

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Underwriters Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 01 / 2021 through 11 / 30 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Murphy, Jennifer, , , Type or Print Name of Treasurer

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date 01 / 07 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="309635.57"/>	<input type="text" value="309635.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="394949.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29126.00"/>	<input type="text" value="458516.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="424075.01"/>	<input type="text" value="768151.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71777.20"/>	<input type="text" value="415853.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="352297.81"/>	<input type="text" value="352297.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23367.50	283833.86
(ii) Unitemized	5758.50	165182.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29126.00	449016.03
(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)	29126.00	449016.03
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	9500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	29126.00	458516.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29126.00	458516.03

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	627.20	11641.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	627.20	11641.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	402500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	150.00	1712.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	150.00	1712.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71777.20	415853.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71777.20	415853.79

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29126.00	449016.03
34. Total Contribution Refunds (from Line 28(d))	150.00	1712.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28976.00	447304.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	627.20	11641.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	627.20	11641.79

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Check 2965 for Jason Crow for Congress was voided then cashed shortly after we reported it voided. Need to rectify this \$1000 transaction to display check was cut and cashed.

Form/Schedule:
Transaction ID:

**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 7 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1000 E Walnut Street, Suite 236

City Pasadena	State CA	Zip Code 91106-5332
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2021

Transaction ID : 16162703

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1291 Jefferson Terrace

City Macon	State GA	Zip Code 31201-6703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M. Danny Martin	Occupation (for Individual) Insurance Advisor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2021

Transaction ID : 16162709

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 9640 W. Tropicana Avenue, Suite 10

City Las Vegas	State NV	Zip Code 89147-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nuvo Health	Occupation (for Individual) Managing Partner
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2021

Transaction ID : 16162710

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Garcia, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 16163356
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Shaw, Wanda, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 South 10 Street
 City Griffin State GA Zip Code 30224-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 16163358
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13700 Six Mile Cypress Pkwy
 City Fort Myers State FL Zip Code 33912-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 03 / 2021
Transaction ID : 16163792
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Murphy, Stacy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3080 S Jog Rd

City Greenacres	State FL	Zip Code 33467-2053
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Absolute Best Insurance	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 16163793

Amount of Each Receipt this Period
85.00

Memo Item

B. Dorroh, Thomas, Allen, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 996

City Killeen	State TX	Zip Code 76540-0996
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BKCW Insurance Agency	Occupation (for Individual) Employee Benefits Advisor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 16163794

Amount of Each Receipt this Period
30.00

Memo Item

C. Bibian, Jolene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Maple Ct # 212

City Ventura	State CA	Zip Code 93003-9122
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mills + Maple Insurance Solutions	Occupation (for Individual)
--	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 16163796

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 11 / 03 / 2021
Transaction ID : 16163797
 Amount of Each Receipt this Period 85.00
 Memo Item

B. King, Carolyn, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Country Lane
 City Sussex State NJ Zip Code 07461-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolyn J King Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 03 / 2021
Transaction ID : 16163798
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 11 / 03 / 2021
Transaction ID : 16163799
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 03 / 2021**
Transaction ID : 16163800
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Nolimal, Frank, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 04 / 2021**
Transaction ID : 16165760
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt **11 / 04 / 2021**
Transaction ID : 16165761
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 04 / 2021
Transaction ID : 16165765
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Berman, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8805 Sawleaf Rd
 City Indianapolis State IN Zip Code 46260-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 16166109
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Ware, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 N. CARSON ST 38
 City CARSON CITY State NV Zip Code 89701-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aware Benefits Co. Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 16166110
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Pedersen, Jill, L., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16325 Boones Ferry Rd #204

City Lake Oswego	State OR	Zip Code 97035-4297
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
980.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2021

Transaction ID : 16166111

Amount of Each Receipt this Period
85.00

Memo Item

B. Hausladen, Victoria, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3600 American Blvd Suite500

City Bloomington	State MN	Zip Code 55431-4502
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gallagher	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2021

Transaction ID : 16166112

Amount of Each Receipt this Period
85.00

Memo Item

C. Southan, Tamela, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 W. Renner Rd., Ste 330

City Richardson	State TX	Zip Code 75082-2025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Benefit Solutions By Design, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2021

Transaction ID : 16166113

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 169
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Kirk, Stephanie, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18887 State Highway 305
 Suite 300
 City Poulsbo State WA Zip Code 98370-7461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Agency President & Licensed Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : 16166114
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Plymwood Dr
 City Plymouth Meeting State PA Zip Code 19462-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : 16166115
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Gussin, Craig, , CLU, LPRT,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : 16166116
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Gualtieri, Peter, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 JFK Boulevard, Suite 1220

City Philadelphia	State PA	Zip Code 19103-2810
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Savoy Associates		Occupation (for Individual) Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

Transaction ID : 16166117

Amount of Each Receipt this Period

30.00

 Memo Item

B. Buffington, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3112 South 13th

City Lincoln	State NE	Zip Code 68502-4514
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) A+ Brokerage		Occupation (for Individual) Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

Transaction ID : 16166118

Amount of Each Receipt this Period

85.00

 Memo Item

C. Sale, Raymer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway
Suite 285

City Duluth	State GA	Zip Code 30097-5246
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) E2E Benefits Services		Occupation (for Individual) Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

Transaction ID : 16166119

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Niederman, Tammy, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Silver Maple Circle
 City Highlands Ranch State CO Zip Code 80129-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avesis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.00

Date of Receipt 11 / 06 / 2021
Transaction ID : 16166333
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Cupo, Gary, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fairfields Commons 271 Route 46 West Suite F-109
 City Fairfield State NJ Zip Code 07004-2447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Health Insurance Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 06 / 2021
Transaction ID : 16166334
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Trokey, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 S. Kirkwood Rd Ste 201
 City Saint Louis State MO Zip Code 63122-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 11 / 06 / 2021
Transaction ID : 16166335
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hoffman, Crystal, , SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 709

City Sugar Land	State TX	Zip Code 77487-0709
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Benefit Concepts, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2021

Transaction ID : 16166336

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 901 Wilshire Drive
Suite 330

City Troy	State MI	Zip Code 48084-5611
--------------	-------------	------------------------

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

Name of Employer (for Individual) Wilshire Benefits Group Inc	Occupation (for Individual) President/CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2021

Transaction ID : 16166337

Amount of Each Receipt this Period
170.00

Memo Item

C. Combs, Susan, L., PPACA, ChH,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Fifth Ave
Ste 501

City New York	State NY	Zip Code 10001-7607
------------------	-------------	------------------------

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

Name of Employer (for Individual) Combs & Company, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2021

Transaction ID : 16166338

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	312.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Parkway
 City Flower Mound State TX Zip Code 75028-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1160.00

Date of Receipt 11 / 06 / 2021
Transaction ID : 16166340
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Brachlow, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Westchester Ave, Suite S229
 City White Plains State NY Zip Code 10604-3546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Executive Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 06 / 2021
Transaction ID : 16166341
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 16166360
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 169
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Chubet, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Main St.
 Suite B
 City Farmington State CT Zip Code 06032-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 16166362
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Rome, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Lessard St
 City Donaldsonville State LA Zip Code 70346-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 16166364
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Mariscal, Debra, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1116
 City Westminster State CA Zip Code 92684-1116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Covered California Small Business Occupation (for Individual) Business Develop Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 16166365
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frizzell, Paula, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 Star Shoot Parkway
 Suite 170-408
 City Lexington State KY Zip Code 40509-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 16166366
 Amount of Each Receipt this Period 85.00
 Memo Item
 Membership Form

B. Garcia, J., Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Jordan Street
 Suite 400
 City Shreveport State LA Zip Code 71101-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moreman, Moore & Co. Inc. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 16166407
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McCann Potter, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 Midkiff
 City Midland State TX Zip Code 79701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aflac Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 16166408
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tandrow, Tara, , CIC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 5815
 City Boise State ID Zip Code 83705-0815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 16166410
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Redmon, Bridget, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 E. Lewis & Clark Parkway Suite 205
 City Clarksville State IN Zip Code 47129-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Redmon Insurance Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 16166412
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Eldridge, Jaudaun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6490 S McCarran Blvd Bldg C-24
 City Reno State NV Zip Code 89509-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eldridge Agency Llc Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 16166414
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Galardini, Richard, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Pinewood Ln
 Ste 301
 City Warrendale State PA Zip Code 15086-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2021
Transaction ID : 16166420
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Blanco, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1059 Blue Lakes Blvd
 City Twin Falls State ID Zip Code 83301-6602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aflac Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2021
Transaction ID : 16166421
 Amount of Each Receipt this Period
 30.00
 Memo Item

c. Magnuson, Raymond, E., JD,CLU,ChF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4337 E. 5th Street
 City Tucson State AZ Zip Code 85711-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2021
Transaction ID : 16206305
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benkowski, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4688 W Jennifer Ave
 Ste 103
 City Fresno State CA Zip Code 93722-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206306
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hansen, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 So 2nd St
 City Mount Vernon State WA Zip Code 98273-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Financial Group, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206307
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Haberman, Joshua, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S
 Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexander & Haberman Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206312
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Caselman, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 N 4th St
 City Grand Junction State CO Zip Code 81501-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Home Loan Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206313
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Sansevieri, Paul, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 641
 City Corona Del Mar State CA Zip Code 92625-0641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206314
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Deru, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 393 W Gordon Ave Ste 1
 City Layton State UT Zip Code 84041-2391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206315
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 366
 City Westfield State IN Zip Code 46074-0366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Human Capital Concepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206317
 Amount of Each Receipt this Period 85.00
 Memo Item

B. McKittrick, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 Danley Drive
 City Rapid City State SD Zip Code 57702-6893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountain Plains Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206318
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jimison, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6185 Magnolia Ave Ste 319
 City Riverside State CA Zip Code 92506-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 16206319
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5334

