

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) 1212 New York Ave Suite 1100 Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00283135

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2017 through 10 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Murphy, Jennifer, , ,

Signature of Treasurer

[Electronically Filed]

Date

11 / 06 / 2017

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

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value=""/>	<input type="text" value="166294.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="315632.59"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="41048.50"/>	<input type="text" value="518686.13"/>
(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="356681.09"/>	<input type="text" value="684981.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30320.94"/>	<input type="text" value="358620.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="326360.15"/>	<input type="text" value="326360.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: 10 / 01 / 2017 To: 10 / 31 / 2017

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).....	31670.50	317974.00
(ii) Unitemized .....	9378.00	200712.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	41048.50	518686.13
(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) .....	41048.50	518686.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	41048.50	518686.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	41048.50	518686.13

**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 .....	1470.94	15573.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1470.94	15573.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	339950.00
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 .....	350.00	3097.50
(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)).....	350.00	3097.50
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)) ..	30320.94	358620.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30320.94	358620.97

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41048.50	518686.13
34. Total Contribution Refunds (from Line 28(d)) .....	350.00	3097.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40698.50	515588.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1470.94	15573.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1470.94	15573.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 188
	<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. Wham, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 E 5th Avenue  
 City Conshohocken State PA Zip Code 19428-1789  
 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 ▼ 126.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : 11500461**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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 ▼ 4400.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : 11500471**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Stout, Pam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 N College Ave Suite 1  
 City Fayetteville State AR Zip Code 72703-5419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Redline Health Broker Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : 11500472**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 427.00  
**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 7 OF 188
<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. Moore, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1006  
 City Burlington State NC Zip Code 27216-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David R. Moore, CLU & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : 11500509**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bellman, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 Capitol of Texas Hwy S Bldg 1, Suite 400  
 City West Lake Hills State TX Zip Code 78746-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : 11500512**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Musser, Ray, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 North Second Avenue, Suite E  
 City Upland State CA Zip Code 91786-4793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ray Musser & Associates Insurance Serv Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : 11500513**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 188
<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. 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 ▼ 300.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : 11500514**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Christenson, Shawnee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16394  
 City Minneapolis State MN Zip Code 55416-0394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crosstown Insurance Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : 11500516**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Frizen, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8058 Corporate Center Dr. Suite 200  
 City Charlotte State NC Zip Code 28226-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) L.E. Goodgame & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500774**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	87.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 188
	(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. Shores, Thomas, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8596 W Bolsa Ct.  
 City Boise State ID Zip Code 83709-5196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T.A. Shores Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500775**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 W. Hubbard St. Apt 1105  
 City Chicago State IL Zip Code 60654-5748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Code SixFour Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500776**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Beck, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Plaza East Blvd  
 City Evansville State IN Zip Code 47715-2870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIHO Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500777**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 188
	(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. 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 ▼ 850.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500779**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 850.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500780**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Liechty, Brian, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 East Washington Street  
 City Plymouth State IN Zip Code 46563-1744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TCU Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500785**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 188
	<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. Schaut, Ned, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2990 Lava Ridge Court, Suite 210  
 City Roseville State CA Zip Code 95661-3076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eureka Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : 11500841**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Banchy, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4233 Southtowne Drive  
 City Eau Claire State WI Zip Code 54701-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 04 / 2017  
**Transaction ID : 11500848**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Castleberry, Mike, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 Holly St  
 City Little Rock State AR Zip Code 72205-3932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthSCOPE Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 10 / 04 / 2017  
**Transaction ID : 11500849**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	139.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 188
	<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. Gwin, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address I-20 At Alpine Rd.  
 AX-400  
 City Columbia State SC Zip Code 29219-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BlueChoice HealthPlan Occupation (for Individual) Broker  
 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  
 10 / 04 / 2017  
**Transaction ID : 11500851**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Skiles, Nash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1574 Lititz Pike  
 City Lancaster State PA Zip Code 17601-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BeneChoice Enrollment Solution & Techn Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : 11500852**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

**C. Meyer, Charles, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Park Avenue, Suite C  
 City Merced State CA Zip Code 95348-3394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chuck Meyer Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : 11500867**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1097.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 188
	<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. Maceira, Luis, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 587 Del Giorno Street  
 City Las Vegas State NV Zip Code 89138-7501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Benefits Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : 11501140**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gussin, Craig, , ,**  
 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 ▼ 1530.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : 11501143**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Schulman, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2043 Birchwood Lane  
 City Highland State IN Zip Code 46322-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ProVision Corporation Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : 11501146**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 188
	<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. 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 ▼ 270.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : 11501147**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Sherrill, David, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Centerpointe Circle, Suite 163  
 City Altamonte Springs State FL Zip Code 32701-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sherrill Insurance Brokerage, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : 11501148**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Moore, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1644 Plank Rd  
 City Duncansville State PA Zip Code 16635-8376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) L.R. Webber Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2017  
**Transaction ID : 11501149**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 188
	<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. Rianhard, R. Dane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 E. Pratt St., Unit 902

City Baltimore	State MD	Zip Code 21202-1193
-------------------	-------------	------------------------

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

Name of Employer (for Individual) TriBridge Partners, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2017

**Transaction ID : 11501150**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address PO Box 336

City Layton	State UT	Zip Code 84041-0336
----------------	-------------	------------------------

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

Name of Employer (for Individual) Fringe Benefits Analysts	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2017

**Transaction ID : 11501152**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 183 Rockingham Road  
Unit 2, East

City Windham	State NH	Zip Code 03087-1348
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2017

**Transaction ID : 11501566**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2185.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 188
<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. Storz, Ulrich, S., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 987 University Avenue, #14

City Los Gatos	State CA	Zip Code 95032-7640
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Storz Insurance Services	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
10	/	06	/	2017

**Transaction ID : 11501703**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Webb, Charles, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 Electric Rd

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	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

**Transaction ID : 11501705**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 541 N Fairbanks Ct  
Suite 2200

City Chicago	State IL	Zip Code 60611-3710
-----------------	-------------	------------------------

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

Name of Employer (for Individual) LegalShield Business Solutions	Occupation (for Individual) General Agent
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
302.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

