltem       |                                       |                |    |  |  |  |
|             | Northwestern Mutual   |                 | ncial Representativ              | ,      |                 |                                    |        |            |                                       |                |    |  |  |  |
|             | Receipt For:  | 1               | Year-to-Date ▼                   |        | $\neg$          |                                    |        |            |                                       |                |    |  |  |  |
|             | Primary General<br>Other (specify)  |                 |                                  | 250.00 | P               | P/R Dec                            | ductio | on (\$25.0 | 0 Mont                                | hly)           |    |  |  |  |
| s           | JBTOTAL of Receipts This Page (optional)  |                 |                                  | •••••  |                 |                                    |        | , i        | , , , , , , , , , , , , , , , , , , , | 85.            | 00 |  |  |  |
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|-----------|---|--------------|----------------|---------------------------------|--------|-----------|-----------------|--------|--------|-----------|-----------|------------------------|-------|----|
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|           | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Actio                                  | on Com       | nmi            | ttee                            |        |           |                 |        |        |           |           |                        |       |    |
| <b>A.</b> | Full Name of Individual (Last, First, Middle Initial Pierce, Mary, Jeannette, ,                     | ) or Full O  | Drgar          | nization Name                   |        | C         | Date o          | of Re  | ecei   | ipt       |           |                        |       |    |
| -         | Mailing Address 500 NE Multnomah St. #100   | State        |                | Zip Code                        |        | _ [       | 10<br>Tree      |        | L      | 31        |           | 2019<br>4 <b>49215</b> |       |    |
|           | Portland  | OR           |                | 97232-2031                      |        | Δ         |                 |        |        |           |           | his Peri               | -     |    |
|           | FEC ID number of contributing<br>federal political committee.                                       | С            |                |                                 |        |           |                 |        |        |           |           |                        | 50.00 |    |
|           | Name of Employer (for Individual)<br>Kaiser Permanente  |              | •              | tion (for Individu<br>t Manager | al)    |           | N               | lemo   | o Ite  | em        |           |                        |       |    |
| Ī         | Receipt For:<br>Primary General<br>Other (specify) ▼  | 590.00       | P/             | R De                            | ducti  | ion       | (\$50.0         | )0 Wee | kly)   |           |           |                        |       |    |
|           | Full Name of Individual (Last, First, Middle Initial Atencio, Linda, K., ,                          | ) or Full O  | Drgar          | nization Name                   |        |           | Date o          | of Re  | ecei   | ipt       |           |                        |       |    |
| -         | Mailing Address PO Box 87021  |              |                | <sup>™</sup> 10                 | /      |           | 31              | / Y    | 2019   | Ý         | ]         |                        |       |    |
|           | City<br>Phoenix   | State<br>AZ  |                | Zip Code<br>85080-7021          |        |           |                 |        | -      |           |           | 569215<br>his Peri     | -     |    |
|           | FEC ID number of contributing federal political committee.  | С            |                |                                 |        |           | _               |        | -      |           |           | 3                      | 0.00  |    |
|           | Name of Employer (for Individual)<br>Arcwood Consulting   | Occ<br>Bro   | •              | tion (for Individu              | al)    |           | N               | lemo   | o Ite  | em        |           |                        |       |    |
| Ī         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Yea            | ar-to-Date ▼                    | 800.00 | P/        | R Deo           | ductio | on     | (\$30.0   | 0 Mont    | hly)                   |       |    |
|           | Full Name of Individual (Last, First, Middle Initial Waltman, Jessica, , ,                          | ) or Full O  | Drgar          | nization Name                   |        |           | Date d          | of Re  | ecei   | ipt       |           |                        |       |    |
| -         | Mailing Address 10 Doyle Road   |              |                |                                 |        |           | <sup>™</sup> 10 | /      | L      | 31        | / Y       | 2019                   |       | ]  |
|           | City<br>Wayne   | State<br>PA  |                | Zip Code<br>19087-3903          |        |           |                 |        |        |           |           | 001215                 |       |    |
|           | FEC ID number of contributing federal political committee.  | С            |                |                                 |        |           |                 |        | 1      |           |           |                        | 5.00  |    |
|           | Name of Employer (for Individual)<br>Forward Health Consulting                                      | Occi<br>Prin |                | tion (for Individu<br>I         | al)    |           | N               | /lemo  | o Ite  | em        |           |                        |       |    |
| 1         | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Yea            | ar-to-Date ▼                    | 925.00 | P/        | 'R De           | ducti  | ion    | (\$85.0   | 00 Mon    | thly)                  |       |    |
|           | JBTOTAL of Receipts This Page (optional)  |              |                |                                 |        |           |                 | -      | 7      | -         | 9         | 16                     | 5.00  | 7  |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 179 OF

|  | -                        | Use separate schedule(s)                            | (check only one)   |
|--|--------------------------|---|--|
| ITEMIZED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page   | <b>X</b> 11a 11b 11c 12  |
|  |                          |   | 13     14     15     16     17       berson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political   | Action Com               | mittee  |  |
| Full Name of Individual (Last, First, Middl<br>A. Riley, Amanda, Danielle, ,                                     | e Initial) or Full O     | rganization Name                                    | Date of Receipt  |
| Mailing Address 24830 SE 278th St  |                          |   | M M / D D / Y Y Y Y<br>10 31 2019  |
| City<br>Maple Valley   | State<br>WA              | Zip Code<br>98038-2019                              | Transaction ID : PR476686821537<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                        |   | 30.00  |
| Name of Employer (for Individual)<br>HealthEquity, Inc.  |                          | upation (for Individual)<br>ional Sales Director    | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Year-to-Date ▼<br>300.00 | P/R Deduction (\$30.00 Monthly)                     |  |
| Full Name of Individual (Last, First, Middl<br>B. Stevens, Kenneth, W., ,<br>Mailing Address 4916 Bellemeade Ave | e Initial) or Full O     | rganization Name                                    | Date of Receipt  |
| City   | State                    | Zip Code  | 10 31 2019<br>Transaction ID : PR496323821537  |
| Evansville   | IN                       | 47715-4130  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C                        |   | 85.00  |
| Name of Employer (for Individual)<br>Stevens Insurance Advisors  |                          | upation (for Individual)<br>ependent Agent & Broker | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>850.00                            | P/R Deduction (\$85.00 Monthly)  |
| Full Name of Individual (Last, First, Middl<br>C. Wayt, Andrew, , ,  | e Initial) or Full O     | rganization Name                                    | Date of Receipt  |
| Mailing Address 199 Coon Rapids Blvd, S  | 1                        |   | 10 / Y Y Y Y<br>10 31 / 2019   |
| City<br>Coon Rapids  | State<br>MN              | Zip Code<br>55433-5861                              | Transaction ID : PR528187221537           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С                        |   | , 30.00  |
| Name of Employer (for Individual)<br>IFC National Marketing, Inc.<br>Receipt For:                                | Proc                     | upation (for Individual)<br>lucer Consultant        | Memo Item  |
| Primary General<br>Other (specify)   | Aggregate                | Year-to-Date ▼<br>300.00                            | P/R Deduction (\$30.00 Monthly)  |
| SUBTOTAL of Receipts This Page (optiona<br>TOTAL This Period (last page this line num                            |                          |   | 145.00   |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 180 OF

| ITEMIZED RECEIPTS            |   |                          | Use separate schedule(s)                          | (check on          | ly on      | e)         |                     |             |      |    |
|------------------------------|---|--------------------------|---|--------------------|------------|------------|---------------------|-------------|------|----|
|                              |   |                          | for each category of the<br>Detailed Summary Page | <b>X</b> 11a<br>13 |            | 11b<br>14  | 11c<br>15           | 12<br>16    |      | 17 |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |                          |   |                    |            |            |                     |             |      | S  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Acti                                 | on Com                   | mittee  |                    |            |            |                     |             |      |    |