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

Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.37

Date of Receipt
11 / 09 / 2021
Transaction ID : 16206320

Amount of Each Receipt this Period
166.67

Memo Item

B. Meredith, Griffin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 S 5th St Unit 303

City Louisville State KY Zip Code 40202-4309

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

Name of Employer (for Individual) Commonwealth Insurance Partners Occupation (for Individual) President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 09 / 2021
Transaction ID : 16206321

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 131 Interpark Blvd

City San Antonio State TX Zip Code 78216-1841

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 09 / 2021
Transaction ID : 16206322

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	281.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mordo, David, , ACA Certif,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Kennedy Court

City Middletown	State NJ	Zip Code 07748-3532
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2021

Transaction ID : 16206323

Amount of Each Receipt this Period
42.00

Memo Item

B. Ybarra, Valeria, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7236 Vanessa Dr

City Corpus Christi	State TX	Zip Code 78414-5710
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance	Occupation (for Individual)
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
522.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2021

Transaction ID : 16207228

Amount of Each Receipt this Period
42.00

Memo Item

C. Fearing, Meagan, Ray, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 N Wahsatch Ave

City Colorado Springs	State CO	Zip Code 80903-3406
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Insurance Marketing Enterprises, Inc	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2021

Transaction ID : 16207229

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 169
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelley, Dianne, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 N La Cholla Blvd.
 154-219
 City Tucson State AZ Zip Code 85741-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 11 / 2021
Transaction ID : 16207310
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Hild, Donald, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2640 Willard Dairy Rd.
 Suite 122
 City HIGH POINT State NC Zip Code 27265-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 16207643
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Vipond, Elizabeth, T., CLU, CFP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Cumberland Av Unit 1903
 City Tampa State FL Zip Code 33602-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Senior Health Advisor Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 16207645
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	123.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17117 Oak Drive
 Suite D
 City Omaha State NE Zip Code 68130-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 16207646
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Brannon, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group US, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 16207648
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Blomgren, Laura, , CLTC, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 National Parkway
 Suite 93550
 City Schaumburg State IL Zip Code 60173-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 16207650
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fairbairn, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Creative Insurance Concepts Inc
 8069 Little Circle Rd
 City Noblesville State IN Zip Code 46060-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Insurance Concepts Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 16207651
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cunix, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6690 Beta Drive, Suite 212
 City Mayfield Village State OH Zip Code 44143-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cunix Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 16207652
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Riensche, Glen, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Havelock Ave
 City Lincoln State NE Zip Code 68507-1268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Insurance Services, Inc Occupation (for Individual) Financial Professional
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 16207653
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stewart, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West 36th Avenue
 Suite 310
 City Anchorage State AK Zip Code 99503-5805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Sr. Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 12 / 2021
Transaction ID : 16207654
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 S. Riverside Plaza
 Suite 900
 City Chicago State IL Zip Code 60606-5975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USI Insurance Services Compliance Project Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 11 / 12 / 2021
Transaction ID : 16207656
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. May, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 East Main Suite A
 City Puyallup State WA Zip Code 98372-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Robert L. May & Associates, Inc. DBA H Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2021
Transaction ID : 16207659
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 16207664
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Knight, Ronald David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 507
 City Carrollton State GA Zip Code 30112-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marsh & McLennan Agency LLC Company Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 16207665
 Amount of Each Receipt this Period 85.00
 Memo Item
 Monthly Contribution

C. Denz, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Wild Ginger Lane
 City Fleming Island State FL Zip Code 32003-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 13 / 2021**
Transaction ID : 16207737
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schroeder, Scott, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 East First Street
 P O Box 327
 City Mechanicsville State IA Zip Code 52306-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schroeder & Associates Occupation (for Individual) President/Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207738
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Coley, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Olde Gate Court
 City Pooler State GA Zip Code 31322-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207740
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Canter, Julianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207741
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Scholz, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St
 Ste 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 11 / 13 / 2021
Transaction ID : 16207742
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Patrician, James, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N. Plum Grove Road, Suite C
 City Schaumburg State IL Zip Code 60173-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coordinated Benefits Co., LLC Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 13 / 2021
Transaction ID : 16207743
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street
 Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 11 / 13 / 2021
Transaction ID : 16207745
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 570
 City Newport Beach State CA Zip Code 92660-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207746
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207747
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Spell, Richard, Blake, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6176 Centre Camp Ct.
 City Greensboro State NC Zip Code 27455-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207748
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 OF 169 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Sherrill, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 Palm Springs Dr, Suite 270
 City Altamonte Springs State FL Zip Code 32701-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207749
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 N. Elm Street Suite 201
 City Greensboro State NC Zip Code 27408-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207750
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Masucci, Joseph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Rouser Road Building 4 Suite 401
 City Moon Township State PA Zip Code 15108-2779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefit Services LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207751
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Anderson, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11247 69th St NE Albertville
 City Albertville State MN Zip Code 55301-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 13 / 2021
Transaction ID : 16207752
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Chornak, Shelley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207778
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8814 Fargo Road Suite 125
 City Richmond State VA Zip Code 23229-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207780
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hannah, Joseph, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 East Cary Street
 Suite 2000
 City Richmond State VA Zip Code 23219-4057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA Healthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207781
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Sutton, Trent, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 Poleline Rd., # A
 City Pocatello State ID Zip Code 83201-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Real Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207782
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Pierce, Mary, Jeannette, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1306 SE 105th Ct
 City Vancouver State WA Zip Code 98664-4746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Northwest Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207783
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daidone, Grace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 S. Virginia
 City Reno State NV Zip Code 89502-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207786
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Johnson, David, S., LUTCF,RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe
 City Big Canoe State GA Zip Code 30143-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207787
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hensley, Lizette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 84
 City Royse City State TX Zip Code 75189-0084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 14 / 2021
Transaction ID : 16207789
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 155.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Mundell, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21486 Countryside Drive
 City Lake Forest State CA Zip Code 92630-6558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 16207826
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bellman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 Branch Hollow Dr
 City Dallas State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UnitedHealthcare Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 16207828
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The Canadian Medstore Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1960.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 16207829
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Easterling, Sy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Porter Ave
 City Biloxi State MS Zip Code 39530-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BXS Insurance Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 16207831
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hynes, Bernard, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 N. Central Ave. Suite 1170
 City Phoenix State AZ Zip Code 85012-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hynes Benefits Consulting, LLC Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 16207877
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 16207878
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sullivan, Audra, I., SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 N Watson Rd
Ste 287

City Arlington State TX Zip Code 76006-6222

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 16 / 2021
Transaction ID : 16207880

Amount of Each Receipt this Period
42.00

Memo Item

B. Frankel, Teri, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21820 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367-6485

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

Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 16 / 2021
Transaction ID : 16207881

Amount of Each Receipt this Period
30.00

Memo Item

C. Kennedy, Tamara, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9414 E Sera Bria

City Scottsdale State AZ Zip Code 85255-6054

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
925.00

Date of Receipt
11 / 16 / 2021
Transaction ID : 16207883

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Eisenhower Parkway
 Second Floor
 City Roseland State NJ Zip Code 07068-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 16207885
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Woodboro Dr
 City Huntington Beach State CA Zip Code 92649-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 16207886
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36711 American Way
 Suite 2F
 City Avon State OH Zip Code 44011-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4870.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 16208373
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6340 South Western Ave
 Ste 120
 City Sioux Falls State SD Zip Code 57108-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2021
Transaction ID : 16208374
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 537.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2021
Transaction ID : 16208376
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Patton, Lee, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2021
Transaction ID : 16208377
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Bailey, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Ave
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2021
Transaction ID : 16208379
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Brooks, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1024 N Elm Pl
 City Broken Arrow State OK Zip Code 74012-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flippo Insurance Occupation (for Individual) Insurance Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2021
Transaction ID : 16208380
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Cross, Danny, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22421 Barton Rd 372
 City Grand Terrace State CA Zip Code 92313-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Cross Insurance Marketing Services Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2021
Transaction ID : 16208381
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	92.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Riggs, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 14788
 City Irvine State CA Zip Code 92623-4788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **510.00**

Date of Receipt **11 / 17 / 2021**
Transaction ID : 16208382
 Amount of Each Receipt this Period **85.00**
 Memo Item

B. Tompkins, Daniel, R., JD, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 17 / 2021**
Transaction ID : 16208383
 Amount of Each Receipt this Period **85.00**
 Memo Item