**Transaction ID : 11501706**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 188
	<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. Odegard, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Central Ave West  
 Suite 205  
 City Saint Michael State MN Zip Code 55376-4593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Odegard Benefit Services, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : 11501707**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Scholz, Paul, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17445 Arbor St  
 Suite 310  
 City Omaha State NE Zip Code 68130-4645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance and Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : 11501708**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. DeBruin, Teresa, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5441 Edgerton Drive  
 City Peachtree Corners State GA Zip Code 30092-2185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DeBruin Benefit Services, Inc./ The La Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : 11501788**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 188
	<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. Dorigan, Ryan, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 N Tustin St  
 City Anaheim State CA Zip Code 92807-1724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Applied General Agency Territory Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017  
**Transaction ID : 11501789**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Sautter, Robert, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6330 S 3000 E, Suite 670  
 City Salt Lake City State UT Zip Code 84121-6234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Gallagher Benefit Services Client Adviser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017  
**Transaction ID : 11501791**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Boop, Deborah, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 North Chestnut Street Suite 202  
 City Ravenna State OH Zip Code 44266-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Kaczmarek Insurance Services 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  
 10 / 07 / 2017  
**Transaction ID : 11501792**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 188
<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. 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 ▼ 765.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : 11501793**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Griffin, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Commerce Road  
 City Newtown State CT Zip Code 06470-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TR Paul, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : 11501795**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Bremer, Emily, Black, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8000 Bonhomme Ave., # 213  
 City Saint Louis State MO Zip Code 63105-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Bremer Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : 11501797**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 188
	<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 7000 Stonewood Dr  
 Suite 251  
 City Wexford State PA Zip Code 15090-7376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JRG Advisors, LLC Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501806**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Balla, Donald, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 Grant Building  
 City Pittsburgh State PA Zip Code 15219-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simpson & McCrady LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501807**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Sullivan, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 99565  
 City Louisville State KY Zip Code 40269-0565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Van Zandt Emrich and Cary Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501808**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	156.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 188
	<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. Jennings, Julie, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Faunce Corner Rd  
 Bldg 100, Suite 120  
 City Dartmouth State MA Zip Code 02747-1255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sylvia & Co. Ins. Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501809**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Matsushita, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25B Hanover Road Suite 220  
 City Florham Park State NJ Zip Code 07932-1443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Senior Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501810**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Jones, Alan, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3420 Pump Road, #144  
 City Richmond State VA Zip Code 23233-1111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TPA Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501811**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.00  
**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 188
	<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. 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 Company Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501812**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Deagle, Michael, P., ,**  
 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 ▼ 2750.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501813**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21820 Burbank Blvd, North Building, Suite 300  
 City Woodland Hills State CA Zip Code 91367-6476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501814**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00  
**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 188
	<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. Graves, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 Taylor Ave North  
 Suite 112  
 City Grand Rapids State MI Zip Code 49503-1079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lighthouse Insurance Group Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501818**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Schwartz, Matt, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2950 Breckenridge Lane, Suite 8  
 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 ▼ 850.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501819**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Fairbairn, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8069 Little Circle Road  
 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 ▼ 300.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : 11501820**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 188
	<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. Garven, John, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 8  
 11715 East Main Street -  
 City Huntley State IL Zip Code 60142-0008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benico, LTD Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : 11501822**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Buyalos, Joseph, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9713 Key West Ave, Suite 401  
 City Rockville State MD Zip Code 20850-4082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Insurance Exchange, Inc. Occupation (for Individual) Broker  
 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  
 10 / 08 / 2017  
**Transaction ID : 11501823**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Buechler, Anthony, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 Colonial Circle  
 City Papillion State NE Zip Code 68046-6109  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : 11501827**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 188
	<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. Maichel, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5825 Oberlin Drive  
 Suite 4  
 City San Diego State CA Zip Code 92121-3777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AmCheck Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501828**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Eserman, Clifton, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2435 N Dixie Hwy  
 City Wilton Manors State FL Zip Code 33305-2239  
 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 ▼ 420.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501830**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Wong, William, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Waverly Place  
 City San Francisco State CA Zip Code 94108-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bill Wong & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501832**  
 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 26 OF 188
	<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. Buffington, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3112 South 13th  
 City Lincoln State NE Zip Code 68502-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A+ Brokerage Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 300.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501837**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Blomgren, Laura, , ,**  
 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 ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501838**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 188
	<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. Rice, Lori, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3611 Paesanos Pkwy  
 Ste 100  
 City San Antonio State TX Zip Code 78231-1256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frost Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501839**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Forshee, Dee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 E Main #B  
 City Union State MO Zip Code 63084-1645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ming Senior Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : 11501840**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Sklar, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Walton Blvd  
 City Rochester Hills State MI Zip Code 48309-1775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Crawford Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : 11502050**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 188
<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. Weilmuenster, Alexis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 585 Grove St  
 Suite 145  
 City Herndon State VA Zip Code 20170-4791  
 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 ▼ 300.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : 11502052**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. O'Connell, Daniel, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5080 Spectrum Dr #700E  
 City Addison State TX Zip Code 75001-4636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Next Level Insurance Agency Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : 11502056**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Nigro, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 697  
 City Elkhorn State NE Zip Code 68022-0697  
 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 ▼ 820.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : 11502057**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 188
	<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. Stearns, Candius, Michelle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3290 W Big Beaver Rd  
 Ste 503  
 City Troy State MI Zip Code 48084-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mason-McBride/DFB Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : 11502442**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Bievenour, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15660 Dallas Parkway, Suite 500  
 LB 60  
 City Dallas State TX Zip Code 75248-3354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Insurance Exchange Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 633.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : 11503192**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Sterner, Heidi, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7881 W Charleston Blvd Suite 140  
 City Las Vegas State NV Zip Code 89117-8326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Benefits Services Occupation (for Individual) Insurance Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : 11503199**  
 Amount of Each Receipt this Period 30.00  
 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 30 OF 188
	<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 ▼ 210.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : 11503200**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Stewart, Diana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W. 36th Avenue  
 Suite 300  
 City Anchorage State AK Zip Code 99503-5805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Sr. Acct Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : 11503210**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Buza, Raymond, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 East Lakewood Road  
 City West Palm Beach State FL Zip Code 33405-3316  
 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 ▼ 300.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503240**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 188
	<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. Girdler, Richard, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 Maryland Way, Suite 250  
 City Brentwood State TN Zip Code 37027-7508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cowan, a Division of HUB International Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503241**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Wolfe, Rosanne, , ,**  
 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 ▼ 750.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503243**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Van Nest, John, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Dillon Ave Suite B  
 City Campbell State CA Zip Code 95008-3020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Van Nest Ventures Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503246**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**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 188
	<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. 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 ▼ 420.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503250**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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 ▼ 300.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503251**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Poole, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14117 Jones Bridge Road  
 City Upper Marlboro State MD Zip Code 20774-8585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aligned Benefits Group, Inc. Occupation (for Individual) Senior Account Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503252**  
 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 33 OF 188
	<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. Gertz, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 353 N Clark Street  
 City Chicago State IL Zip Code 60654-4704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mesirow Financial Occupation (for Individual) Compliance Project Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503255**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Johnson, David, S., ,**  
 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 ▼ 1000.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : 11503261**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Green, J. J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 W. 2nd St.  
 City Grand Island State NE Zip Code 68801-5709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primark, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503915**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 OF 188 (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