| Α.                           | Full Name of Individual (Last, First, Middle Initia<br>Haney, Denise, , ,                         | al) or Full O            | rganization Name                                  | Date o             | of Red     | ceipt      |                     |             |      |    |
|                              | Mailing Address 2302 International Lane   |                          |   | 10                 | 「 /        | D D D 31   | / Y                 | ү ү<br>2019 | Y    |    |
|                              | City<br>Madison   | State<br>WI              | Zip Code<br>53704-3136                            |                    |            |            | PR5281              |             |      |    |
|                              | FEC ID number of contributing federal political committee.  | С                        |   |                    |            | ,          |                     | 12          | 2.00 |    |
|                              | Name of Employer (for Individual)<br>TASC   |                          | upation (for Individual)<br>ional Sales Director  |                    | lemo       | Item       |                     |             |      |    |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Year-to-Date ▼<br>270.00 | P/R Dec   | ductic             | on (\$12.0 | 00 Montl   | hly)                |             |      |    |
| в.                           | Full Name of Individual (Last, First, Middle Initia<br>PARKER, Laura, R., ,                       | al) or Full O            | rganization Name                                  | Date o             | of Re      | ceipt      |                     |             |      |    |
|                              | Mailing Address 12303 Hwy 707<br>Suite B  | 10                       | /   | 31                 | / Y        | 2019       | Y                   |             |      |    |
|                              | City<br>Murrells Inlet  | State<br>SC              | Zip Code<br>29576-9740                            |                    |            |            | PR7426              |             |      |    |
|                              | FEC ID number of contributing federal political committee.  | C                        |   |                    |            | ,          | <b>.</b>            | 3(          | 0.00 |    |
|                              | Name of Employer (for Individual)<br>Hibbits Insurance Inc  | Occi<br>CFC              | upation (for Individual)<br>D                     | M                  | lemo       | ltem       |                     |             |      |    |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                | Year-to-Date ▼<br>300,00                          | P/R Ded            | luctio     | on (\$30.0 | 00 Montł            | nly)        |      |    |
| С.                           | Full Name of Individual (Last, First, Middle Initia<br>Nichols, Thomas, L., ,                     | al) or Full O            | rganization Name                                  | Date o             | of Re      | ceipt      |                     |             |      |    |
|                              | Mailing Address 2888 Shadowlake Dr  |                          |   | 10 <sup>M</sup>    |            | D 31       | JL                  | y y<br>2019 |      |    |
|                              | City<br>Oklahoma City   | State<br>OK              | Zip Code<br>73159                                 |                    |            |            | PR8402<br>eceipt th |             |      |    |
|                              | FEC ID number of contributing federal political committee.  | С                        |   |                    | _          | y .        | y                   | 8           | 5.00 |    |
|                              | Name of Employer (for Individual)<br>Colonial Life  |                          | upation (for Individual)<br>ict General Manager   |                    | lemo       | Item       |                     |             |      |    |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                | Year-to-Date ▼<br>595.00                          | P/R Dec            | ductio     | on (\$85.  | 00 Mont             | hly)        |      |    |
| s                            | UBTOTAL of Receipts This Page (optional)  |                          |   | Ξ.                 |            | <b>,</b>   | 9                   | 127         | 7.00 |    |
| т                            | OTAL This Period (last page this line number or   | nly)                     | •••••   |                    |            | ,          | -                   | 34412       | 2.17 |    |

| S         | CHEDULE B (FEC Form 3X)  |                                     |                                   | F    | OR L         | INE I      | NUM   | 3ER             | :     |         |     |        |        | PAGE   | 18         | 81 OF            | 189  |
|-----------|--|-------------------------------------|-----------------------------------|------|--------------|------------|-------|-----------------|-------|---------|-----|--------|--------|--------|------------|------------------|------|
| IT        | EMIZED DISBURSEMENTS   |                                     | arate schedule(s) category of the |      | heck         | only       | one)  |                 | _     | 7 00    |     |        |        | <br>,  |            |                  |      |
|           |  |                                     | Summary Page                      |      |              | 21b<br>28a |       | 22<br>28b       | _     | 23      |     |        | 26     | L      |            | 27<br>30b        |      |
|           | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                                     |                                   |      | any          | perso      | n for | the             |       | pose    | e 0 |        | solici | ting o | cont       | ributio          |      |
| $\square$ | NAME OF COMMITTEE (In Full)  |                                     |                                   |      |              |            |       |                 |       |         |     |        |        |        |            |                  |      |
|           | Health Underwriters Political Actio  | on Comm                             | ittee                             |      |              |            |       |                 |       |         |     |        |        |        |            |                  |      |
| Α.        | Full Name (Last, First, Middle Initial) PayPal   |                                     |                                   |      |              |            | _     |                 | _     | sbur    |     |        | ənt    |        |            |                  | _    |
|           | Mailing Address 2211 North First Street  |                                     |                                   |      |              |            | N     | 10 <sup>M</sup> |       | D       | 31  |        | /      |        | 201        | 9 Y              |      |
|           | City<br>San Jose   | State<br>CA                         | Zip Code<br>95131                 |      |              |            | FE    | C ld            | lenti | ficati  | ion | ۱۸     | Numt   | ber    |            | _                |      |
|           | Purpose of Disbursement<br>Credit Card Fees  |                                     |                                   | C    | 001          | ٦          | С     |                 | ans   | actio   | n   | ID     | ):13   | 4496   | 33         |                  |      |
|           | Candidate Name   |                                     |                                   |      | egory<br>ype | /          | An    |                 |       |         |     |        |        |        | nt t       | his Pe           | riod |
|           | Office Sought: House Disburse<br>Senate President  | General<br>cify) ▼                  |                                   |      |              |            |       |                 | 7     |         | Cre | edit C | Card I |        | 14.78<br>s | _                |      |
| _         | State: District:   |                                     | <i>,</i> , ,                      |      |              |            |       | Me              | emo   | Item    | 1   |        |        |        | _          |                  |      |
| В.        | Full Name (Last, First, Middle Initial)<br>Merchant Services   |                                     | _                                 | te o | _            | sbur       | ÷     | D               | ent   |         |     | YYY    | 1      |        |            |                  |      |
|           | Mailing Address 7300 Chapman Way   |                                     |                                   |      |              |            |       | 10              |       |         | 02  | 2      | _      | -      | 201        | 9                |      |
|           | City<br>Knoxville  | State<br>TN                         | Zip Code<br>37920                 |      |              |            | FE    | C Id            | lenti | ificati | ion | ۱۸     | Numb   | ber    |            |                  |      |
|           | Purpose of Disbursement<br>Credit Card Fees  | 0.010                               |                                   |      |              |            | С     | ÷               | ansa  | actio   | n I | ID     | : 13   | 4496   | 34         |                  |      |
|           | Candidate Name   |                                     |                                   |      | egory<br>ype | '/         | An    | noun            | t of  | Eac     | h l | Di     | sbur   | seme   |            | his Pe           | riod |
|           | Office Sought: House Disburse<br>Senate President  | ement For:<br>Primary<br>Other (spe | General Cify)                     |      |              |            |       |                 |       |         |     | Cre    | edit ( | Card   | - 1        | 83.76<br>s       | _    |
|           | State: District:   | ]                                   |                                   |      |              |            |       | IVIE            | emo   | Item    | 1   |        |        |        |            |                  |      |