C. Trevino, Terrie, L., CHC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Main Street, Ste. 200
 City Meridian State ID Zip Code 83642-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 17 / 2021**
Transaction ID : 16208384
 Amount of Each Receipt this Period **30.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Paulus, Raquel, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1368 Business Park Drive
 City Traverse City State MI Zip Code 49686-8640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peterson McGregor Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 16208386
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Pantello, Julie, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Allentown Rd.
 City Lima State OH Zip Code 45805-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 16208388
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gutierrez, Jeanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2727 Grand Prairie Pkwy
 City Waukee State IA Zip Code 50263-8844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 16208390
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McNeely, Stephen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 Fieldbrook Pass
 City Fort Wayne State IN Zip Code 46815-5576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Interty Financial Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 16208626
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Nursick, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 Hemingway Dr Apt 259
 City Oklahoma City State OK Zip Code 73118-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benchmark Financial Group, Inc Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 16208627
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Walker, Mychal, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3455 Peachtree Industrial Blvd Ste 305
 City Duluth State GA Zip Code 30096-5176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Walker Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 16208628
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	127.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Reynolds, Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5776 Lindero Cyn Rd
 D342
 City Westlake Village State CA Zip Code 91362-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2021
Transaction ID : 16208631
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Wolfe, Rosanne, , RHU, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2021
Transaction ID : 16208634
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Eckard, Brenda, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2021
Transaction ID : 16208635
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Abels, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Rosebay Drive
 City Encinitas State CA Zip Code 92024-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abels Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 16208636
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S Carancahua St Ste 301
 City Corpus Christi State TX Zip Code 78401-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1113.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 16208640
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Smith, David, C., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 N. Corcoran St. #1205
 City Durham State NC Zip Code 27701-5020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EBen Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 16209905
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kanter, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 Lombard St Ste B
 City Thousand Oaks State CA Zip Code 91360-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Get Benefits Insurance Services, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 16209906
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hillenbrand, John, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14500 S. Outer 40 Road Ste 203
 City Chesterfield State MO Zip Code 63017-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hillenbrand & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 16209907
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bosnakis, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 B Street Suite #505A
 City Anchorage State AK Zip Code 99501-3657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gina Bosnakis & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 16209908
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sundstrom, Leif, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 889
 6 Main Street
 City Pinehurst State ID Zip Code 83850-0889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sundstrom Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 16209909
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Raymond, Garrin, Mitchell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2021
Transaction ID : 16210184
 Amount of Each Receipt this Period 12.00
 Memo Item

c. Hall, Dwight, , CHC, LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Hall & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2021
Transaction ID : 16210185
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Johnson, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West 36th Avenue
 Suite 310
 City Anchorage State AK Zip Code 99503-5805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Account Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 11 / 20 / 2021
Transaction ID : 16210186
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Bartholomew, Rhonda, , CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5099
 City Twin Falls State ID Zip Code 83303-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HUB International Group Division Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 11 / 20 / 2021
Transaction ID : 16210188
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Insurance Concepts of Nevada Agent
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 11 / 20 / 2021
Transaction ID : 16210189
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Skinner, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1277
 City Bloomington State IN Zip Code 47402-1277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hoosier Dental Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 20 / 2021
Transaction ID : 16210190
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Moore, Adrian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 Covey Chase Drive
 City Charlotte State NC Zip Code 28210-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Friday Health Plans Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 21 / 2021
Transaction ID : 16210226
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kidder, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Newport Blvd Ste 190
 City Newport Beach State CA Zip Code 92663-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 21 / 2021
Transaction ID : 16210238
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harris, Deborah, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1236 122nd Ave
 City Hopkins State MI Zip Code 49328-9623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TriFound Financial Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 287.00

Date of Receipt
 11 / 21 / 2021
Transaction ID : 16210245
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Mayer, Alana, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central Ave 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt
 11 / 22 / 2021
Transaction ID : 16210258
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kohlsdorf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Ingersoll Ave Suite 200
 City Des Moines State IA Zip Code 50309-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt
 11 / 22 / 2021
Transaction ID : 16210260
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kite, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 629
 City Roanoke State VA Zip Code 24004-0629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210263
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Burns, Patrick, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1895.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210266
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210267
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Five Cowboys Way
 Suite 300
 City Frisco State TX Zip Code 75034-2074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Svcs Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210268
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Mannor, Kevin, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2205 Trautner Drive
 City Saginaw State MI Zip Code 48604-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mannor Financial Group, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210270
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Boaz, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5565 Roberts Drive
 Suite 100
 City Atlanta State GA Zip Code 30338-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthLife Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210272
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Webb, Amy, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 E. Main Street
 Suite 200
 City Moorestown State NJ Zip Code 08057-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saratoga Benefit Services, LLC. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210274
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Qualizza, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 W. 151st Street
 City Olathe State KS Zip Code 66062-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associate Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 16210276
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McClaskey, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 16210744
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Reeves, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3702 Brownsboro Rd
 City Louisville State KY Zip Code 40207-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 16210745
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Goodman, Robert, Hiram, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 7th Avenue South
 City Birmingham State AL Zip Code 35233-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 16210748
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Fitzgerald, Robert, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 Fowler St
 City Woodstock State GA Zip Code 30188-5023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 16210749
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gadinas, Kathy, M., CLTC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16325 Boones Ferry Rd., #204

City Lake Oswego	State OR	Zip Code 97035-4297
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Benefit Solutions	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 16210755

Amount of Each Receipt this Period
50.00

Memo Item

B. Baskett, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601C Blanding Ave #222

City Alameda	State CA	Zip Code 94501-1507
-----------------	-------------	------------------------

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

Name of Employer (for Individual) John Baskett Insurance Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 16210756

Amount of Each Receipt this Period
30.00

Memo Item

C. Braner, Jodie, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Six Concourse Parkway Suite 2750

City Sandy Springs	State GA	Zip Code 30328-6243
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Benefit Company	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 16210758

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Griffey, Patricia, A., CSA, RHU,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56294 Primrose Cir

City Elkhart	State IN	Zip Code 46516-1509
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Page 1 Medicare	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 16210759

Amount of Each Receipt this Period
100.00

Memo Item

B. Stewart, Rachel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18130 N 64th Dr W

City Glendale	State AZ	Zip Code 85308-1068
------------------	-------------	------------------------

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

Name of Employer (for Individual) RS Assurance	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 16210761

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 1126 Clifton Avenue

City Clifton	State NJ	Zip Code 07013-3622
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Executive Benefits Group, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : 16210766

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pleasants, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6726 Stuyvesant Ct.
 City Corpus Christi State TX Zip Code 78414-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Employer & Individual Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 16210767
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Coker, Kenneth, Wayne, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 W I St
 City Benicia State CA Zip Code 94510-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CokerWayne & Associates Occupation (for Individual) Broker Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 16210768
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Baker, Misty, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Green Valley Dr
 City Leander State TX Zip Code 78641-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211230
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Savas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5462 Shirley Jean Ct
 City Winston Salem State NC Zip Code 27105-1773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savas Insurance Services, Inc. Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211231
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kramer, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 West McKinley Suite 350
 City Mishawaka State IN Zip Code 46545-5699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211234
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211237
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Woodward, Thomas, Nathan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 West Bankhead Hwy

City Villa Rica	State GA	Zip Code 30180-1701
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Westwood Agency	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211240

Amount of Each Receipt this Period
30.00

Memo Item

B. Mackin, Martin, John, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 29607

City San Francisco	State CA	Zip Code 94129-0607
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Foresight Benefits, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211241

Amount of Each Receipt this Period
63.00

Memo Item

C. Clark, Jonathan, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5525 S 900 E
Ste 325

City Salt Lake City	State UT	Zip Code 84117-3516
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Fringe Benefit Analysts	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211242

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 65 OF 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Tellesbo-Kembel, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Lake Bellevue, Suite 100
 City Bellevue State WA Zip Code 98005-2480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211243
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Todd, Helen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Financial Centre Pkwy Ste 300
 City Little Rock State AR Zip Code 72211-3588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211244
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 N Shoreline Blvd Suite 410
 City Corpus Christi State TX Zip Code 78401-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211245
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cox, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4811 Gaillardia Parkway, Suite 300
 City Oklahoma City State OK Zip Code 73142-1875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Corporate Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211249
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Currier, Craig, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 Aksarben Drive
 City Omaha State NE Zip Code 68180-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross and Blue Shield of Nebraska Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211250
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 16211251
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 135.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1123 Soquel Avenue

City Santa Cruz	State CA	Zip Code 95062-2105
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DCD Financial & Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2021

Transaction ID : 16211253

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address PO Box 805

City West Chester	State OH	Zip Code 45071-0805
----------------------	-------------	------------------------

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

Name of Employer (for Individual) JRM & Associates Agency, Inc	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2021

Transaction ID : 16211254

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 54 Belle Meadow Lane

City Little Rock	State AR	Zip Code 72210-3714
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Sunstar Insurance of AR	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2021

Transaction ID : 16211255

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7011 Lucea Rd

City Little Rock	State AR	Zip Code 72210-4146
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Sunstar Insurance of AR	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211256

Amount of Each Receipt this Period
30.00

Memo Item

B. Lawson, Tonda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6611 Orion Drive
Suite 201

City Fort Myers	State FL	Zip Code 33912-4329
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Brown & Brown, Inc.	Occupation (for Individual) VP Employee Benefits
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211257

Amount of Each Receipt this Period
30.00

Memo Item

C. Wilkinson, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2800 N 44th St
Ste 500

City Phoenix	State AZ	Zip Code 85008-1576
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Total Dental Administrators	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211258

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Law, Marv, , CLTC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45345 Carrie Ln

City La Quinta	State CA	Zip Code 92253-4291
-------------------	-------------	------------------------

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

Name of Employer (for Individual) HealthBridge Insurance Solutions	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2021

Transaction ID : 16211259

Amount of Each Receipt this Period
30.00

Memo Item

B. Address, Carolyn, Marie, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1959 Highway 34 2nd Floor

City Wall Township	State NJ	Zip Code 07719-9760
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) HUB International	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2021

Transaction ID : 16211539

Amount of Each Receipt this Period
30.00

Memo Item

C. Davis, Paul, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17347 Napa St

City Sherwood Forest	State CA	Zip Code 91325-3441
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Paul Davis Insurance Services	Occupation (for Individual)
--	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2021