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

**A. Munger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 W. Magistrate Loop  
 City Hayden State ID Zip Code 83835-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Munger Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503921**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Johnson, Jonathan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8375 W Flamingo Road Suite 102  
 City Las Vegas State NV Zip Code 89147-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Distinctive Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503924**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kiebler, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2530 Sir Barton Way, Suite 100  
 City Lexington State KY Zip Code 40509-2275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Humana Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503925**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 188
	<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, 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 ▼ 450.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503926**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Blakely, Russ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 11310  
 City Chattanooga State TN Zip Code 37401-2310  
 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 ▼ 795.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503927**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Daugherty, Cathy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 East Lincoln Avenue  
 Suite 203  
 City Orange State CA Zip Code 92865-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridge Port Benefits Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503929**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 188
	<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. Schiebel, Al, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Sandy Springs Pl., # 300A  
 City Atlanta State GA Zip Code 30328-3854  
 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 ▼ 600.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503931**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott  
 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 ▼ 1530.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503933**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Evans, Joseph, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4920 Pleasant St. Suite 3  
 City West Des Moines State IA Zip Code 50266-1702  
 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 ▼ 378.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : 11503938**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 188
	<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. Lee, Philip, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 Moraga Road  
 Suite 240  
 City Lafayette State CA Zip Code 94549-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503956**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Scott, John, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2180 American Flyer Way  
 City Brooksville State FL Zip Code 34604-6829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E-TeleQuote Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503957**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Smith, Michael, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 West Main Street  
 City Lewisville State TX Zip Code 75057-3863  
 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 ▼ 300.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503961**  
 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 38 OF 188
	<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. Lorsch, Debbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 Algonquin Road, Suite 615  
 City Rolling Meadows State IL Zip Code 60008-3110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Funding, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503962**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503964**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Castellani, Lorelei, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 905  
 City Branchville State NJ Zip Code 07826-0905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Guidance Systems Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503966**  
 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 39 OF 188
	<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. Selby, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25B Hanover Road  
 Suite 220  
 City Florham Park State NJ Zip Code 07932-1443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503967**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Jacquet, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2480 North Decatur #140  
 City Las Vegas State NV Zip Code 89108-2988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Branch Benefits Consultants Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503975**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Powers, Jason, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8346 Redbird St  
 City Shawnee State KS Zip Code 66227-8701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Legacy Brokers, LLC Occupation (for Individual) Employee Benefits Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503976**  
 Amount of Each Receipt this Period 34.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 188
	<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. Jones, Cynthia, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24223 English Rose Place  
 City Valencia State CA Zip Code 91354-4921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dickerson Employee Benefits Occupation (for Individual) Marketing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503977**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Wolfman, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Knollwood Ter  
 City Randolph State NJ Zip Code 07869-3013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Susan Wolfman Consulting, LLC Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503978**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hopwood, Kymberly, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Water Street, 7th Floor  
 City Oakland State CA Zip Code 94607-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dealey, Renton & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : 11503979**  
 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 41 OF 188
<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. Hain, Erica, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1995 Point Township Drive  
 City Northumberland State PA Zip Code 17857-8856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keystone Insurers Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : 11503980**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carter, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Locksley Place  
 City Forest State VA Zip Code 24551-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Piedmont Community Heath Plan, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : 11503982**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Manning, Richard, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10315 Woodley Avenue, #131  
 City Granada Hills State CA Zip Code 91344-6953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Accessible Health Insurance Services. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : 11503983**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 188
	<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. 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
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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 ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

**Transaction ID : 11503984**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

**Transaction ID : 11503985**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address One West First Avenue Ste 305

City Conshohocken	State PA	Zip Code 19428-6801
----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Megro Corporation	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

**Transaction ID : 11503986**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 188
	<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. 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 Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 15 / 2017**  
**Transaction ID : 11503987**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Waren, M. Hughes, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 7661  
 City Wilmington State NC Zip Code 28406-7661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ebenconcepts, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 16 / 2017**  
**Transaction ID : 11503994**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hynes, Bernard, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2999 N. 44th Street Suite 325  
 City Phoenix State AZ Zip Code 85018-7259  
 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 ▼ 300.00

Date of Receipt **10 / 16 / 2017**  
**Transaction ID : 11503996**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 188
	<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. 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) AWM, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504000**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Powell, Brooks, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 549 Main St, Suite B  
 City Danville State VA Zip Code 24541-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marsh & McLennan Agency Occupation (for Individual) Employee Benefits Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504006**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Zavala, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1106 Canadian Circle  
 City Grand Prairie State TX Zip Code 75050-7050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504007**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 188
	<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. Applegate, Teena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 C St.  
 Suite 500  
 City Anchorage State AK Zip Code 99503-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northrim Benefits Group Occupation (for Individual) Benefit Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504009**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Wood, Lynnette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4730 Business Park Blvd., H-16  
 City Anchorage State AK Zip Code 99503-7137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ANI Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504010**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Huss, Janine, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 Regent St Suite S  
 City Columbus State OH Zip Code 43219-6194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SingleCare Occupation (for Individual) Sr. Sales Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504011**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 188
	<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 ▼ 765.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504015**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Bergstrom, Christian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 1st Avenue South,#500  
 City Saint Petersburg State FL Zip Code 33701-4200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wallace Welch & Willingham, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : 11504016**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tompkins, Daniel, R., ,**  
 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 ▼ 850.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : 11504119**  
 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 47 OF 188
	<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. Brooks, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 10876  
 City Lynchburg State VA Zip Code 24506-0876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Personal Design Financial Services, In Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : 11504120**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Rose, Vincent, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 South Lake Street  
 City Marquette State MI Zip Code 49855-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 44North Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : 11504121**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Powell, Kristopher, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1423 E. 11 Mile Road  
 City Royal Oak State MI Zip Code 48067-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenePro, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : 11504479**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 188
<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. Fitzgerald, Robert, Mark, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N. Highland Ave NE # 427  
 City Atlanta State GA Zip Code 30306-4685  
 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 ▼ 925.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : 11504517**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Cogdill, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4710 4th Street Ste. 300  
 City La Mesa State CA Zip Code 91941-5384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Business Choice Insurance Services Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : 11504520**  
 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 ▼ 510.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : 11504521**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : 11504525**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 912.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : 11504528**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Mulvaney, William, M., ,**  
 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 ▼ 250.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506144**  
 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 50 OF 188
<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. Friedman, Peter, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5125  
 City Culver City State CA Zip Code 90231-5125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Friedman & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506146**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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) Colorado Choice Health Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506148**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Johnson, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12500 Network Blvd, # 403  
 City San Antonio State TX Zip Code 78249-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506150**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506151**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. McDermott, H., Luke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 883 West Baxter Drive  
 City South Jordan State UT Zip Code 84095-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Company & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506154**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Meyhoff, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1031 W 4th Ave., Ste 400  
 City Anchorage State AK Zip Code 99501-5905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marsh & McLennan Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 444.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506155**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 188
	<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. 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 ▼ 450.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506156**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Ward, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3219 E. Camelback Road #569  
 City Phoenix State AZ Zip Code 85018-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emerging Benefits Consultants, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 578.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506157**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Fletcher, Dennis, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2510 N. Pines Rd., # 205  
 City Spokane Valley State WA Zip Code 99206-7636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Fletcher Financial Group Inc Occupation (for Individual) Insurance sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : 11506158**  
 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 53 OF 188
	<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. Martin, Ingrid, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3857 Grand Oak Drive  
 City Brunswick State OH Zip Code 44212-3594  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ameritas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : 11543364**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gadinas, Kathy, M., ,**  
 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, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : 11543367**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Stubbs, Clifton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11308 Blackhawk Dr.  
 City Frisco State TX Zip Code 75033-7386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : 11543370**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 188
	<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. Lawson, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 Lake Vista Court  
 Suite 114  
 City Casselberry State FL Zip Code 32707-6465  
 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 ▼ 300.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : 11543374**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Przybylski, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Spring Lake Drive  
 City Itasca State IL Zip Code 60143-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Euclid Managers Occupation (for Individual) agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : 11543376**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. 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 ▼ 282.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : 11543377**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**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 55 OF 188
	<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. Cochran, Irene, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Hwy 74 S  
 Suite 6-222  
 City Peachtree City State GA Zip Code 30269-3073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BeneSource, LLC 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  
 10 / 20 / 2017  
**Transaction ID : 11543383**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Ritter, William, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 W. Main Street, Suite 200  
 City Williamston State NC Zip Code 27892-2490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Triangle Planning Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : 11544468**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Fusco, Joan, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25B Hanover Rd., Suite 220  
 City Florham Park State NJ Zip Code 07932-1443  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : 11544469**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 188
	<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. Combs, Susan, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Fifth Ave  
 Ste 308  
 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 ▼ 540.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : 11544471**  
 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 1901 6th Avenue North  
 Suite 1720  
 City Birmingham State AL Zip Code 35203-2618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regions Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544475**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Member Contribution