| C.        | Full Name (Last, First, Middle Initial)<br>American Express  |                                     |                                   |      |              |            | _     |                 | _     | sbur    |     |        | ent    |        |            |                  |      |
|           | Mailing Address PO Box 53852   |                                     |                                   |      |              |            | N     | 10 <sup>M</sup> | /     | D       | 24  |        | /      |        | 201        | 9 Y              |      |
|           | City<br>Phoenix  | State<br>AZ                         | Zip Code<br>85072                 |      |              |            | FE    | C ld            | lenti | ificati | ion | ۱N     | Numt   | ber    |            | _                |      |
|           | Purpose of Disbursement<br>Credit Card Fees  | 1                                   |                                   | C    | 001          |            | С     |                 | ans   | actic   | on  | ID     | ):13   | 4496   | 35         |                  |      |
|           | Candidate Name   |                                     |                                   |      | egory<br>ype | //         | An    | noun            | t of  | Eac     | h I | Di     | sbur   | seme   | nt t       | his Pe           | riod |
|           | Senate           President   | ement For:<br>Primary<br>Other (spe | General<br>cify) ▼                |      |              |            |       | Me              | emo   | Item    |     | Cr     | edit ( | Card   | Fee        | 73.28<br>s       | _    |
| _         | State: District:   |                                     |                                   |      |              |            | _     |                 |       |         |     |        |        |        |            |                  |      |
| ⊢         | UBTOTAL of Disbursements This Page (optional)  |                                     |                                   |      |              |            |       | -               | _     | -       | -   |        | -      |        | 13         | 371.82<br>371.82 | 4    |
|           | OTAL This Period (last page this line number only  | ()                                  |                                   |      |              |            |       |                 | 1.    |         | 4   | _      |        | ,      | _          |                  | -    |

| SCHEDULE B (FEC Form 3X)   |                        |                                       |       | OR L  | INE N       | NUMBER: |         |         |                 | PAGE           | 182 OF 1       | 89 |
|--|------------------------|---------------------------------------|-------|-------|-------------|---------|---------|---------|-----------------|----------------|----------------|----|
| ITEMIZED DISBURSEMENTS   | for each               | earate schedule(s)<br>category of the | (C    |       | only<br>21b | one)    | X       | 23      | 2               | 6              | 27             |    |
|  | Detailed               | Summary Page                          |       |       | 28a         | 28b     |         | 28c     | 2               |                | 30b            |    |
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r |                        |                                       |       |       |             |         |         |         |                 |                |                |    |
|  | -                      |                                       |       |       |             |         |         |         |                 |                |                |    |
| Health Underwriters Political Acti   | on Comm                | nittee                                |       |       |             |         |         |         |                 |                |                |    |
| Full Name (Last, First, Middle Initial)  |                        |                                       |       |       |             |         |         |         |                 |                |                |    |
| A. Joni For Iowa   |                        |                                       |       |       |             | Date of | Disb    |         | _               |                |                |    |
| Mailing Address PO Box 93441   |                        |                                       |       |       |             | 10      | /       | 04      |                 |                | 2019           |    |
| City   | State                  | Zip Code                              |       |       |             | FEC Ide | entific | cation  | Num             | ber            |                |    |
| Des Moines<br>Purpose of Disbursement  | IA                     | 50393                                 |       |       |             |         | 0005    |         |                 |                | -              |    |
| 10/9 Local Meeting   |                        |                                       | 0     | 011   | 11          | U       |         | 54678   |                 |                |                |    |
| Candidate Name   |                        | Cate                                  | egory | /     |             |         |         |         | 339363<br>semer | nt this Period | l              |    |
| Ernst, Joni, , Sen.,   |                        |                                       |       | ype   |             |         | -       |         |                 | -              | 2000.00        | 1  |
| Office Sought: House Disbur:   | sement For:<br>Primary | 2020<br>X General                     |       |       |             |         | -,      |         | _               | -              | 2000.00        | 4  |
| President  | Other (spe             | ••                                    |       |       |             |         |         |         | 10/9 L          | ocal M         | eeting         |    |
| State: IA District:  |                        |                                       |       |       |             | Ivie    | mo It   | tem     |                 |                |                |    |
| Full Name (Last, First, Middle Initial)  |                        |                                       |       |       |             |         |         |         |                 |                |                |    |
| B. Balderson For Congress  |                        |                                       |       |       |             | Date of | Disb    |         |                 |                |                |    |
| Mailing Address PO BOX 2302  |                        |                                       |       |       |             | 10      | /       | D<br>04 |                 |                | 2019           |    |
| City   | State                  | Zip Code                              |       |       |             | FEC Ide | entific | cation  | Num             | ber            |                |    |
| Zanesville<br>Purpose of Disbursement  | OH                     | 43702                                 |       |       |             | С       | 0000    | 0005    | 0               |                | -              |    |
| 10/2 Local Event   | al Event 011           |                                       |       |       |             |         |         | 6265    |                 | 39363          |                |    |
| Candidate Name   |                        |                                       |       | egory | /           |         |         |         |                 |                | nt this Period | 1  |
| Balderson, Troy, , ,<br>Office Sought: <b>x</b> House Disburg  | sement For:            |                                       | Ty    | ype   |             |         | _       |         |                 |                | 1000.00        | 1  |
|  | Primary                | General                               |       |       |             |         |         |         |                 | ocal Ev        | 1 485 1        | ١. |
| President  | Other (spe             | ecify)                                |       |       |             | Me      | mo It   |         | 10/2 L          |                | Vont           |    |
| State: OH District: 12   |                        |                                       |       |       |             |         |         | lem     |                 |                |                |    |
| Full Name (Last, First, Middle Initial)<br>C. NEW DEMOCRAT COALITION POLITICAL                         |                        |                                       | אחר פ |       |             | Date of | Dieh    | niree   | ment            |                |                |    |
| C. NEW DEMOCRAT COALMONT OFFICIAL  |                        |                                       | DOT   | 70    |             |         | /       | D       | _               | Y              | Y Y Y          |    |
| Mailing Address 700 13TH STREET, NW  |                        |                                       |       |       |             | 10      |         | 16      |                 |                | 2019           |    |
| City   | State<br>DC            | Zip Code                              |       |       |             | FEC Ide | entific | cation  | Num             | ber            |                | _  |
| WASHINGTON Purpose of Disbursement   |                        | 20005                                 |       | _     | -           | С       | C004    | 10973   | 30              |                | -              |    |
| 2019 Annual Membership   |                        | 0                                     | 11    |       | -           |         |         |         | 344373          | 34             |                |    |
| Candidate Name   |                        |                                       |       | egory | /           |         |         |         |                 |                | nt this Period | l  |
| Office Sought: House Disbur  | sement For:            |                                       | ſ     | уре   |             |         |         |         |                 |                | 5000.00        | 1  |
| Senate   | Primary                | General                               |       |       |             |         | - 7     |         | 2019            | Annual         | Membership     | 1  |