Transaction ID : 16211542

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Morrow, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 Clear Water Trl
 City Holly Lake Ranch State TX Zip Code 75765-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kilpatrick Companies LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 25 / 2021
Transaction ID : 16211543
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Broadbent, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 West Cache Valley Blvd, Suite
 City Logan State UT Zip Code 84341-8450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadbent Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 25 / 2021
Transaction ID : 16211544
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Berg, Allan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3170 44th Street, Unit 110
 City Fargo State ND Zip Code 58104-8596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Risk Partners Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 25 / 2021
Transaction ID : 16211551
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lucas, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1089
 City Richmond Hill State GA Zip Code 31324-1089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bill Lucas & Associates Insurance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2021
Transaction ID : 16211553
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Whaley, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 N. Washington Street Suite A
 City Easton State MD Zip Code 21601-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2021
Transaction ID : 16211554
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Olson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N. 203rd St, Suite 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 25 / 2021
Transaction ID : 16211556
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Spinelli, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Avenue Street
 Suite 1500
 City Cleveland State OH Zip Code 44114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) VP Group Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 25 / 2021**
Transaction ID : 16211557
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Tuthill, Glendae, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Old Greenville Rd
 City Fayetteville State GA Zip Code 30215-5935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resource Seven Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **11 / 25 / 2021**
Transaction ID : 16211558
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Rice, Russell, Lee, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8830 Buckskin Dr
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 25 / 2021**
Transaction ID : 16211559
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 178.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne	State IN	Zip Code 46814-8934
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Employee Plans, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2021

Transaction ID : 16211560

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address PO BOX 2137

City KERNVILLE	State CA	Zip Code 93238-2137
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2021

Transaction ID : 16211561

Amount of Each Receipt this Period
85.00

Memo Item

C. Gwin, David, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 1396

City Irmo	State SC	Zip Code 29063-1396
--------------	-------------	------------------------

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

Name of Employer (for Individual) Southeastern Insurance Consultants	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2021

Transaction ID : 16211563

Amount of Each Receipt this Period
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Grant, Staci, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Glendale Ave
 City Livingston State NJ Zip Code 07039-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry O. Baker Insurance Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 26 / 2021
Transaction ID : 16211933
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Enders, Shannon, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5797 Harvey Street - Suite A
 City Norton Shores State MI Zip Code 49444-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeshore Employee Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt
 11 / 26 / 2021
Transaction ID : 16211934
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Gilbert, Debra, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2331 Mustang Drive Suite 200
 City Grapevine State TX Zip Code 76051-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 11 / 26 / 2021
Transaction ID : 16211936
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Waller, Doris, , LPRT Soari,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Highland Crest Lane
 City Sachse State TX Zip Code 75048-5552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pan-American Benefits Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 26 / 2021
Transaction ID : 16211937
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 Woodman Ave Apt 303
 City Sherman Oaks State CA Zip Code 91423-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Origin Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 26 / 2021
Transaction ID : 16211940
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Allumbaugh, Joel, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 E. Chestnut St., Suite 520
 City Augusta State ME Zip Code 04330-5759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Worksite Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 26 / 2021
Transaction ID : 16211943
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
(Wooden) Lovincey, Rebecca, L., ,

Mailing Address **201 NE Park Plaza Dr #293**

City Vancouver	State WA	Zip Code 98684-5881
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Brown & Brown, Inc.	Occupation (for Individual) Agent
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 26 / 2021

Transaction ID : 16211944

Amount of Each Receipt this Period
30.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rivera, Michael, A., ,

Mailing Address **13201 N.W. Fwy. Suite 265**

City Houston	State TX	Zip Code 77040-6165
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Northwest General Insurance	Occupation (for Individual) Broker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 26 / 2021

Transaction ID : 16211946

Amount of Each Receipt this Period
85.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tretter, Robert, C., CLU, ChFC.,,

Mailing Address **6222 Spring Lake Drive**

City Hamilton	State OH	Zip Code 45011-8189
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) National Association of Health Underwr	Occupation (for Individual) Broker
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 26 / 2021

Transaction ID : 16211947

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Niederman, Brad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1745 Shea Center Dr
4th Floor

City Highlands Ranch	State CO	Zip Code 80129-1537
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Niederman Insurance Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

Transaction ID : 16211950

Amount of Each Receipt this Period
30.00

Memo Item

B. Mann, William, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14727 E Red Bayberry Ct

City Cypress	State TX	Zip Code 77433-5413
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Compliance Office	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

Transaction ID : 16211951

Amount of Each Receipt this Period
42.00

Memo Item

C. Cociu, Dorothy, M., RHU, REBC,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 6677

City Fullerton	State CA	Zip Code 92834-6677
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

Transaction ID : 16211952

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gutierrez, Antonio 'Tony', , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefitcare.com Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2021
Transaction ID : 16211953
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Ramirez, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 E Best Ave
 City Coeur D Alene State ID Zip Code 83814-4868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dirks Insurance Group, LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2021
Transaction ID : 16211954
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Hollister, Deborah, B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1556
 City Stuart State FL Zip Code 34995-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Insurance, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2021
Transaction ID : 16212021
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ruffin, Helena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 Timber Ln
 City Charlotte State NC Zip Code 28270-5270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ruffin Insurance Solutions, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 16212022
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Morris, Reine, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 NE Multnomah Street
 City Portland State OR Zip Code 97232-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Mgr Large Group Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 16212024
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Brown, Carey, H., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Six Concourse Parkway Suite 2750
 City Atlanta State GA Zip Code 30328-6243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 16212025
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tierney, Robert, J., HDHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 Main Street, Ste. 200

City Meridian	State ID	Zip Code 83642-2611
------------------	-------------	------------------------

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

Name of Employer (for Individual) Compass Benefit Advisors	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2021

Transaction ID : 16212031

Amount of Each Receipt this Period
85.00

Memo Item

B. Goodacre, James, William, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 22423

City Carmel	State CA	Zip Code 93922-0423
----------------	-------------	------------------------

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

Name of Employer (for Individual) James W. Goodacre II	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2021

Transaction ID : 16212034

Amount of Each Receipt this Period
30.00

Memo Item

C. Jackson, Jerry, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 N. Maplewood Ave.

City Peoria	State IL	Zip Code 61606-1035
----------------	-------------	------------------------

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

Name of Employer (for Individual) Jackson Financial Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		27		2021

Transaction ID : 16212035

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schwartz, Matt, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 Breckenridge Lane, Suite 8A
 City Louisville State KY Zip Code 40220-1462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 16212036
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Severo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 Chestnut St. Ste 200
 City Meadville State PA Zip Code 16335-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DJB Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 16212038
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jennings, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Hathaway Pond Cir
 City Rochester State MA Zip Code 02770-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Association of Health Un Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 16212039
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Johnson, Suzanne, K., RHU, CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7621 Little Ave
Suite 113

City Charlotte State NC Zip Code 28226-8402

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

Name of Employer (for Individual) Employee Benefit Advisors Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1185.00

Date of Receipt
11 / 27 / 2021
Transaction ID : 16212041

Amount of Each Receipt this Period
85.00

Memo Item

B. Underhill, Elizabeth, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5951 Canoga Avenue

City Woodland Hills State CA Zip Code 91367-5010

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

Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt
11 / 27 / 2021
Transaction ID : 16212044

Amount of Each Receipt this Period
85.00

Memo Item

C. Reddy, Michael, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 River Pointe Drive

City Elkhart State IN Zip Code 46514-1457

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

Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 27 / 2021
Transaction ID : 16212045

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Matznick, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Cottingham Ct.
 City Greensboro State NC Zip Code 27410-8362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Triune Technologies, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 27 / 2021**
Transaction ID : 16212046
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Barrett, William, J., CLU, ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Keswick Commons
 City New Albany State OH Zip Code 43054-8231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 28 / 2021**
Transaction ID : 16212070
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Healy, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3124 S. Parker Road Suite A2-143
 City Aurora State CO Zip Code 80014-6215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trilogy Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **11 / 28 / 2021**
Transaction ID : 16212071
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 OF 169
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd., Suite 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2255.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212074
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212077
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gant, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 North Weinbach Avenue
 City Evansville State IN Zip Code 47711-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schultheis Life & Health Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 737.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212079
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Furr, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 Airmotive Way, Ste. 320

City Incline Village	State NV	Zip Code 89451
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Menath Insurance Agency	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212081

Amount of Each Receipt this Period
 30.00

Memo Item

B. Stubbs, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 337

City Jerome	State ID	Zip Code 83338-0337
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hall and Associates	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212082

Amount of Each Receipt this Period
 30.00

Memo Item

C. Cagliola, Victoria, , CPA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd

City Berwyn	State PA	Zip Code 19312-1152
----------------	-------------	------------------------

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

Name of Employer (for Individual) Simkiss & Block	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212083

Amount of Each Receipt this Period
 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Snowden, Scott, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 Lyndon Lane, Suite 101
 City Louisville State KY Zip Code 40222-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Snowden & Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212084
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lubenow, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 West Main Street Suite 101
 City Moorestown State NJ Zip Code 08057-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212085
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott Drive
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212086
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2027 Scott Station Rd
 City Jefferson City State MO Zip Code 65109-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212087
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Hediger, Debbie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4907 Boynton Ct
 City Tampa State FL Zip Code 33625-6622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R & R Integrated Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 778.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212090
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Morier, Dennis, J., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Abbott St
 City Detroit State MI Zip Code 48226-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Results Marketing, Inc. Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212091
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212092
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Buechler, Anthony, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13811 S 50TH ST
 City Papillion State NE Zip Code 68133-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buechler Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212096
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1435.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212097
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Morrison, James, M., RHU,REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2710 Gateway Rd

City Carlsbad	State CA	Zip Code 92009-1730
------------------	-------------	------------------------

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

Name of Employer (for Individual) Morrison Insurance Services, Inc	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2021

Transaction ID : 16212098

Amount of Each Receipt this Period
85.00

Memo Item

B. Tower, Kimberly, H., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 E ParkCenter Blvd, Suite 100

City Boise	State ID	Zip Code 83706-6512
---------------	-------------	------------------------

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

Name of Employer (for Individual) PacificSource Health Plans	Occupation (for Individual) Sales Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2021

Transaction ID : 16212102

Amount of Each Receipt this Period
30.00

Memo Item

C. Bilhartz, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42376 Klondike Way

City Indio	State CA	Zip Code 92203-2835
---------------	-------------	------------------------

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

Name of Employer (for Individual) Bilhartz Desert Insurance Agency	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2021