**C. Singleton, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1773 Owasco Street  
 City Winter Springs State FL Zip Code 32708-5614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sihle Insurance Group Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544476**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 188
	<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. Stevenson, Kenneth, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3131 Lonnladh Road  
 City Tallahassee State FL Zip Code 32308-4255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Earl Bacon Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544478**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Leavitt, Scott, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12988 W. Paint Dr.  
 City Boise State ID Zip Code 83713-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott Leavitt Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544479**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Bergsma, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Balanced Rock Insurance 643 Canyon Drive  
 City Twin Falls State ID Zip Code 83301-3014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544482**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 188
	<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. Cagliola, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 Liberty Ridge Drive  
 Suite 250  
 City Chesterbrook State PA Zip Code 19087-5567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radnor Benefits Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544484**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Henry, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19310 Sonoma Highway, #A  
 City Sonoma State CA Zip Code 95476-5454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RealCare Insurance Marketing, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544485**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Mathern, Donald, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7650 Cherrywood Drive  
 City Boise State ID Zip Code 83704-3541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Specialists Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544487**  
 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 59 OF 188
	<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. Ranf, Jeff, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Centerpoint Drive  
 Suite 540  
 City Anchorage State AK Zip Code 99503-5826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544490**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Wild, Trei, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3724 Hearst Castle Way  
 City Plano State TX Zip Code 75025-3719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Protect Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544491**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Spiess, David, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1760 Manley Road  
 City Maumee State OH Zip Code 43537-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sea Gate Benefits Occupation (for Individual) Health Insurance Specialist Independen  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544495**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 188
	<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. Theesfeld, Angela, A.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 Toyah Brk  
 City San Antonio State TX Zip Code 78258-2564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544497**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544498**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Molthen, Kimberley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5500 Cherokee Avenue, Suite 300  
 City Alexandria State VA Zip Code 22312-2321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marsh & McLennan Agency, LLC Occupation (for Individual) Employee Benefits Consultant & Vice Pr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544499**  
 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 61 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544500**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Coburn, Richard, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Minor Court  
 City San Rafael State CA Zip Code 94903-3716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Word and Brown Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544502**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Griffey, Don, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Prim Rose Circle  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hailey-Campbell, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544503**  
 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 62 OF 188
	<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. Jeffs, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2458 Newport Blvd.  
 Suite 205  
 City Costa Mesa State CA Zip Code 92627-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Progressive Benefit Managers Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544506**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lindsay, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Emerson Place  
 City Davenport State IA Zip Code 52801-1624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthur J. Gallagher & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544508**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Lindstrom, Betty, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4026  
 City Felton State CA Zip Code 95018-0349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lindstrom Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : 11544509**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 188
	<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. 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 ▼ 1350.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544514**  
 Amount of Each Receipt this Period 85.00  
 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) J. Smith Lanier & Co., Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544515**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Monthly Contribution

**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 ▼ 1350.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544516**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 188
	<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. McLeod, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3620 Wheat St.  
 City Columbia State SC Zip Code 29205-2831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aetna Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544517**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Andress, Carolyn, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1512 Highway 138  
 City Wall State NJ Zip Code 07719-3706  
 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 ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544518**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 903.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544519**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 188
	<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. Robinson, William, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 East Jackson Street  
 City Martinsville State IN Zip Code 46151-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NewDay! Marketing Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544520**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. McFarland, Dawn, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19509 Haynes St  
 City Reseda State CA Zip Code 91335-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 M & M Benefit Solutions Insurance Serv Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544521**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

**C. Todd, Richard, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 56166  
 City Little Rock State AR Zip Code 72215-6166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 The Todd Agency, Inc. Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544524**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 188
	<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. Todd, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 56166  
 City Little Rock State AR Zip Code 72215-6166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Todd Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544525**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Ackerman, Mark, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3700 Forest Drive Suite 300  
 City Columbia State SC Zip Code 29204-4010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Management Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544527**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Whang, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33970 23 Mile Rd.  
 City Chesterfield State MI Zip Code 48047-4005  
 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 ▼ 228.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544528**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 188
	<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. Berger, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79 Daily Dr #276  
 City Camarillo State CA Zip Code 93010-5807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Collaborative Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544530**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Blain, Bradford, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address AI Torstrick Insurance Agency, Inc 343 Waller Av  
 City Lexington State KY Zip Code 40504-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AI Torstrick Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544531**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Fogle, Albert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 C St. Suite 500  
 City Anchorage State AK Zip Code 99503-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northrim Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544533**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**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 68 OF 188
	<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. Gennaro, Jeffrey, Wm., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3820 W Happy Valley Rd  
 Ste 141, PMB 606  
 City Glendale State AZ Zip Code 85310-3292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Insurance Brokers, Inc. Occupation (for Individual) Broker  
 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  
 10 / 23 / 2017  
**Transaction ID : 11544534**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Hebert, Hedy, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 390 Plaza Loop.  
 City Bossier City State LA Zip Code 71111-4390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Consulting Services Occupation (for Individual) Broker  
 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  
 10 / 23 / 2017  
**Transaction ID : 11544535**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Helms, John, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2940 Camino Diablo  
 # 205  
 City Walnut Creek State CA Zip Code 94597-3992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) John Helms Associates 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  
 10 / 23 / 2017  
**Transaction ID : 11544537**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 188
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Hill, Donna, D., ,**  
 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 ▼ 807.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544538**  
 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 ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544539**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 520.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544540**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 188
	<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. Ming, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 621  
 City Union State MO Zip Code 63084-0621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ming Senior Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544541**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Rash, Susan, Maley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 West Laburnum Avenue, Suite 3  
 City Richmond State VA Zip Code 23227-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Benefit Consultants of Virginia, Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1775.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544542**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. 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 ▼ 520.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544543**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 188
	<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. Rice, Russell, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8000 IH-10 West, # 715  
 City San Antonio State TX Zip Code 78230-3880  
 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 ▼ 975.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544545**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Simmang, Michael, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 E Austin St  
 City Giddings State TX Zip Code 78942-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Nitsche Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544546**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Strong, Cameron, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2565 Dexter Ave. N # 502  
 City Seattle State WA Zip Code 98109-1955  
 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 ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544547**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 188
	<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. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154-1003  
 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 ▼ 1715.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544549**  
 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 PO Box 56166  
 City Little Rock State AR Zip Code 72215-6166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Todd Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544551**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Wynkoop Kapostins, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Primera Blvd, Suite 264  
 City Lake Mary State FL Zip Code 32746-2148  
 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 ▼ 420.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544553**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 188
	<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. Hall, Dwight, , ,**  
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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : 11544555**