| President  | Other (spe             | ecify) 🔻                              |       |       |             | Me      | mo It   |         | 20107           | annaan         | monibolomp     |    |
| State: District:   |                        |                                       |       |       |             |         |         |         |                 |                |                |    |
| SUBTOTAL of Disbursements This Page (optional  | l)                     |                                       |       |       |             |         |         |         |                 | 7              | 8000.00        | ]  |
| TOTAL This Period (last page this line number or   | nly)                   |                                       |       |       |             |         |         |         |                 | ,              |                | 1  |

|    | CHEDULE B (FEC Form 3X)   |                                       | arate schedule(s)               |         |              |            | IUMBER:           |       |           |     | F                          | AGE    | 183 OF 189               |
|----|---|---------------------------------------|---------------------------------|---------|--------------|------------|-------------------|-------|-----------|-----|----------------------------|--------|--------------------------|
| IT | EMIZED DISBURSEMENTS  | for each                              | category of the<br>Summary Page | (C      |              | 21b<br>28a | one)<br>22<br>28b | ×     | 23<br>28c | F   | 26<br>29                   |        | 27<br>30b                |
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the nar |                                       |                                 |         |              |            |                   |       |           |     |                            |        |                          |
|    | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Actio                                    | n Comm                                | ittee                           |         |              |            |                   |       |           |     |                            |        |                          |
| Α. | Full Name (Last, First, Middle Initial)<br>Pallone For Congress                                       |                                       |                                 |         |              |            | Date of           | f Dis | sburse    |     |                            | Y      |                          |
|    | Mailing Address PO Box 3176   |                                       | 1                               |         |              |            | 10                |       |           | 16  |                            |        | 019                      |
|    | City<br>Long Branch<br>Purpose of Disbursement  | State<br>NJ                           | Zip Code<br>07740               |         |              |            | FEC Id            | -     |           | -   |                            | er     | -                        |
|    | 11/7 Local Event<br>Candidate Name  |                                       |                                 |         | )11          |            | Tra               | insa  |           | ۱I  | D : 134                    |        |                          |
|    | Pallone, Frank, , Rep., Jr.       Office Sought:     x       House     Disburse                       | ment For: 2                           |                                 |         | egory<br>ype | y/         | Amoun             | t of  | Each      |     | lisburs                    |        | t this Period<br>1000.00 |
|    | State: NJ District: 06  | Primary<br>Other (spec                | ify) ▼                          |         |              |            | Ме                | mo    | Item      | 11  | 1/7 Loo                    | cal Ev | ent                      |
| В. | Full Name (Last, First, Middle Initial)<br>Crapo Victory Committee                                    |                                       |                                 | Date of | f Dis        | sburse     | -                 |       | Y         | YYY |                            |        |                          |
|    | Mailing Address 228 South Washington Street<br>#115   |                                       | 1                               |         |              |            | 10                |       |           | 16  |                            | 2      | 2019                     |
|    | City<br>Alexandria<br>Purpose of Disbursement   | State<br>VA                           | Zip Code<br>22314               | _       |              |            | FEC Id            | enti  | ficatio   | n   | Numb                       | er     | -                        |
|    | 10/15 Event Candidate Name  |                                       |                                 |         |              |            |                   |       |           |     | <b>D : 13</b> 4<br>Disburs |        | 6<br>t this Period       |
|    | Office Sought: House Disburse<br>Senate President   | ment For:<br>Primary<br>Other (spec   | General                         |         | ype          |            |                   | mo    | Item      | 1(  | 0/15 E                     |        | 2500.00                  |
|    | State:         District:           Full Name (Last, First, Middle Initial)                            |                                       |                                 |         |              |            |                   |       |           |     |                            |        |                          |
| C. | Walker 4 Nc<br>Mailing Address PO Box 99247   |                                       |                                 |         |              |            | Date of           | f Dis | D         |     |                            |        | 019                      |
|    |   | State                                 | Zip Code                        |         |              |            | FEC Id            | entit |           |     | Numb                       |        |                          |
|    | Raleigh<br>Purpose of Disbursement<br>10/15 Lunch   | NC                                    | 27624                           | 0       | )11          |            | С                 |       | )5432     | -   | 1 - A                      | 44070  | _                        |
|    | Candidate Name<br>Walker, Mark, , Rep.,   |                                       |                                 |         | egory<br>ype | y/         |                   |       |           |     | D:134<br>Disburs           |        | t this Period            |
|    | Office Sought:<br>Senate<br>President<br>State: NC District: 06                                       | ment For: 2<br>Primary<br>Other (spec | General                         |         |              |            | Me                | mo    | Item      | 1   | 0/15 L                     | unch   | 1000.00                  |
| s  | UBTOTAL of Disbursements This Page (optional).  |                                       |                                 |         |              | •          |                   |       |           | 1   |                            |        | 4500.00                  |
| ⊢  | OTAL This Period (last page this line number only   |                                       |                                 |         |              |            |                   |       | ,         |     | ,                          |        |                          |

| S                      | CHEDULE B (FEC Form 3X)   | F                      | OR L                              | INE N   | IUMBER:      |            |             |        | PAGE              | 184 OF          | 189                     |                         |          |
|------------------------|---|------------------------|-----------------------------------|---------|--------------|------------|-------------|--------|-------------------|-----------------|-------------------------|-------------------------|----------|
| IT                     | EMIZED DISBURSEMENTS  |                        | arate schedule(s) category of the | (C      |              | only       |             |        | 00                | -               |                         |                         |          |
|                        |   |                        | Summary Page                      |         |              | 21b<br>28a | 22<br>28b   |        | 23<br>28c         | 2               | L                       | 27<br>30b               |          |
| A                      | winformation conical from cuch Departs and Clate  |                        | ant has and an use                |         |              |            |             |        |                   |                 | -                       |                         |          |
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| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   | ~                      | • • •                             |         |              |            |             |        |                   |                 |                         |                         |          |
|                        | Health Underwriters Political Actio   | n Comm                 | ittee                             |         |              |            |             |        |                   |                 |                         |                         |          |
| Δ                      | Full Name (Last, First, Middle Initial)<br>Hoosier PAC  |                        |                                   |         |              |            | Date of     | Disł   | hurse             | ment            |                         |                         |          |
|                        | HUUSIEI FAC   |                        |                                   |         |              |            | M M         |        | D                 |                 | Y                       | YYYY                    |          |
|                        | Mailing Address 124 16th Street SE  |                        |                                   |         |              |            | 10          |        | 16                |                 |                         | 2019                    |          |