Transaction ID : 16212103

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Malvich, Marlayna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4166 Jackson Blvd
 City White Lake State MI Zip Code 48383-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefits Plus Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212104
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hansbrough, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3130 S Harbor Blvd. Suite 140
 City Santa Ana State CA Zip Code 92704-6863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The LBL Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212105
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lardiere, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Dyckman Place
 City Basking Ridge State NJ Zip Code 07920-1427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212106
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 AIA
 City Vero Beach State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212107
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Childers, Russell, B., CLU,ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212108
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Hill, Donna, D., FLMI,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212109
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	238.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Reents, Joni, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 Melody Drive
 Suite 320
 City Northglenn State CO Zip Code 80234-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212110
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Scopp, Kenneth, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12121 Wilshire Blvd Ste 1100
 City Los Angeles State CA Zip Code 90025-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Financial Resources Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212111
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Scott, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Northwest Pkwy
 City San Antonio State TX Zip Code 78249-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Healthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212112
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kapostins, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3843 Rock Hill Loop
 City Apopka State FL Zip Code 32712-4792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212113
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Johnson, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 252 Apacheria Pass W
 City Comfort State TX Zip Code 78013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SJ Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212115
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Maxwell, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address G3526 Miller Rd. Suite B
 City Flint State MI Zip Code 48507-1286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Security First Benefits Corporation Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212117
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Olson, Trenton, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9980 S. 300 W. Suite 140
 City Sandy State UT Zip Code 84070-3641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefits Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212119
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Blackford, Stephen, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11481 Old St. Augustine Rd., # 201
 City Jacksonville State FL Zip Code 32258-1475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Blackford Group Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212122
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lago, Julian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6671 W Indiantown Rd, Ste 50284
 City Jupiter State FL Zip Code 33458-3991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benezon LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212124
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stocks, Deborah, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 LAKE LOREINE LN
 City Henrico State VA Zip Code 23233-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212129
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Wilson, Thomas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212130
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212131
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hartman, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Airport North Office Park
 City Fort Wayne State IN Zip Code 46825-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212133
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Holcomb, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Davenport Tower Hotel 111 S Post St Suite 2260
 City Spokane State WA Zip Code 99201-4912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Viren and Associates, Inc. Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212142
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hoover, Shelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15431 Washington St.
 City Riverside State CA Zip Code 92506-5763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dickerson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 28 / 2021
Transaction ID : 16212143
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212144
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Collins, Martha, T., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 N. Mountain Avenue Suite 208
 City Upland State CA Zip Code 91786-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212145
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lasley, Mariette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6100 Palmaya Lane
 City Orangevale State CA Zip Code 95662-5903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameritas Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 16212146
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Whang, Victor, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51150 Washington St.

City New Baltimore	State MI	Zip Code 48047-2159
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Insurance Warehouse	Occupation (for Individual) Broker/Agent
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2021

Transaction ID : 16252982

Amount of Each Receipt this Period
85.00

Memo Item

B. Eserman, Clifton, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4135 NW 67th Way

City Coral Springs	State FL	Zip Code 33067-3024
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 16293030

Amount of Each Receipt this Period
150.00

Memo Item

C. Crall, Deborah, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17712 S Sheridan Rd

City Bixby	State OK	Zip Code 74008-7015
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) International Insurance Brokers, LTD	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2021

Transaction ID : 16348569

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Villagran, Denise, S., MBA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 S Carancahua St
Ste 301

City Corpus Christi State TX Zip Code 78401-3042

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

Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433061227063

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Schreder, Lynn, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5550 Wild Rose Lane
Suite 400

City West Des Moines State IA Zip Code 50266-5351

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433076127063

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

C. Rubio, Hilario, Francisco, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 518 8th St

City Las Vegas State NM Zip Code 87701-3908

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433085727063

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Adams, Carla, , CBC, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Bridget Dr
 City Marble Falls State TX Zip Code 78654-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ISolved Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433095027063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Deacon, Joseph, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 1/2 Hale St
 City Charleston State WV Zip Code 25301-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deacon & Deacon Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433129327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. McFerrin, Dwane, C., CLU, CFP,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road Suite 510
 City Omaha State NE Zip Code 68114-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433168127063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Meason, Toby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 S. Polk Suite 600
 City Amarillo State TX Zip Code 79101-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INSURICA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433183127063
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

B. Christense, H Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Sonora Canyon Rd
 City Weatherford State TX Zip Code 76087-8215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Senior Services of Texas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433187727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Dorman, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 N Casaloma Dr Suite 411
 City Appleton State WI Zip Code 54913-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicare Masters, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433197427063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Long, Scott, W., CLCS, SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1715 Greenway Village Dr.

City Katy	State TX	Zip Code 77494-2175
--------------	-------------	------------------------

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

Name of Employer (for Individual) Globe Life Benefits	Occupation (for Individual) Sales Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : PR433206827063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Brittain, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 N. Mill

City Pryor	State OK	Zip Code 74361-2422
---------------	-------------	------------------------

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

Name of Employer (for Individual) Brown & Brown, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : PR433214327063

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Gerken, Barb, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5520 Monroe Street
Suite A

City Sylvania	State OH	Zip Code 43560-2538
------------------	-------------	------------------------

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

Name of Employer (for Individual) First Insurance Group	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : PR433268327063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Shooshanian, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd
 Ste 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433298727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Vetter, Leah, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 Regency Circle
 Suite 300
 City Omaha State NE Zip Code 68114-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthur J. Gallagher Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433302727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Thams, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Broadway
 City Denison State IA Zip Code 51442-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433308327063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ornellas, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. Court St.
 City Woodland State CA Zip Code 95695-3080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433463227063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Willison, Clover, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Sprowel Creek Rd
 City Garberville State CA Zip Code 95542-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433468627063
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Drake, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Gooding St N #106
 City Twin Falls State ID Zip Code 83301-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laura Drake Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433504427063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Coogan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 North Bedford Road
 Suite 100
 City Mount Kisco State NY Zip Code 10549-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433548027063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. VanDuine, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 W Grand Blvd
 City Detroit State MI Zip Code 48202-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433572627063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Golden, Johnna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 Centerpoint Dr., Ste 940
 City Anchorage State AK Zip Code 99503-5825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433692827063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 169
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Butler, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Civic Circle Suite 200
 City Amarillo State TX Zip Code 79109-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Butler Benefits & Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433694527063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Bridges, Shirley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 16546
 City Mobile State AL Zip Code 36616-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433757027063
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

C. Schneider, JoEllen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 W Taft St
 City Boise State ID Zip Code 83703-5015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Professionals Occupation (for Individual) Benefit Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR433791827063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 92.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Skinner, Roger, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5518 Hammock Glen Drive
 City Indianapolis State IN Zip Code 46235-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aflac Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.50

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436789427063
 Amount of Each Receipt this Period 30.50
 Memo Item
 P/R Deduction (\$30.50 Monthly)

B. Trautwein, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436821427063
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Rios-Carl, Elizabeth, E., PIWT SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436824527063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	285.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Smith, Patti, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Kirkland Way
 City Kirkland State WA Zip Code 98033-6219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) P Smith Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436829327063
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

B. Ashmore, Elizabeth, , CBC, SGS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79424-0803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436830327063
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Grundman, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefit Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436838927063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wright, Keith, L., ChHC,CLU,R,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 W Front St
Ste 4

City Traverse City State MI Zip Code 49684-2259

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

Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 30 / 2021
Transaction ID : PR436848527063

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Bean, Darrald, T., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3922 Rampart ST

City Boise State ID Zip Code 83704-4557

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2021
Transaction ID : PR436853327063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. Trebing, C. Louanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1806 Patton Drive

City Garland State TX Zip Code 75042-8205

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

Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
965.00

Date of Receipt
11 / 30 / 2021
Transaction ID : PR436856927063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Freeman, Michael, J., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2333 Camino Del Rio South
Suite 200

City San Diego State CA Zip Code 92108-3600

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

Name of Employer (for Individual) Countywide Health Ins. Services, Inc. Occupation (for Individual) Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436861827063

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Hesseltine, Caroline, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7272 Wurzbach Road, Suite 104

City San Antonio State TX Zip Code 78240-4802

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

Name of Employer (for Individual) ABC / Associated Benefit Consultants, Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436864927063

Amount of Each Receipt this Period 20.00

Memo Item

P/R Deduction (\$20.00 Monthly)

C. Mobley, Sandra, V., REBC,RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 Executive Dr. Suite D

City Madison State MS Zip Code 39110-8456

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

Name of Employer (for Individual) Mobley Insurance Agency LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436869327063

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wilson, Paula, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436873527063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Trahin, Cindy, K., RHU, CSA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7127 Homestead Road Suite B
 City Fort Wayne State IN Zip Code 46814-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trahin Insurance Services LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436875627063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Stuart, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436883327063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Spragins, Jackie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2073
 City Wichita Falls State TX Zip Code 76307-2073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436895327063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Janway, Leah-Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 SW 96
 City Oklahoma City State OK Zip Code 73159-6861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436901527063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Booth, Tonya, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2542
 432 Halifax Drive
 City Coppell State TX Zip Code 75019-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436911027063
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shaffer, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 South Main Street
 City Findlay State OH Zip Code 45840-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group Benefit Consultants Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436917227063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Kaczmarek, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 N. Chestnut St., Ste. 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436923427063
 Amount of Each Receipt this Period 31.00
 Memo Item
 P/R Deduction (\$31.00 Monthly)

C. Stenger, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AgencySmart Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436939927063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	146.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Seifert, Greg, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 NE 115th St.
 City Vancouver State WA Zip Code 98686-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436941627063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Woods, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Market Street Suite 110
 City Warren State OH Zip Code 44483-6625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436950027063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Holland, Robert, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436961727063
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schneider, John, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4701 Trousdale Dr. Ste 202