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 11006 Kernville Rd. #1

City Kernville	State CA	Zip Code 93238-9765
-------------------	-------------	------------------------

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 ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : 11544556**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 22465 Panther Loop

City Bradenton	State FL	Zip Code 34202-6320
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Suncoast Benefits & Analytics	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : 11544559**

Amount of Each Receipt this Period  
12.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544563**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Braner, Jodie, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Concourse Parkway 18th Floor  
 City Atlanta State GA Zip Code 30328-5350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Willis Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544564**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Copeland, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Larkspur Landing Circle, Suite  
 City Larkspur State CA Zip Code 94939-1755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Copeland Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544567**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 188
	<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. Goodwin, Carolyn, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12740 Hillcrest Road  
 Suite 275  
 City Dallas State TX Zip Code 75230-7129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Goodwin Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544571**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Griffey, Patricia, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17535 Generations Dr  
 City South Bend State IN Zip Code 46635-1589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Healy Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544572**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Howard, Michelle, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2850 West Grand Boulevard  
 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) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544574**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 188
	<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. Embry, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Road  
 Suite 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544576**  
 Amount of Each Receipt this Period  
 415.00  
 Memo Item

**B. Embry, Jeanne, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26240 Wacker Drive  
 City Chesterfield State MI Zip Code 48051-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544577**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544580**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 188
	<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. Thrash, Rachel, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Milam Street  
 City Shreveport State LA Zip Code 71101-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Querbes & Nelson A Partnership Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : 11544581**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Pennington, William, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4640 Woodbridge Drive  
 City Kernersville State NC Zip Code 27284-8850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pennington Associates Inc. 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  
 10 / 23 / 2017  
**Transaction ID : 11544583**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Perry, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 51019  
 City Idaho Falls State ID Zip Code 83405-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 The Hartwell Corporation 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  
 10 / 23 / 2017  
**Transaction ID : 11544584**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 188
	<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. Rock, Deidre, Dover, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 151  
 City Camilla State GA Zip Code 31730-0151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dover Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544585**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Stacy, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1151 Red Mile Road  
 City Lexington State KY Zip Code 40504-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Insurance Marketing Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544587**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Wickizer, Chris, Otto, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16619 74th Ave NE  
 City Kenmore State WA Zip Code 98028-4261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chris Wickizer Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544589**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 79 OF 188
<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. Westmoreland, Charles, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 532 Cloifview Drive  
 City Brandon State MS Zip Code 39047-9183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allstate Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544590**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Siino, Thomas, , ,**  
 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 ▼ 300.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544593**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 255.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544595**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 188
	<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. Langley, Rufus, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2720 Branston Way  
 City Apex State NC Zip Code 27539-6213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Langley Insurance Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11544597**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Tierney, Robert, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 N Main St STE 200  
 City Meridian State ID Zip Code 83642-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : 11545410**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Brown, Carey, H., ,**  
 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 ▼ 1000.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545419**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 188
	<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. 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 ▼ 420.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545420**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Pierce, Jeffrey, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 Manzano  
 City Wolverine Lake State MI Zip Code 48390-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthwise Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545421**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 282.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545423**  
 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 82 OF 188
	<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. Wright, Dennis, E., ,**  
 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 ▼ 730.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545424**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Barrera, Rolando, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2621 Camargo  
 City Corpus Christi State TX Zip Code 78415-5678  
 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 ▼ 420.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545425**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Buffum, Ronald, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 South Harris Street # 237  
 City Round Rock State TX Zip Code 78664-6081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Buffum Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 188
	<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. Moore, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Rivergate Pkwy  
 City Goodlettsville State TN Zip Code 37072-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Brokers, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : 11545428**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Hart, Daniel, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2137 E. 32nd Street  
 City Tulsa State OK Zip Code 74105-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Life 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  
 10 / 24 / 2017  
**Transaction ID : 11545430**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Muckensturm, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 Highlands Plaza Drive West, Ste. 500  
 City Saint Louis State MO Zip Code 63110-1337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Daniel and Henry Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : 11545431**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 188
	<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. Osborne, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1308 Woodmanor Dr,  
 City Raleigh State NC Zip Code 27614-9055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Osborne Insurance Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : 11545432**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Weinstein, Joshua, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 C St. Suite 500  
 City Anchorage State AK Zip Code 99503-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northrim Benefits Group 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  
 10 / 24 / 2017  
**Transaction ID : 11545434**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. West, Mitchell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Health Choice One, Attn: Mitch Wes 6436 S Racine Cir  
 City Centennial State CO Zip Code 80111-6479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MW Family Services 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  
 10 / 24 / 2017  
**Transaction ID : 11545435**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 188
	<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, ,**  
 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 ▼ 272.50