|                        | 5   | State                  | Zip Code                          |         |              |            | FEC Ide     | entifi | catior            | n Num           | ber                     |                         |          |
|                        | Washington Purpose of Disbursement  | DC                     | 20003                             |         |              |            | С           |        |                   |                 |                         | -                       |          |
|                        | 10/16 Dinner  | Dinner 01              |                                   |         |              |            |             |        | 59116             | 1.0             |                         |                         |          |
|                        | Candidate Name  |                        |                                   |         |              |            |             |        |                   | ID:1:<br>Disbui |                         | 38<br>nt this Pe        | riod     |
|                        |   |                        |                                   |         | ype          | <i>'</i>   |             |        |                   | 2.020           |                         |                         |          |
|                        |   | ment For:              |                                   |         |              |            |             |        |                   | _               |                         | 2500.00                 | _        |
|                        | Senate<br>President   | Primary<br>Other (spec | General                           |         |              |            | -           |        | 1                 | 10/16           | Dinner                  |                         |          |
|                        | State: District:  | Other (spec            | city) 🔻                           |         |              |            | Me          | mo l   | tem               |                 |                         |                         |          |
|                        | Full Name (Last, First, Middle Initial)   |                        |                                   |         |              |            |             |        |                   |                 |                         |                         |          |
| Β.                     | Collins For Congress  |                        |                                   |         |              |            | Date of     | Dist   | burse             | ment            |                         |                         |          |
|                        |   |                        |                                   |         |              |            | MM          | /      | D                 |                 |                         | Y Y Y                   | 1        |
|                        | Mailing Address PO Box 1295   |                        |                                   |         |              |            | 10          |        | 10                | 6               | <u> </u>                | 2019                    |          |
|                        | City  | State                  | Zip Code                          |         |              |            | FEC Ide     | entifi | catior            | n Num           | ber                     |                         |          |
|                        | Gainesville Purpose of Disbursement   | GA                     | 30503                             |         |              |            | 0           | 0000   |                   |                 |                         | -                       |          |
|                        | 10/16 Lunch   |                        |                                   | C       | )11          | 11         |             |        | 50203             |                 |                         |                         |          |
|                        | Candidate Name  |                        |                                   | egory   | /            |            |             |        | ID : 13<br>Disbui |                 | <b>12</b><br>nt this Pe | riod                    |          |
|                        | Collins, Doug, , Rep.,  |                        |                                   |         | ype          |            |             |        |                   | 2.020           |                         |                         |          |
|                        |   | ment For:              |                                   |         |              |            |             |        |                   |                 |                         | 1000.00                 |          |
|                        | Senate X<br>President   |                        | General                           |         |              |            | _           |        |                   | 10/16           | _unch                   |                         |          |
|                        | State: GA District: 09  | Other (spec            | city)                             |         |              |            | Me          | mo l   | tem               |                 |                         |                         |          |
|                        | Full Name (Last, First, Middle Initial)   |                        |                                   |         |              |            |             |        |                   |                 |                         |                         |          |
| C.                     | Anna Eshoo For Congress   |                        |                                   |         |              |            | Date of     | Dist   | burse             | ment            |                         |                         |          |
|                        |   |                        |                                   |         |              |            | MM          | /      | D                 |                 |                         | Y Y Y                   | 1        |
|                        | Mailing Address 555 Capitol Mall, Suite 1425  |                        |                                   |         |              |            | 10          |        | 16                | 2               |                         | 2019                    |          |
|                        | City  | State                  | Zip Code                          |         |              |            | FEC Ide     | entifi | catior            | Num             | ber                     |                         |          |
|                        | Sacramento  | CA                     | 95814                             |         |              |            |             | -      |                   |                 |                         | -                       |          |
|                        | Purpose of Disbursement<br>10/17 Breakfast  |                        |                                   | 0       | 011          |            |             |        | 25847             |                 |                         |                         |          |
|                        | Candidate Name  |                        |                                   | <u></u> | -            |            |             |        |                   | ID:1:<br>Disbu  |                         | <b>43</b><br>nt this Pe | riod     |
|                        | Eshoo, Anna, G., Rep.,  |                        |                                   |         | egory<br>ype |            | Amount      |        | ach               | Disbui          | Serrie                  |                         | illou    |
|                        | Office Sought: 🖌 House Disburse   | ment For: 2            | 2018                              |         |              |            |             |        |                   | _               | <u> </u>                | 1000.00                 |          |
|                        | Senate  | Primary                | <b>x</b> General                  |         |              |            | _           |        |                   | 10/17           | Break                   | fast                    |          |
|                        | State: CA District: 18  | Other (spec            | city) 🔻                           |         |              |            | Me          | mo l   | tem               |                 |                         |                         |          |
|                        |   |                        |                                   |         |              |            |             | _      | _                 |                 | _                       |                         | _        |
| s                      | UBTOTAL of Disbursements This Page (optional).  |                        |                                   |         |              |            |             |        |                   |                 |                         | 4500.00                 |          |
| $\vdash$               |   |                        |                                   |         |              | -          |             |        | ,                 |                 | , ,                     |                         | -        |
| т                      | OTAL This Period (last page this line number only   | ′)                     |                                   |         |              |            |             |        | 9                 |                 | ,                       |                         |          |

| SCHEDULE B (FEC Form 3X)  | Use sepa                              | arate schedule(s)                        |                 |              |                      |                      | :             |                  |               | PAG                       | E 1         | 85 OF                  | 189 |
|---|---------------------------------------|--|-----------------|--------------|----------------------|----------------------|---------------|------------------|---------------|---------------------------|-------------|------------------------|-----|
| ITEMIZED DISBURSEMENTS  | for each                              | category of the<br>Summary Page          |                 |              | only (<br>21b<br>28a | 22<br>28b            | ×             | 23<br>28c        | $\square$     | 26<br>29                  |             | 27<br>30b              |     |