City Nashville	State TN	Zip Code 37220-1386
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Colonial Life	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR436963527063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Golm, Robert, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 S Main Street, Ste. 1

City Wayland	State MI	Zip Code 49348-1288
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Golm Insurance Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR436976027063

Amount of Each Receipt this Period
15.00

Memo Item

P/R Deduction (\$15.00 Monthly)

C. Parker, John, C., RHU, LTCP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Hope St
Unit 1312

City Niantic	State CT	Zip Code 06357-2454
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Parker Agency	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR436986827063

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Splawn, William, Craig, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Avenue C
 City Katy State TX Zip Code 77493-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436992827063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Phillips, Paige, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040-5466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paige Phillips Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR436993027063
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

C. Fristoe, Kelly, Don, LUTCF, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4789
 City Wichita Falls State TX Zip Code 76308-0789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437002327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thorn, Ryan, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10342 South Springcrest Lane
 City South Jordan State UT Zip Code 84095-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437004027063
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Monthly)

B. Buie, Scott, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 S 2300 E Ste 201
 City Salt Lake City State UT Zip Code 84117-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buie Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437010527063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Gray, Michael, D., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 R St. Ste. 150
 City Lincoln State NE Zip Code 68508-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FNIC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437016727063
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Duhon, Keith, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 80158
 City Lafayette State LA Zip Code 70598-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Family Insurance Center, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437017127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Kaczmarek, T. Darlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 N. Chestnut St., Suite 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437026327063
 Amount of Each Receipt this Period 31.00
 Memo Item
 P/R Deduction (\$31.00 Monthly)

C. Blizman, Donna, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1939 Racimo Dr
 City Sarasota State FL Zip Code 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefits Marketing Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437031527063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	91.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Moore, Wesley, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540-0604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moore Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 30 / 2021
Transaction ID : PR437039427063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Hayes, Leesa, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 Lyndon Lane Suite 101
 City Louisville State KY Zip Code 40222-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Snowden & Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 30 / 2021
Transaction ID : PR437043327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Ameling, Mary, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Wood Lily Circle
 City Leland State NC Zip Code 28451-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 30 / 2021
Transaction ID : PR437057727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Olson, Terri, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437070227063
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 Monthly)

B. Alberts, Suzetta, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5605 Storrow Court Ste 535
 City Warren State MI Zip Code 48092-6338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1049.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437076127063
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

C. Smith, Kevin, W., CLU, RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 674103
 City Marietta State GA Zip Code 30006-0069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KSA Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437077227063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	179.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Koehler, Linda Rose, , LPRT CIP C,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Treeble Ct

City Greensboro	State NC	Zip Code 27406-5375
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BCI Health Benefits Solutions LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

Transaction ID : PR437090127063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Stephens, James, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Mansell Ct East
Suite 400

City Roswell	State GA	Zip Code 30076-4859
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

Transaction ID : PR437110727063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. McEvilly, BRIAN, J., RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7260 West Azure Drive
#140-201

City Las Vegas	State NV	Zip Code 89130-7999
-------------------	-------------	------------------------

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

Name of Employer (for Individual) McEvilly Benefits	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

Transaction ID : PR437117727063

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benton, Bruce, D., RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20300 Ventura Blvd
Suite 200

City Woodland Hills State CA Zip Code 91364-0959

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

Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
11 / 30 / 2021
Transaction ID : PR437123027063

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Antongiovanni, Joanna, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2929 Allen Parkway
Suite 2500

City Houston State TX Zip Code 77019-2178

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2021
Transaction ID : PR437128027063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. Allard, Terry, , CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2825.00

Date of Receipt
11 / 30 / 2021
Transaction ID : PR437182327063

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	365.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Debler, Johnnie, O., RHU, ChHC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 E. Laurel St.
 City Rockport State TX Zip Code 78382-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSM Insurors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437196427063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Bunkers, Scott, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Lee Road, Suite 100
 City Winter Park State FL Zip Code 32789-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Plans, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437196727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Nace, Joshua, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 W. Harrison Street, Suite S440
 City Seattle State WA Zip Code 98119-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dental Health Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437203327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Garbina, James, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Harry A. Koch Co Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437212227063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd., Suite 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2367.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437218327063
 Amount of Each Receipt this Period 112.00
 Memo Item
 P/R Deduction (\$112.00 Monthly)

C. Daubert, Jim, F., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 67220
 City Lincoln State NE Zip Code 68506-7220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Concord Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437219627063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	282.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Musser, Rita, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 Thames Drive
 City Fort Wayne State IN Zip Code 46815-5994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437229127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Gardner, Joy, K., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9424 Double R Blvd
 City Reno State NV Zip Code 89521-5977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comstock Insurance Agencies, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 517.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437231227063
 Amount of Each Receipt this Period 47.00
 Memo Item
 P/R Deduction (\$47.00 Monthly)

C. Rowe, Peter, L., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3033 N. Central Ave Suite 810
 City Phoenix State AZ Zip Code 85012-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2395.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437236927063
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	247.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barton, Diane, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 E Britton Rd
 City Oklahoma City State OK Zip Code 73114-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : PR437254127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Merken, Monte, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24577 Indian Hill Lane
 City West Hills State CA Zip Code 91307-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merken Insurance, Petersen Internation Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : PR437256127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. McLane, Mark, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 Veterans Drive, Suite 210
 City Traverse City State MI Zip Code 49684-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mark McLane Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : PR437258327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Powers-Booth, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437264327063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Hardy, Allen, D., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Kosciusko Road P.O. Box 89
 City Philadelphia State MS Zip Code 39350-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Philadelphia Security Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437264927063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Harte, Heather, Roberts, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11365 Avant Lane
 City Cincinnati State OH Zip Code 45249-2373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chard Snyder An Ascensus Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437268327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Toups, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437270527063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Hissong, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8401 Widmer Rd
 City Lenexa State KS Zip Code 66215-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437274727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Summers, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437281027063
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 240.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Grossnickle, Jeffrey, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1405 North College Avenue
 City Bloomington State IN Zip Code 47404-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437294727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Sullivan, T.J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Front St SE Suite 100
 City Salem State OR Zip Code 97301-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Huggins Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437310527063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Bell, Marie, D., FLMI,AIAA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1853
 City Minnetonka State MN Zip Code 55345-0853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437323327063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stiffler, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 N. Riverview Dr
Suite 100

City Anaheim State CA Zip Code 92808-1225

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

Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1060.00

Date of Receipt **11 / 30 / 2021**
Transaction ID : PR437326127063

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Martin, Patricia, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13815 Starhill Ct.

City Houston State TX Zip Code 77077-1117

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt **11 / 30 / 2021**
Transaction ID : PR437329727063

Amount of Each Receipt this Period 20.00

Memo Item

P/R Deduction (\$20.00 Monthly)

C. Duvernay, Jack, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 714 Millikens Bend

City Covington State LA Zip Code 70433-4581

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 30 / 2021**
Transaction ID : PR437344527063

Amount of Each Receipt this Period 25.00

Memo Item

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bajkowski, Catherine, A., ,			Date of Receipt MM / DD / YYYY 11 / 30 / 2021 Transaction ID : PR437361127063
Mailing Address 188 Industrial Drive, Suite 226			Amount of Each Receipt this Period 42.00
City Elmhurst	State IL	Zip Code 60126-1610	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$42.00 Monthly)
Name of Employer (for Individual) CB Health Insurance		Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Block, David, M., ,			Date of Receipt MM / DD / YYYY 11 / 30 / 2021 Transaction ID : PR437364427063
Mailing Address P O Box 1809			Amount of Each Receipt this Period 30.00
City Candler	State NC	Zip Code 28715-1809	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$30.00 Monthly)
Name of Employer (for Individual) Insurance Specialties, Inc.		Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thomas, Jeffery, C., CLU,RHU,RE,			Date of Receipt MM / DD / YYYY 11 / 30 / 2021 Transaction ID : PR437385427063
Mailing Address 3072 Arborwood Blvd.			Amount of Each Receipt this Period 42.00
City Spring Arbor	State MI	Zip Code 49283-9663	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$42.00 Monthly)
Name of Employer (for Individual) Small Business Association of Michigan		Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jensen, Cerrina, , CHRS, CBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 942 Rathbone Cir
 City Folsom State CA Zip Code 95630-8534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Verus Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437391227063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Bogard, Andrea, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 38
 City Jeffersonville State IN Zip Code 47131-0038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A. Bogard Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437400027063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Cramer, Valerie, Lynn, RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 Burgen Ct. NE
 City Grand Rapids State MI Zip Code 49525-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthBridge Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437416427063
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gandy, Hollie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 W Interstate 40 Ste 101
 City Amarillo State TX Zip Code 79106-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Safe Money Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437425027063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Clark, Robert, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7548 Preston Road
 City Frisco State TX Zip Code 75034-5683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clark Insurance Associates, PLLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437427227063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Mutter, Amy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Road
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437454927063
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Creasy, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 220
 City Heber Springs State AR Zip Code 72543-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437474927063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Fiala, Colby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fillmore St Ste 100
 City Twin Falls State ID Zip Code 83301-4641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magic Valley Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437475127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Miller, Dawn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 847
 City McMinnville State OR Zip Code 97128-0847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hagan Hamilton Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437488827063
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sterner, Heidi, J., PAHM, LPRT,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3402 Cinnamon Creek Ave

City North Las Vegas	State NV	Zip Code 89031-3520
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) A and H Insurance	Occupation (for Individual) Insurance Consultant
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437516827063

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Stedt, Margaret, Evelyn, C.S.A., LP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

City San Clemente	State CA	Zip Code 92673-3003
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Stedt Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437529927063