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545436**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lee, William, Eric, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Knight Boxx Rd APT. 5103  
 City Orange Park State FL Zip Code 32065-8045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMN Nurse Choice Occupation (for Individual) Executive Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545438**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Bear, Dale, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2550 NE Douglas St  
 City Lees Summit State MO Zip Code 64064-2224  
 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 ▼ 1000.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545443**  
 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 86 OF 188
	<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. Hoffman, Crystal, , ,**  
 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 ▼ 865.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545476**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 420.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : 11545500**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Winson, Shelly, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1914  
 City Chandler State AZ Zip Code 85244-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) True Choice Benefits LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545628**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 188
	<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. Pedersen, Jill, L., ,**  
 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, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545629**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38176 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Canadian Drugstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545630**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Reents, Joni, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5760 W. 120th Avenue Suite 260  
 City Broomfield State CO Zip Code 80020-6939  
 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 ▼ 1007.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545631**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 188
	<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. Feldman, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 Research Blvd  
 Suite 400  
 City Rockville State MD Zip Code 20850-6118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aflac Occupation (for Individual) Broker Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545632**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Sokol, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Wilshire Drive  
 Suite 300  
 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) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545633**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**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) HSA Bank Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545635**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 188
	<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. Bogott, Christine, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2793 Skyline Ct  
 Unit D  
 City Grand Junction State CO Zip Code 81506-3967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MHB Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : 11545637**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Gootee, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 L Street  
 Suite 270  
 City Anchorage State AK Zip Code 99501-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moda Health 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  
 10 / 25 / 2017  
**Transaction ID : 11545639**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : 11545641**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 188
	<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. Corson, William, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Governor Drive  
 City Basking Ridge State NJ Zip Code 07920-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Benefits Planning Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : 11545836**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Jensen, Cerrina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 Venture Oaks Way #240  
 City Sacramento State CA Zip Code 95833-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CoreMark Insurance Services Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 436.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545850**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Wooden, Rebecca, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 NE Park Plaza Dr #293  
 City Vancouver State WA Zip Code 98684-5881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AIMEA Insurance, Inc. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545853**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 188
	<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. Drysdale, Sam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 8222

City Springfield	State MO	Zip Code 65801-8222
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mercy Health Plans	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  
 10 / 26 / 2017

**Transaction ID : 11545855**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Morrison, James, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6096 Innovation Way

City Carlsbad	State CA	Zip Code 92009-1741
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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 ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017

**Transaction ID : 11545856**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Phillips, Stephanie, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11100 Mead Rd, Ste 300

City Baton Rouge	State LA	Zip Code 70816-2260
---------------------	-------------	------------------------

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

Name of Employer (for Individual) HUB International	Occupation (for Individual) Benefit Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
408.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017

**Transaction ID : 11545857**

Amount of Each Receipt this Period  
42.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 188
	<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. Dinkel, Matthew, Kim, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13700 Six Mile Cypress  
 City Fort Myers State FL Zip Code 33912-4324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alan Williams & Associates Insurance A Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545861**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Dickert, Vicki, Michele, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8833 Perimeter Park Blvd Suite 802  
 City Jacksonville State FL Zip Code 32216-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenTec Workplace Solutions Occupation (for Individual) Vice President of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545863**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Hinck, John, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 McLaws Circle, Ste2  
 City Williamsburg State VA Zip Code 23185-5871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hinck Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545865**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 188
	<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, Steven, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1151 Red Mile Road  
 City Lexington State KY Zip Code 40504-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Insurance Marketing Occupation (for Individual) Broker  
 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  
 10 / 26 / 2017  
**Transaction ID : 11545866**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Mann, William, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 691967  
 City Houston State TX Zip Code 77269-1967  
 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  
 10 / 26 / 2017  
**Transaction ID : 11545869**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Jurkus, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 823 Commerce Drive, Suite 350  
 City Oak Brook State IL Zip Code 60523-8855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services 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  
 10 / 26 / 2017  
**Transaction ID : 11545871**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 188
	<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. Kahan, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8707 Skokie Blvd., Ste 206  
 City Skokie State IL Zip Code 60077-2272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lang Financial Group, Chicago LTD Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545873**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ledgerwood, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12022 FOREST MOON DR  
 City CYPRESS State TX Zip Code 77433-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Health Plans of Texas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545878**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hamilton, Brett, Michelle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 6398  
 City Charleston State WV Zip Code 25362-0398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black Horse Financial Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545879**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 188
	<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, Kevin, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1744 Victoria Way  
 City San Marcos State CA Zip Code 92069-9401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Murphy Insurance Solutions Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : 11545883**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cartier, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11555 Sorrento Valley Road Suite 203  
 City San Diego State CA Zip Code 92121-1331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Employee Benefits Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546490**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546492**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 188
	<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. Phillips, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Churchill Ct.  
 City Fayetteville State GA Zip Code 30214-7801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Insurance Broker Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546494**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Reddy, Michael, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 River Pointe Drive  
 City Elkhart State IN Zip Code 46514-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keystone Insurance & Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546497**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Bechtold, Annette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Galleria Pkwy SE Ste 1950  
 City Atlanta State GA Zip Code 30339-5946  
 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 ▼ 620.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546498**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tuthill, Glendae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 Old Greenville Rd  
 City Fayetteville State GA Zip Code 30215-5935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benevestco, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : 11546501**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Mordo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Main St  
 City Holmdel State NJ Zip Code 07733-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SlatteryGA, A division of Arthur J. Ga 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  
 10 / 27 / 2017  
**Transaction ID : 11546502**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Severo, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Chestnut St. #410  
 City Meadville State PA Zip Code 16335-3458  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : 11546504**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 188
	<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. Witt, Kelly, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 Pine Hill Way  
 City Carmel State IN Zip Code 46032-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health and Wellness Group Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546505**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Booth, Neil, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23901 Calabasas Road, Suite 2014  
 City Calabasas State CA Zip Code 91302-3307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Marketing Administrators INC Occupation (for Individual) Broker & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546507**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Sherrod, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 Holly Ridge Drive  
 City Longview State TX Zip Code 75605-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Healthcare Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546508**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 188
	<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., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5955 Carnegie Blvd Suite 150  
 City Charlotte State NC Zip Code 28209-4664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Benefit Advisors of the Carol Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546509**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Johnson, Judy, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5581 N Barrasca Ave  
 City Tucson State AZ Zip Code 85750-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546510**  
 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 5113 N. Executive Drive Suite 102  
 City Peoria State IL Zip Code 61614-4893  
 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 ▼ 420.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546513**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 188
	<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. Jaques, Kevin, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 S Capital of TX Hwy.  
 Bldg. 1, Ste. 360  
 City West Lake Hills State TX Zip Code 78746-6446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546514**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Pearson, E.J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 369 Stone Falls Ave SE  
 Apt 201  
 City Ada State MI Zip Code 49301-7923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varipro Occupation (for Individual) Regional Sales Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546516**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hagen, David, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1045 Wykoff Way  
 City Laguna Beach State CA Zip Code 92651-3036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hagen Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : 11546521**  
 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 101 OF 188
	<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. Hazelbaker, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5007 Pine Creek Drive  
 City Westerville State OH Zip Code 43081-4849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546531**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Reinstadler, Ruppert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6443 SW Beaverton-Hillsdale Hwy Suite 200  
 City Portland State OR Zip Code 97221-4230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coordinated Resources Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546532**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Brody, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6018 E Lowden Rd.  
 City Cave Creek State AZ Zip Code 85331-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RXBenefits Occupation (for Individual) Vice President of Business Developmen  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546533**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 188
<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. 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 ▼ 533.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546537**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. Underhill, Charles, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 626  
 City Woodland Hills State CA Zip Code 91365-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Underhill Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546539**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Allard, Terry, , ,**  
 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) The Wilson Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546542**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	318.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 188
	<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. Childers, Russell, B., ,**  
 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 ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : 11546544**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**B. Hoffman, Crystal, , ,**  
 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 ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : 11546546**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Shively, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Paluxy Dr Ste 540  
 City Tyler State TX Zip Code 75703-1664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield Occupation (for Individual) Carrier Sales Rep  
 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  
 10 / 28 / 2017  
**Transaction ID : 11546549**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 188
	<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. Coventry, Sandy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10717 Sorrento Valley Road  
 City San Diego State CA Zip Code 92121-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wateridge Insurance Services Occupation (for Individual) Employee Benefits Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546551**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Fear, David, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Sunrise Avenue, #150  
 City Roseville State CA Zip Code 95661-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shepler & Fear General Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546553**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Keneipp, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2738 Cody Circle #101  
 City Bellingham State WA Zip Code 98225-8283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Q4intelligence, LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546554**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 188
	<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. Brining, Joseph, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6528 E 101st St  
 Suite D-1 PMB 293  
 City Tulsa State OK Zip Code 74133-6754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Combined Affinity Markets Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546555**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Paxton, Pauline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 E Pine Ave  
 City Meridian State ID Zip Code 83642-5995  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross of Idaho Occupation (for Individual) Account Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546556**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kross, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5556-B Cheviot Rd.  
 City Cincinnati State OH Zip Code 45247-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Benefits Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546558**  
 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 106 OF 188
	<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. Currier, Craig, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11213 Davenport St.  
 Ste. 201  
 City Omaha State NE Zip Code 68154-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aon Risk Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 978.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546561**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Smith, Paul, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Queen Street  
 City Southington State CT Zip Code 06489-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paul E Smith Insurance, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546566**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Lubenow, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 West Main Street  
 Suite 203  
 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 ▼ 420.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546567**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	327.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 188
	<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. Ragusa, Ruth, Ferry, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Lassalle Drive  
 City River Ridge State LA Zip Code 70123-3648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allied Benefits Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546570**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Flowers, Jeannette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Hickory Street  
 City Liverpool State NY Zip Code 13088-4416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pomco Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546572**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Stock, Tiffany, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 C St. Suite 500  
 City Anchorage State AK Zip Code 99503-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northrim Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 634.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : 11546579**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James, Keith, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6750 Poplar Avenue, Suite 208  
 City Memphis State TN Zip Code 38138-7414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The James Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : 11546741**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 250.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : 11546761**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hartmann, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave, Suite 1100  
 City Washington State DC Zip Code 20005-3987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : 11546763**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 188
	<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. HUNT, David, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Mallard Lane  
 City Madison State MS Zip Code 39110-8799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hunt Insurance Agency 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  
 10 / 31 / 2017  
**Transaction ID : 11548397**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$0.00