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| NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Action                                       | n Comm                                | ittee                                    |                 |              |                      |                      |               |                  |               |                           |             |                        |     |
| Full Name (Last, First, Middle Initial)<br>A. Anna Eshoo For Congress                                     |                                       |  |                 |              |                      | Date o               | f Dis         | burse            |               |                           | Ŷ           | Y Y                    |     |
| Mailing Address 555 Capitol Mall, Suite 1425  |                                       |  |                 |              |                      | 10                   |               | 2                |               |                           | 201         |                        |     |
| City<br>Sacramento<br>Purpose of Disbursement   | State<br>CA                           | Zip Code<br>95814                        |                 |              |                      | FEC Id               |               |                  |               | mber                      | _           | _                      |     |
| 10/26 Local Event<br>Candidate Name   | 011<br>Categor                        |  |                 |              |                      |                      |               |                  | ID :          | 13444                     |             |                        | 1   |
| Eshoo, Anna, G., Rep.,  | ement For:                            | 2020                                     |                 | egory<br>/pe | //                   | Amoun                | t of          | Each             | Disb          | ursem                     | 10          | his Peric              | bd  |
| Senate<br>President<br>State: CA District: 18   | Primary<br>Other (spe                 | X General                                |                 |              |                      | Me                   | emo           |                  | 10/26         | 5 Local                   |             | ent                    |     |
| Full Name (Last, First, Middle Initial) B. Katherine Clark For Congress Mailing Address PO Box 159        |                                       |  |                 |              |                      | Date o               | f Dis         | burse            | D             |                           | Y<br>201    | y y<br>19              |     |
| City<br>Belmont<br>Purpose of Disbursement<br>10/22 Co-host   | State Zip Code<br>MA 02478            |  |                 |              | _                    |                      |               | icatior<br>54188 |               | mber                      | _           |                        |     |
| Candidate Name<br>Clark, Katherine, , Rep.,<br>Office Sought: <b>x</b> House Disburse                     | ement For:<br>Primary<br>Other (spe   | General                                  | Cate            | egory        | 1/                   | Amoun                |               | Each             | Disb          | 134446<br>ursem<br>2 Co-h | ent t<br>25 | his Peric              | bd  |
| Full Name (Last, First, Middle Initial)<br>C. Walberg For Congress  |                                       |  |                 |              |                      | Date o               | f Dis         |                  |               |                           |             |                        |     |
| Mailing Address PO Box 1362   |                                       |  |                 |              |                      | 10                   | /             | 2                |               | Y                         | 201         | 9 Y                    |     |
| City<br>Jackson<br>Purpose of Disbursement<br>10/23 Lunch<br>Candidate Name                               | State<br>MI                           | Zip Code<br>49204                        | 1. Alt 1.       | 11           |                      |                      | C00<br>ansa   | 39072<br>ction   | 24<br>ID :    | 13444                     |             | his Peric              |     |
| Walberg, Tim, , Rep.,<br>Office Sought:<br>Senate<br>President<br>State: MI District: 07                  | ement For: ;<br>Primary<br>Other (spe | General                                  | Cate<br>Ty      | /pe          |                      |                      | emo           | -                |               | 3 Lunc                    | 10          | 000.00                 |     |
| SUBTOTAL of Disbursements This Page (optional).<br>TOTAL This Period (last page this line number only     |                                       |  |                 |              |                      |                      |               | y- 1             | -             | -y                        | 4           | 500.00                 |     |

|         | EDULE B (FEC Form 3X)  | Use sens                               | arate schedule(s)               |     |                    |                      |                  | R:       |      |              |                         | PAG    | E   | 186 OF 189            |
|---------|--|--|---------------------------------|-----|--------------------|----------------------|------------------|----------|------|--------------|-------------------------|--------|-----|-----------------------|
| ITEN    | <b>NIZED DISBURSEMENTS</b>   | for each                               | category of the<br>Summary Page |     |                    | c only<br>21b<br>28a | one)<br>22<br>28 | <b>×</b> | 23   |              |                         | 6<br>9 |     | 27<br>30b             |
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|         | ME OF COMMITTEE (In Full)<br>ealth Underwriters Political Actio                            | n Comm                                 | ittee                           |     |                    |                      |                  |          |      |              |                         |        |     |                       |
|         | ll Name (Last, First, Middle Initial)<br>/alden For Congress                               |  |                                 |     |                    |                      | Date             | -        |      | irsei        |                         | Y      | Y   | YY                    |
| Ma      | iling Address PO Box 1091  |  |                                 |     |                    |                      | 1                | )        |      | 21           |                         | L      | 20  | 19                    |
|         | od River   | State<br>OR                            | Zip Code<br>97031               |     |                    |                      | 100              |          |      |              | Num                     | ber    |     | _                     |
| 1(      | rpose of Disbursement<br>D/23 Dinner Host<br>ndidate Name                                  |  |                                 |     |                    |                      |                  | rans     | acti |              | ID : 1                  |        |     |                       |
| W       | /alden, Greg, P., Rep.,  | ement For: 2                           | 2020                            |     | egor<br>ype        | y/                   | Amo              | unt of   | Ea   | ch I         | Disbu                   | rsem   | _   | this Period<br>500.00 |
|         | Ate: OR District: 02   | 1                                      | General                         |     |                    |                      |                  | Летс     | Ite  |              | 0/23                    | Dinne  | _   | -40-                  |
| В. J;   | Il Name (Last, First, Middle Initial)  |  |                                 |     |                    |                      | Date             | M        | _    | D            | D /                     | Y      |     | Y Y                   |
|         | illing Address PO Box 1324   | Chata                                  | Zin Oada                        |     |                    |                      | 1                | )        |      | 21           |                         |        | 20  | 19                    |
| Pu      | y<br>ape Girardeau<br>rpose of Disbursement<br>0/24 Lunch                                  | State<br>MO                            | Zip Code<br>63702               |     |                    | _                    | FEC              |          |      | ition<br>186 | Num<br>2                | ber    |     |                       |
| Ca<br>S | ndidate Name<br>mith, Jason, , ,   | ement For: 2                           | 2020                            | Cat | 011<br>egor<br>ype | y/                   |                  |          |      |              | <b>D : 1</b> :<br>Disbu |        | ent | this Period<br>000.00 |
|         | Ate: MO District: 08   | 1                                      | General                         |     |                    |                      |                  | Летс     | Ite  |              | 0/24                    |        |     | - <del>-</del>        |
| -       | II Name (Last, First, Middle Initial)<br>illy Long For Congress                            |  |                                 |     |                    |                      | Date             |          | _    | irsei        | _                       | Y      | V   | YY                    |
| Ma      | iling Address 3246 E Ridgeview St  |  |                                 |     |                    |                      | 1(               |          | Ľ    | 21           |                         | Ľ      |     | 19                    |
| Pu      | y<br>ringfield<br>rpose of Disbursement<br>)/25 Event                                      | State<br>MO                            | Zip Code<br>65804               |     | _                  | _                    | FEC              |          |      | ition        | Num<br>3                | ber    |     |                       |