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

C. Swanson, Cynthia, , SGS, BAM,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22240 Deval Ln

City Frankston	State TX	Zip Code 75763-4037
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hibbs Hallmark & Company	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
342.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437544927063

Amount of Each Receipt this Period
12.00

Memo Item

P/R Deduction (\$12.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	154.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Giardina, Charles, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437562827063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Mobley, Dennis, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Drive Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobley Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437587527063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Robinson, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437594127063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Starks, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Highland Colony Parkway
 Suite 202
 City Ridgeland State MS Zip Code 39157-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : PR437603127063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Williams, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 Woodway Dr.
 City Monroe State LA Zip Code 71201-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Planning Resources Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : PR437605727063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Rasch, Tim, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19445 Westling Drive
 City Oregon City State OR Zip Code 97045-6920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : PR437606227063
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	127.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Canter, Julianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437621927063
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

B. Siciliano, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Cascade Road SE Suite 106
 City Grand Rapids State MI Zip Code 49546-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Profiles, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437669527063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Strouse, Marcie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9854 Colby Ave
 City Clive State IA Zip Code 50325-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437683127063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	127.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Atkinson, Lynn, , HIA,MBA,SC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Cattle Lane

City Roanoke	State VA	Zip Code 24018-6104
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437687327063

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Granado, Arthur, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 Peoples, # 505

City Corpus Christi	State TX	Zip Code 78401-2350
------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Granado Group	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437693227063

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Melgoza, Renee, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9114 Adams Avenue
Ste 191

City Huntington Beach	State CA	Zip Code 92646-3405
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Melgoza Insurance Solutions	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437701127063

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Webb, Yolanda, Marie, CHRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6117 Clover Ct.

City Chino	State CA	Zip Code 91710-5337
---------------	-------------	------------------------

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

Name of Employer (for Individual) Webb Insurance Solutions	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437705627063

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Kirsch, Cara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10050 Regency Circle Ste 300

City Omaha	State NE	Zip Code 68114-3721
---------------	-------------	------------------------

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

Name of Employer (for Individual) Gallagher	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437731127063

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Berry, Ernest, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5121 69th St., A9A

City Lubbock	State TX	Zip Code 79424-1631
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Berry Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : PR437737427063

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Conto, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 King Farm Blvd
 Ste 210
 City Rockville State MD Zip Code 20850-6563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Benefit Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437740827063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Williams, Leslie, A., CHR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 Hilltop Drive
 Suite 5
 City Redding State CA Zip Code 96002-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437742927063
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Edwards, Susan, Christensen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 S. Roop St
 PO Box 1478
 City Susanville State CA Zip Code 96130-4336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR43775527063
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Johnson, John, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8414 N. Wall Street
 Ste C
 City Spokane State WA Zip Code 99208-6161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFS Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437775827063
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 N Main St
 Suite 105
 City Royal Oak State MI Zip Code 48067-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437778627063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Riddle, Tammy, M., RHU, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3718 W. Lancer Rd.
 City Peoria State IL Zip Code 61615-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unland Companies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437786527063
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Heider, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fillmore St, Suite 100
 City Twin Falls State ID Zip Code 83301-4641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magic Valley Ins. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437792227063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Schell, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 South Third Street Suite 300
 City Louisville State KY Zip Code 40202-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Thompson Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437797627063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Purcilly, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3155 W Big Beaver Rd Ste 125
 City Troy State MI Zip Code 48084-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason-McBride, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437814927063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daricek, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8220 N 23rd Ave. Bldg2
 City Phoenix State AZ Zip Code 85021-4872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437834927063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Little, Cathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 2nd Street #A-269
 City Brentwood State CA Zip Code 94513-2292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437855627063
 Amount of Each Receipt this Period 38.00
 Memo Item
 P/R Deduction (\$38.00 Monthly)

C. James, Leslie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6368 Pearl Rd
 City Cleveland State OH Zip Code 44130-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Strategy, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437860027063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Emidy, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2021
 City Ridgeland State MS Zip Code 39158-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR437878327063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Lagarde, Jonathan, Davis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pipes Loop
 City Covington State LA Zip Code 70435-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lagarde Insurance Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR438111127063
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

C. Atencio, Linda, K., LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 87021
 City Phoenix State AZ Zip Code 85080-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linda Atencio Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR439256927063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. May, Charles, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9848 Portage Rd
 City Portage State MI Zip Code 49002-7259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miller Schuring Agency Occupation (for Individual) Health & Group Benefits Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR450868627063
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

B. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR470069127063
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

C. Waltman, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 Reistertown Road Suite 100
 City Pikesville State MD Zip Code 21208-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR470100127063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Riley, Amanda, Danielle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24830 SE 278th St
 City Maple Valley State WA Zip Code 98038-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthEquity, Inc. Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR476686827063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Stevens, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR496323827063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Bravo, Denisse, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8340 N Thornydale Road Suite 110-335
 City Tucson State AZ Zip Code 85741-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR497996227063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wagt, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 747 Winslow Ave
 City Saint Paul State MN Zip Code 55107-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR528187227063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Ybarra, Valeria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Vanessa Dr
 City Corpus Christi State TX Zip Code 78414-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR528424127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Kennedy, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 E. Battlefield
 City Springfield State MO Zip Code 65807-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Group Health and Benefits Producer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR573884927063
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Parker, Frederick, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12303 Hwy 707 Suite B
 City Murrells Inlet State SC Zip Code 29576-9740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hibbits Insurance Inc Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR742659127063
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Nichols, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 S Berry 200A
 City Norman State OK Zip Code 73072-7479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR840269927063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Mulcare, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 S 6th St
 City Klamath Falls State OR Zip Code 97601-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Klamath Insurance Center, Inc Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 11 / 30 / 2021
Transaction ID : PR860243827063
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 169
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morgan, Christian, D., ,

Mailing Address 2200 W Commercial Blvd
Ste 306

City Fort Lauderdale State FL Zip Code 33309-3064

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

Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2021

Transaction ID : PR891081427063

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	23367.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021

FEC Identification Number

Transaction ID : 16333619
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Manchin For West Virginia		Date of Disbursement MM / DD / YYYY 11 / 29 / 2021
Mailing Address PO Box 5202		FEC Identification Number C00486563 Transaction ID : 14819901
City Charleston	State WV	Zip Code 25361
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period - 1000.00
Candidate Name Manchin, Joe, , Sen., III	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-designation on 11/29/2021
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Emmer For Congress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 998		FEC Identification Number C00545749 Transaction ID : 16163524
City Anoka	State MN	Zip Code 55303
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Emmer, Tom, Earl, Rep., Jr.	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 06	

Full Name (Last, First, Middle Initial) C. Scalise For Congress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 23219		FEC Identification Number C00394957 Transaction ID : 16163526
City Jefferson	State LA	Zip Code 70183
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 4000.00
Candidate Name Scalise, Steve, , Rep.,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: LA District: 01	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Elise For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement 011 Category/Type

Candidate Name **Stefanik, Elise, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District: 21

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2021

FEC Identification Number: **C00547893**
Transaction ID : **16163527**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Wenstrup For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement 011 Category/Type

Candidate Name **Wenstrup, Brad, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OH District: 02

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2021

FEC Identification Number: **C00497818**
Transaction ID : **16163528**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Ann Wagner For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement 011 Category/Type

Candidate Name **Wagner, Ann, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MO District: 02

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2021

FEC Identification Number: **C00495846**
Transaction ID : **16163533**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Team Hagerty

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2021

Mailing Address 4515 Harding Pike
Ste 110

City Nashville State TN Zip Code 37205

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00718627
---	-----------

Transaction ID : 16163534

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Hagerty, William, , Sen., IV

Office Sought: House
 Senate
 President

Disbursement For: 2021
 Primary General
 Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

B. Garbarino for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2021

Mailing Address PO Box 101

City Bayport State NY Zip Code 11705

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00729954
---	-----------

Transaction ID : 16163535

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Garbarino, Andrew, R, ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NY District: 02

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2021

Mailing Address 700 13th Street Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00140715
---	-----------

Transaction ID : 16163536

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MD District: 05

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

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Trey For Congress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 421		FEC Identification Number C00590463 Transaction ID : 16163537
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Hollingsworth, Trey, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) B. People For Ben		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO BOX 25371		FEC Identification Number C00443689 Transaction ID : 16163575
City ALBUQUERQUE	State NM	Zip Code 87125
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Lujan, Ben, Ray, Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2021	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 03	

Full Name (Last, First, Middle Initial) C. Peters For Michigan		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 32072		FEC Identification Number C00437889 Transaction ID : 16163577
City Detroit	State MI	Zip Code 48244
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Peters, Gary, , Sen.,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2021	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Casten For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 132

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement 011 Category/Type

Candidate Name **Casten, Sean, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District: 06

Date of Disbursement: 11 / 02 / 2021

FEC Identification Number: **C00648493**
Transaction ID : 16163582
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Schneider For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement 011 Category/Type

Candidate Name **Schneider, Brad, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement: 11 / 02 / 2021

FEC Identification Number: **C00495952**
Transaction ID : 16163583
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Mark Kelly For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 27202

City Tucson State AZ Zip Code 85726

Purpose of Disbursement 011 Category/Type

Candidate Name **Kelly, Mark, , ,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: AZ District:

Date of Disbursement: 11 / 02 / 2021

FEC Identification Number: **C00696526**
Transaction ID : 16163584
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Warnock For Georgia		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 991		FEC Identification Number C00736876 Transaction ID : 16163585
City Decatur	State GA	Zip Code 30031
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Warnock, Raphael, , ,	Disbursement For: 2022	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District:	

Full Name (Last, First, Middle Initial) B. Jimmy Panetta For Congress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 103		FEC Identification Number C00592154 Transaction ID : 16163586
City Carmel Valley	State CA	Zip Code 93924
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Panetta, Jimmy, , Rep.,	Disbursement For: 2022	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	