**B. McDougall, Heather, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 W Kiva Ave  
 City Mesa State AZ Zip Code 85202-6633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Affiliated Insurance Solutions 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  
 10 / 31 / 2017  
**Transaction ID : PR433059217244**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Villagran, Denise, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1016 Santa Fe, #205  
 City Corpus Christi State TX Zip Code 78404-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Entrust, Inc. 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  
 10 / 31 / 2017  
**Transaction ID : PR433061217244**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 188
	<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. Schreder, Lynn, M., ,**  
 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 ▼ 1025.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433076117244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Adams, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 7630  
 City Horseshoe Bay State TX Zip Code 78657-7630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Total Administrative Services Corporat Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433095017244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Davies, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9425 Double R Blvd Ste F  
 City Reno State NV Zip Code 89521-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clark and Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433115417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 188
	<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. Brown, Madeleine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1490,  
 City Jackson State MS Zip Code 39215-1490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fisher Brown Bottrell Insurance, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433118917244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Deacon, Joseph, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 1/2 Hale Street PO Box 2831  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433129317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. McFerrin, Dwane, C., ,**  
 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 ▼ 1025.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433168117244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 188
	<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. Barrett, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 West Campus Road  
 City New Albany State OH Zip Code 43054-8725  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433180617244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Christensen, H Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3013 Sonora Canyon Rd  
 City Weatherford State TX Zip Code 76087-8215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Senior Services of Texas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433187717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Rifkin, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Stonewall Lane  
 City Mamaroneck State NY Zip Code 10543-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433196817244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433197417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Long, Scott, W., ,**  
 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) Transamerica Employee Benefits Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433206817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433214317244**  
 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 114 OF 188
	<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. Gerken, Barbara, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1775 Indian Wood Circle  
 City Maumee State OH Zip Code 43537-4010  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433268317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433298717244**  
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433308317244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 188
	<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. Spleet, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 East Hill Rd.  
 City Grand Blanc State MI Zip Code 48439-5098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433316617244**  
 Amount of Each Receipt this Period 95.00  
 Memo Item  
 P/R Deduction (\$95.00 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) Willison Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433468617244**  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433504417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 188
	<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. Roney, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 E Lafayette Blvd.  
 City Detroit State MI Zip Code 48226-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Agent Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433674117244**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

**B. Levit, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5120 Woodway Dr Suite 10023  
 City Houston State TX Zip Code 77056-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Prosperity Life and Health In Occupation (for Individual) Co-founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433679117244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433692817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 188
<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. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433694517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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) 1967 Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 472.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR433791817244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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) Argus Dental & Vision Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436789417244**  
 Amount of Each Receipt this Period 30.50  
 Memo Item  
 P/R Deduction (\$30.50 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 188
	<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. Rippinger, John, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11047 E Verbena Lane  
 City Scottsdale State AZ Zip Code 85255-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Look LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436793517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Kern, Roy, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 South Fort Avenue, Suite B  
 City Springfield State MO Zip Code 65807-4311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kern Insurance Services, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436804517244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

**C. Hartman, Gerald, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5716  
 City Boise State ID Zip Code 83705-0716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Network America Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436808017244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 188
	<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. ROWE, Eugene, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16000 Ventura Blvd  
 City Encino State CA Zip Code 91436-2744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R & R Retirement and Insurance Service Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436817917244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Christian, Brad, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 188  
 City Clatonia State NE Zip Code 68328-0188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance & Investments Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436821017244**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Monthly)

**C. 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 ▼ 1700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436821417244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 188
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<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. Rios-Carl, Elizabeth, E., ,**  
 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) Houghton Financial Partners LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436824517244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Besselman, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6421 Perkins Rd., # 2B, Bldg A  
 City Baton Rouge State LA Zip Code 70808-6200  
 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 ▼ 2500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436824617244**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