| Ca<br>L | ndidate Name<br>ong, Billy, , Rep.,  | ep.,<br>House Disbursement For: 2020   |                                 |     |                    |                      |                  |          |      |              | <b>ID : 1</b><br>Disbu  |        | ent | this Period           |
|         | tice Sought: House Disburse<br>Senate President date: MO District: 07                      | ement For: 2<br>Primary<br>Other (spec | x General                       |     |                    |                      |                  | /lemc    | Ite  |              | 10/25                   | Even   | _   | 000.00                |
|         | TOTAL of Disbursements This Page (optional).   |  |                                 |     |                    |                      |                  | -        | 7    |              |                         | 7      | -   | 7500.00               |

|              | CHEDULE B (FEC Form 3X)  |                            | arate schedule(s)                         |                 |             |                 | IUMBER:               |                 |                |                  | PAGE              | 187 OF 189     |
|--------------|--|----------------------------|---|-----------------|-------------|-----------------|-----------------------|-----------------|----------------|------------------|-------------------|----------------|
| IT           | EMIZED DISBURSEMENTS   | for each                   | category of the                           | (C              | heck        | k only<br>21b   | one)                  | <b>X</b>        | 23             | 2                | 6 「               | 27             |
|              |  | Detailed                   | Summary Page                              |                 |             | 28a             | 28b                   |                 | 28c            | 2                |                   | 30b            |
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| $\mathbb{N}$ | NAME OF COMMITTEE (In Full)  | -                          | •   |                 |             |                 |                       |                 |                |                  |                   |                |
|              | Health Underwriters Political Actio  | n Comm                     | ittee                                     |                 |             |                 |                       |                 |                |                  |                   |                |
| Α.           | Full Name (Last, First, Middle Initial)<br>Stephanie Murphy For Congress                             |                            |   |                 |             |                 | Date of               | f Disb          |                |                  |                   | Y Y Y          |
|              | Mailing Address PO Box 205   |                            |   |                 |             |                 | 10                    | /               | 25             |                  |                   | 2019           |
|              | City<br>Winter Park  | State<br>FL                | Zip Code<br>32790                         |                 |             |                 | FEC Ide               | entific         | cation         | Num              | ber               |                |
|              | Purpose of Disbursement  |                            | 52190                                     | _               |             |                 | С                     | C006            | 62044          | 13               |                   | -              |
|              | October Conference Call  |                            |   | C               | )11         |                 |                       | insac           | tion           | ID : 13          | 344710            | )2             |
|              | Candidate Name<br>Murphy, Stephanie, , ,   |                            |   |                 |             |                 |                       |                 | ach            | Disbu            | seme              | nt this Period |
|              |  | ment For: 2                | 2020                                      |                 | 100         |                 |                       |                 |                |                  | e                 | 3000.00        |
|              | Senate <b>x</b><br>President   | Primary<br>Other (spec     | General                                   |                 |             |                 | _                     | ,               | C              |                  | /                 | ference Call   |
|              | State: FL District: 07   | Other (spec                | city) 🔻                                   |                 |             |                 | Me                    | mo It           | tem            |                  |                   |                |
|              | Full Name (Last, First, Middle Initial)  |                            |   |                 |             |                 |                       |                 |                |                  |                   |                |
| В.           | Martin Heinrich For Senate   |                            |   |                 |             |                 | Date of               | f Disb          |                |                  |                   |                |
|              | Mailing Address P.O. Box 25763   |                            |   |                 |             |                 | 10                    | /               | 2              |                  |                   | 2019           |
|              | City   | State<br>NM                | Zip Code                                  |                 |             |                 | FEC Ide               | entific         | cation         | Num              | ber               |                |
|              | Albuquerque Purpose of Disbursement  | INIVI                      | 87125                                     | -               | -           | _               | С                     | C004            | 3456           | 3                |                   | -              |
|              | Coffee 1:1   |                            |   | (               | 011         |                 |                       |                 |                |                  | 844710            | )3             |
|              | Candidate Name<br>Heinrich, Martin, T., Sen.,  |                            |   |                 | egor<br>ype | y/              | Amount                | t of E          | ach            | Disbu            | semer             | nt this Period |
|              |  | ment For:                  | 2024                                      |                 | урс         |                 |                       |                 |                |                  |                   | 2500.00        |
|              |  | Primary                    | General                                   |                 |             |                 |                       |                 | (              | Coffee           |                   | -40            |
|              | State: NM District:  | Other (spec                | cify)                                     |                 |             |                 | Me                    | mo It           | tem            |                  |                   |                |
| с.           | Full Name (Last, First, Middle Initial)<br>Martin Heinrich For Senate                                |                            |   |                 |             |                 | Date of               | f Disb          | ourse          | ment             |                   |                |
|              |  |                            |   |                 |             |                 | M M                   | 1               | D              | D /              | Y                 | Y Y Y          |
|              | Mailing Address P.O. Box 25763   |                            |   |                 |             |                 | 10                    |                 | 25             | 5                |                   | 2019           |
|              | City<br>Albuquerque  | State<br>NM                | Zip Code<br>87125                         |                 |             |                 | FEC Ide               | entific         | cation         | Num              | ber               |                |
|              | Purpose of Disbursement  | -                          | _   |                 | С           | C004            | 13456                 | 63              |                |                  |                   |                |
|              | Coffee 1:1 Candidate Name  |                            |   | C               | )11         |                 | Tra                   | insac           | tion           | ID : 1           | 34471             | 04             |
|              | Heinrich, Martin, T., Sen.,  |                            |   |                 | egor<br>ype | 'y/             | Amount                | t of E          | ach            | Disbu            | semer             | nt this Period |
|              | Office Sought: House Disburse  | ment For: 2                | 2024                                      |                 |             |                 |                       |                 |                |                  |                   | 1500.00        |
|              | X Senate President   | Primary<br>Other (spec     | General                                   |                 |             |                 | _                     |                 | (              | Coffee           | 1:1               |                |
|              | State: NM District:  | Other (spec                | City) V                                   |                 |             |                 | Me                    | mo It           | tem            |                  |                   |                |
| Γ            |  |                            |   |                 |             |                 | <b>_</b>              | -               | -              |                  |                   | 7000.00        |
| <sup>s</sup> | <b>UBTOTAL</b> of Disbursements This Page (optional).  |                            |   |                 |             | •               | ++                    |                 |                | -                | 7                 | ,000.00        |