Full Name (Last, First, Middle Initial) C. Sinema for Arizona		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 7586		FEC Identification Number C00508804 Transaction ID : 16163587
City Phoenix	State AZ	Zip Code 85011
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Sinema, Kyrsten, , ,	Disbursement For: 2021	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Jeffries For Congress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address 910 17th St NW Suite 925		FEC Identification Number C00503052 Transaction ID : 16163588
City Washington	State DC	Zip Code 20006
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name Jeffries, Hakeem, , Rep.,	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 08	

Full Name (Last, First, Middle Initial) B. Tammy For Illinois		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 10793		FEC Identification Number C00574889 Transaction ID : 16163589
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Duckworth, Tammy, , Sen.,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District:	

Full Name (Last, First, Middle Initial) C. Chris Pappas For Congress		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 313		FEC Identification Number C00660464 Transaction ID : 16163590
City Manchester	State NH	Zip Code 03105
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Pappas, Chris, , ,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 01	

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

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Sinema for Arizona		Date of Disbursement MM / DD / YYYY 11 / 02 / 2021
Mailing Address PO Box 7586		FEC Identification Number C 00508804 Transaction ID : 16163591
City Phoenix	State AZ	Zip Code 85011
Purpose of Disbursement Void - Sinema for Arizona		Amount of Each Disbursement this Period - 2500.00
Candidate Name Sinema, Kyrsten, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: AZ	District:	

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Date of Disbursement MM / DD / YYYY 11 / 04 / 2021
Mailing Address 700 13th Street Nw Suite 800		FEC Identification Number C 00140715 Transaction ID : 16165948
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Void - Hoyer For Congress		Amount of Each Disbursement this Period - 2500.00
Candidate Name Hoyer, Steny, H., Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/>
State: MD	District: 05	

Full Name (Last, First, Middle Initial) C. HOYER'S MAJORITY FUND		Date of Disbursement MM / DD / YYYY 11 / 04 / 2021
Mailing Address 700 13TH STREET NW SUITE 600		FEC Identification Number C Transaction ID : 16165949
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:	

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

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

- 2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Getting Stuff Done PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2021

FEC Identification Number: C00571182
Transaction ID : 16165950
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Case For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 1253 S. Beretania St., #8888

City Honolulu State HI Zip Code 96814

Purpose of Disbursement 011 Category/Type

Candidate Name: **Case, Edward, , Rep.,**

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) ▼

State: HI District: 01

Date of Disbursement: 11 / 04 / 2021

FEC Identification Number: C00680918
Transaction ID : 16165951
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement 011 Category/Type

Candidate Name: **McMorris Rodgers, Cathy, , Rep.,**

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement: 11 / 04 / 2021

FEC Identification Number: C00390476
Transaction ID : 16165952
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Sherman For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 777 S. Figueroa St., Ste. 4050.

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Candidate Name Sherman, Brad, , Rep.,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: CA District: 30

Date of Disbursement: 11 / 04 / 2021

FEC Identification Number: C00308742
Transaction ID : 16165953
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Cotton For Senate, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 2226 Cottondale Ln Suite 200

City Little Rock State AR Zip Code 72202

Purpose of Disbursement
Candidate Name Cotton, Tom, , Sen.,
Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) ▼
State: AR District:

Date of Disbursement: 11 / 05 / 2021

FEC Identification Number: C00499988
Transaction ID : 16166298
Amount of Each Disbursement this Period: - 1000.00
Void - Cotton For Senate, Inc.

Category/Type: 011

Memo Item

C. Cliff Bentz For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 660 Morgan Ave

City Ontario State OR Zip Code 97914

Purpose of Disbursement
Candidate Name Bentz, Cliff, , Rep.,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OR District: 02

Date of Disbursement: 11 / 05 / 2021

FEC Identification Number: C00725465
Transaction ID : 16166299
Amount of Each Disbursement this Period: - 1000.00
Void - Cliff Bentz For Congress

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ - 1000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. David Scott For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement 011 Category/Type

Candidate Name **Scott, David, Albert, Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: GA District: 13

Date of Disbursement: 11 / 11 / 2021

FEC Identification Number: **C00369801**
Transaction ID : **16207326**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Manchin For West Virginia

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement 011 Category/Type

Candidate Name **Manchin, Joe, , Sen., III**

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: WV District:

Date of Disbursement: 11 / 11 / 2021

FEC Identification Number: **C00486563**
Transaction ID : **16207327**
Amount of Each Disbursement this Period: 4000.00

Memo Item

C. Bob Casey For Senate Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement 011 Category/Type

Candidate Name **Casey, Bob, P., Sen., Jr.**

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement: 11 / 11 / 2021

FEC Identification Number: **C00431056**
Transaction ID : **16207328**
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Category/
Type

Candidate Name
Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16207330

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mchenry For Congress

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053

Purpose of Disbursement

Category/
Type

Candidate Name
McHenry, Patrick, Timothy, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NC District: 10

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16207331

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Foxx For Congress

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement

Category/
Type

Candidate Name
Foxx, Virginia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NC District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16207332

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah Ross for Congress

Mailing Address PO Box 28258

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ross, Deborah, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

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

FEC Identification Number

C C00729277

Transaction ID : 16207334

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMPAC

Mailing Address 10540 Swerling Way

City
Raleigh

State
NC

Zip Code
27614

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : 16207337

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address 1100 New Jersey Ave., SE
Suite 2406

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	8	1		2	0	2	1		

FEC Identification Number

C C00468579

Transaction ID : 16209142

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Huizenga For Congress		Date of Disbursement MM / DD / YYYY 11 / 18 / 2021
Mailing Address PO Box 254		FEC Identification Number C 000459297 Transaction ID : 16209143
City Zeeland	State MI	Zip Code 49464
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Huizenga, Bill, , Rep.,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 02	

Full Name (Last, First, Middle Initial) B. Chris Coons For Delaware		Date of Disbursement MM / DD / YYYY 11 / 18 / 2021
Mailing Address PO Box 9900		FEC Identification Number C 000475392 Transaction ID : 16209144
City Newark	State DE	Zip Code 19714
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Coons, Chris, A., Sen.,	Disbursement For: 2021 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: DE District:	

Full Name (Last, First, Middle Initial) C. Dr Kim Schrier For Congress		Date of Disbursement MM / DD / YYYY 11 / 18 / 2021
Mailing Address PO Box 2728		FEC Identification Number C 000652628 Transaction ID : 16209146
City Issaquah	State WA	Zip Code 98027
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Schrier, Kim, , Rep.,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA District: 08	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Citizens For John Rutherford

Full Name (Last, First, Middle Initial)
Mailing Address 3030 Hartley Rd
Ste 120

City Jacksonville State FL Zip Code 32257

Purpose of Disbursement 011 Category/Type

Candidate Name **Rutherford, John, , ,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 04

Date of Disbursement: 11 / 18 / 2021

FEC Identification Number: **C00615294**
Transaction ID : 16209148
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends Of Dan Kildee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement 011 Category/Type

Candidate Name **Kildee, Dan, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MI District: 05

Date of Disbursement: 11 / 18 / 2021

FEC Identification Number: **C00499947**
Transaction ID : 16209150
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. Tammy For Illinois

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement 011 Category/Type

Candidate Name **Duckworth, Tammy, , Sen.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: IL District:

Date of Disbursement: 11 / 29 / 2021

FEC Identification Number: **C00574889**
Transaction ID : 16252882
Amount of Each Disbursement this Period: 500.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Manchin For West Virginia		Date of Disbursement MM / DD / YYYY 09 / 17 / 2020
Mailing Address PO Box 5202		FEC Identification Number C00486563 Transaction ID : 16252883
City Charleston	State WV	Zip Code 25361
Purpose of Disbursement Funds Reported On Oct 20th Monthly		Amount of Each Disbursement this Period 1000.00
Candidate Name Manchin, Joe, , Sen., III		Memo Item <input checked="" type="checkbox"/> Funds Reported On Oct 20th Monthly
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	Category/Type 011

Full Name (Last, First, Middle Initial) B. Manchin For West Virginia		Date of Disbursement MM / DD / YYYY 11 / 29 / 2021
Mailing Address PO Box 5202		FEC Identification Number C00486563 Transaction ID : 16252884
City Charleston	State WV	Zip Code 25361
Purpose of Disbursement Re-designated funds for trans. dated 9/17/2020		Amount of Each Disbursement this Period 1000.00
Candidate Name Manchin, Joe, , Sen., III		Memo Item <input checked="" type="checkbox"/> Re-designated funds for trans. dated 9/17/2020
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	Category/Type 011

Full Name (Last, First, Middle Initial) C. Manchin For West Virginia		Date of Disbursement MM / DD / YYYY 11 / 29 / 2021
Mailing Address PO Box 5202		FEC Identification Number C00486563 Transaction ID : 16252888
City Charleston	State WV	Zip Code 25361
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Manchin, Joe, , Sen., III		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	Category/Type 011

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Category/Type

Candidate Name
Upton, Frederick, Stephen, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16293369
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Scott For Congress

Mailing Address Post Office Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement

Category/Type

Candidate Name
Scott, Robert, C., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: VA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16293370
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Category/Type

Candidate Name
Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16293371
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori Trahan For Congress Committee

Mailing Address PO Box 1161

City
Lowell

State
MA

Zip Code
01853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Trahan, Lori, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

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

FEC Identification Number

C 00655647

Transaction ID : 16293372

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City
San Bernardino

State
CA

Zip Code
92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 31

Date of Disbursement

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

FEC Identification Number

C 00510461

Transaction ID : 16293373

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

2	0	0	0	0	0	0	0	0	0
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7	1	0	0	0	0	0	0	0	0
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