| т            | OTAL This Period (last page this line number only  | /)                         |   |                 |             |                 | L.                    |                 |                |                  | ,                 |                |

|          | CHEDULE B (FEC Form 3X)  | arate schedule(s)                   |  |  |                     | IUMBER:              |                       |                   |                 | PAGE             | 188 O                   | F 189                      |           |
|----------|--|-------------------------------------|--|--|---------------------|----------------------|-----------------------|-------------------|-----------------|------------------|-------------------------|----------------------------|-----------|
| IT       | EMIZED DISBURSEMENTS   | for each                            | category of the<br>Summary Page          | (c   | neck                | c only<br>21b<br>28a | one)<br>22<br>28b     |                   | 23<br>28c       | 2                |                         | 27<br>30b                  |           |
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|          | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Actio                                   | n Comm                              | ittee                                    |  |                     |                      |                       |                   |                 |                  |                         |                            |           |
| Α.       | Full Name (Last, First, Middle Initial)<br>Scott For Congress  |                                     |  |  |                     |                      | Date of               | <sup>:</sup> Dist | ourse           |                  | Y                       | YY                         | Y         |
|          | Mailing Address Post Office Box 251  |                                     |  |  |                     |                      | 10                    |                   | 2               |                  |                         | 2019                       |           |
|          | City<br>Newport News<br>Purpose of Disbursement  | State<br>VA                         | Zip Code<br>23607                        |  |                     |                      | FEC Id                | -                 |                 |                  | ber                     | -                          |           |
|          | 10/28 Reception Host<br>Candidate Name   |                                     |  | la de la compañía de | )11                 |                      | Tra                   | insac             |                 | ID : 1           | 34471                   |                            | oriod     |
|          | Scott, Robert, C., Rep.,<br>Office Sought: x House Disburse  | House Disbursement For: 2020        |  |  |                     |                      |                       |                   | ach             |                  | seme                    | nt this P<br>2500.00       |           |
|          | State: VA District: 03   | Primary<br>Other (spe               |  |  |                     |                      | Ме                    | mo li             |                 | 10/28            | Recep                   | tion Hos                   | t         |
| В.       | Full Name (Last, First, Middle Initial)<br>Friends Of Dusty Johnson<br>Mailing Address PO Box 278    |                                     |  |  |                     | Date of              | <sup>i</sup> Dist     | burse             | D /             |                  | y y<br>2019             | Y                          |           |
|          | City<br>Mitchell<br>Purpose of Disbursement<br>10/29 Lunch   | State<br>SD                         | Zip Code<br>57301                        |  |                     | _                    | FEC Id                | -                 | catior<br>62891 |                  | ber                     |                            |           |
|          | Candidate Name<br>Johnson, Dusty, , ,  | ement For:<br>Primary<br>Other (spe | General                                  | Cate   | 011<br>egory<br>ype | y/                   | Amount                |                   | Each            | Disbu            | 34471(<br>seme<br>Lunch | 96<br>ht this P<br>1000.00 |           |
| C.       | Full Name (Last, First, Middle Initial)<br>Wyden for Oregon  |                                     |  |  |                     |                      | Date of               | <sup>:</sup> Dist | burse           |                  | Y                       | YY                         | Y         |
|          | Mailing Address PO Box 3271  |                                     |  |  |                     |                      | 10                    |                   | 25              |                  |                         | 2019                       |           |
|          | City<br>Portland<br>Purpose of Disbursement<br>10/29 Dinner Co-Host                                  | State<br>OR                         | Zip Code<br>97208                        | 0  | )11                 | -                    | FEC Id                |                   |                 |                  |                         |                            |           |
|          | Candidate Name   |                                     |  |  | egor<br>ype         | y/                   |                       |                   |                 |                  | 34471<br>rseme          | nt this P                  | eriod     |
|          | Office Sought: House Disburse<br>Senate President State: District:                                   | ement For:<br>Primary<br>Other (spe | General<br>cify) ▼                       |  |                     |                      | Ме                    | mo li             |                 | 10/29            | Dinne                   | 2500.00<br>· Co-Hos        |           |
| ⊢        | UBTOTAL of Disbursements This Page (optional).   |                                     |  |  |                     |                      | ļ.                    |                   | ,               |                  | ,                       | 6000.0                     | 0         |
| Т        | OTAL This Period (last page this line number only  | /)                                  |  |  |                     |                      |                       |                   | 7               |                  | ,                       |                            |           |

| SC  | HEDULE B (FEC Form 3X)   |                                     |  | FOR LINE                  |  |
|-----|--|-------------------------------------|--|---------------------------|--|
| ITI | EMIZED DISBURSEMENTS   | for each                            | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a | one)<br>22 X 23 26 27<br>28b 28c 29 30b                              |
|     | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                                     |  |                           |  |
|     | NAME OF COMMITTEE (In Full)<br>Health Underwriters Political Actio                                   | n Comm                              | ittee  |                           |  |
|     | Full Name (Last, First, Middle Initial)<br>Richard E Neal For Congress Con                           | nmittee                             |  |                           | Date of Disbursement   |
|     | Mailing Address 76 Magnolia Terrace  |                                     | 1  |                           | 10 25 2019   |
|     | City<br>Springfield<br>Purpose of Disbursement   | State<br>MA                         | Zip Code<br>01108                                    |                           | FEC Identification Number  |
|     | 10/29 Breakfast<br>Candidate Name  |                                     |  | 011                       | C C00226522<br>Transaction ID : 13447108                             |
|     | Neal, Richard, E., Rep.,   | ment For: 2                         | 2020   | Category/<br>Type         | Amount of Each Disbursement this Period                              |
|     | State: MA District: 01   | Primary<br>Other (spec              | General<br>cify) ▼                                   |                           | 10/29 Breakfast<br>Memo Item   |
|     | Full Name (Last, First, Middle Initial)<br>PAT PAC   |                                     |  |                           | Date of Disbursement   |
|     | Mailing Address 610 S. Boulevard St  |                                     |  |                           | 10 / D D / Y Y Y Y<br>10 31 2019                                     |
|     | City<br>Tampa<br>Purpose of Disbursement   | State<br>FL                         | Zip Code<br>33606                                    |                           | FEC Identification Number  |
|     | Void - PAT PAC<br>Candidate Name   |                                     |  | 011<br>Category/<br>Type  | Transaction ID : 13449265<br>Amount of Each Disbursement this Period |
|     | Senate<br>President  | ment For:<br>Primary<br>Other (spec | General  |                           | - 1000.00<br>Void - PAT PAC<br>Memo Item                             |
|     | State: District:<br>Full Name (Last, First, Middle Initial)  |                                     |  |                           | Date of Disbursement   |
|     | Mailing Address  |                                     |  |                           | M M / D D / Y Y Y Y  |
|     | City   | State                               | Zip Code   |                           | FEC Identification Number  |
|     | Purpose of Disbursement Candidate Name   |                                     |  |                           | С  |
|     |  | ment For:                           |  | Category/<br>Type         | Amount of Each Disbursement this Period                              |
|     | Senate President State: District:  | Primary<br>Other (spec              | General<br>cify) ▼                                   |                           | Memo Item  |
|     |  |                                     |  |                           |  |
| ⊢   | UBTOTAL of Disbursements This Page (optional).   |                                     |  |                           | 42000.00   |