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

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436829717244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ashmore, Elizabeth, , ,**  
 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 & Associates Insurance Agency, Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436830317244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. Kramer, Mary, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13810 National Bank Parkway, Suite  
 City Omaha State NE Zip Code 68154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436836217244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436838917244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 188
	<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. Cociu, Dorothy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Benefit Consulting & Insuranc Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 10 / 31 / 2017  
**Transaction ID : PR436844617244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Wright, Keith, L., ,**  
 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) Occupation (for Individual)  
 Wright Insurance Group Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 10 / 31 / 2017  
**Transaction ID : PR436848517244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Fortenberry, H. Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16566  
 City Jackson State MS Zip Code 39236-6566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Executive Planning Group, P.A. Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 10 / 31 / 2017  
**Transaction ID : PR436852617244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 188
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Bean, Darrald, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3922 Rampart ST  
 City Boise State ID Zip Code 83704-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bean Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436853317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Swayne, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 31029  
 City Charleston State SC Zip Code 29417-1029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David M. Gilston Insurance Agency, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436853717244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Freeman, Michael, J., ,**  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436861817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 188
<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. KEELING, George, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Drawer K-1630  
 507 Avenue G  
 City Levelland State TX Zip Code 79336-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) George R. Keeling Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436865517244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Mobley, Sandra, V., ,**  
 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436869317244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. 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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436873517244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 188
<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. Trahin, Cindy, K., ,**  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436875617244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436883317244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436895317244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436901517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Morrow, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 S. Wilcrest Dr.  
 City Houston State TX Zip Code 77042-1608  
 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436903717244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Booth, Tonya, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Gateway Blvd. Suite 200  
 City Richardson State TX Zip Code 75080-3646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Upshaw Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 448.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436911017244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 188
<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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436917217244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Recker, Dennis, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 971 North Perry Street P.O. Box 276  
 City Ottawa State OH Zip Code 45875-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fawcett, Lammon, Recker & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436919017244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Kaczmarek, Lawrence, , ,**  
 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 ▼ 310.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436923417244**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 188
<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. Cason, Louie, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 11229  
 City Columbia State SC Zip Code 29211-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Cason Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436934817244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Whitmire, Jimmie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 Eighth Street  
 City Wichita Falls State TX Zip Code 76301-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whitmire & Whitmire, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436939117244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 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) MVS Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436939917244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 188
	<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, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 189  
 916 Main Street  
 City Vancouver State WA Zip Code 98666-0189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR436941617244**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. HUNT, David, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Mallard Lane  
 City Madison State MS Zip Code 39110-8799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hunt Insurance Agency 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  
 10 / 31 / 2017  
**Transaction ID : PR436942617244**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 P/R Deduction (\$35.00 Monthly)

**C. Woods, John, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 458 High Street  
 City Warren State OH Zip Code 44481-1200  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR436950017244**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 188
	<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. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR436961717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR436963517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Parker, John, C., ,**  
 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 ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR436986817244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 188
	<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. Bentley, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9557 Silverdale Loop Road, NW  
 City Silverdale State WA Zip Code 98383-9132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Wilson Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436990417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436992817244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Rose, Charla, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1299  
 City Amarillo State TX Zip Code 79105-0299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Upshaw Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR436999117244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 188
	<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. Fristoe, Kelly, Don, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 8th Street, Suite 300  
 City Wichita Falls State TX Zip Code 76301-3317  
 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437002317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Thorn, Ryan, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10342 South Springcrest Lane  
 City 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 ▼ 400.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437004017244**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

**C. Doyle, Betty, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 SE 3rd, Suite A  
 City Moore State OK Zip Code 73160-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doyle-Crow & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437006917244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 188
	<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. Buie, Scott, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6440 South Wasatch Blvd., #150  
 City Salt Lake City State UT Zip Code 84121-3513  
 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437010517244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Gray, Michael, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 South 13th Street, Suite 1650  
 City Lincoln State NE Zip Code 68508-2036  
 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 ▼ 1085.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437016717244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437017117244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 188
<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. 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 ▼ 310.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437026317244**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

**B. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437031517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437039417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437043317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Clark, Jonathan, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6084 South 900 East, Suite 102  
 City Salt Lake City State UT Zip Code 84121-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefits Analysts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437051517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Brockhurst, Eleanor, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 East Osborn Road, Suite 110  
 City Phoenix State AZ Zip Code 85014-5537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brockhurst & Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437052817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 188
<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. Martin, Kimberly, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 S Pendleton Street  
 Suite B-217  
 City Easley State SC Zip Code 29642-1046  
 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 ▼ 400.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437058217244**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

**B. Olson, Terri, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 21479  
 City Keizer State OR Zip Code 97307-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437070217244**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

**C. Alberts, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Drive  
 Ste 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 915.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437076117244**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	189.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Smith, Kevin, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 RiverEdge Parkway  
 Suite 1010  
 City Sandy Springs State GA Zip Code 30328-4657  
 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 10 / 31 / 2017  
**Transaction ID : PR43707217244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Lopez, Juan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22431 Antonio Pkwy  
 Suite B160-420  
 City Rancho Santa Margarita State CA Zip Code 92688-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437079017244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Douglas, Paul, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Independence Place, Suite S-21  
 City Tyler State TX Zip Code 75703-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Douglas & Associates Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437080217244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 188
	<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, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Main Street  
 City Pleasanton State CA Zip Code 94566-8206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herzog Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437090117244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Kennedy-Simington, Dierdre, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Walnut Street, Suite 121  
 City Pasadena State CA Zip Code 91106-5354  
 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 ▼ 460.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437094117244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Henehan, Joseph, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 685 Carnegie Dr., Ste. #205  
 City San Bernardino State CA Zip Code 92408-3550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Henehan Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437097917244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 188
	<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. Krueger, Linda, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5753 Houseman Ave  
 City Pueblo State CO Zip Code 81004-9708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Choice Health Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437098517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Roiz, Mario, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10446 NW 31st Terrace  
 City Doral State FL Zip Code 33172-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HR Benefit Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437104917244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437110717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 188
	<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. Garner, G. Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1308 Murraywood Drive  
 City Columbia State SC Zip Code 29212-1159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) G. Russell Garner LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437113217244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. MCEVILLY, BRIAN, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4455 S. Pecos Rd.  
 City Las Vegas State NV Zip Code 89121-5029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GLB Insurance Group of Nevada Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437117717244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Roberts, Joseph, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1128 Lincoln Mall Suite 200  
 City Lincoln State NE Zip Code 68508-2878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNICO Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437118017244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 188
	<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. Klene, Lonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14339 Torrey Chase Blvd., Ste F  
 City Houston State TX Zip Code 77014-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Core Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437119617244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Bratteli, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2025 Stonegate Boulevard  
 City Tyler State TX Zip Code 75703-0104  
 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437122417244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Benton, Bruce, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17200 Ventura Blvd Suite 312  
 City Encino State CA Zip Code 91316-5018  
 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 ▼ 1700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437123017244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 188
	<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. Antongiovanni, Joanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 795008  
 City San Antonio State TX Zip Code 78279-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wortham Insurance & Risk Management Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437128017244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Friedrich, Linda, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4435 O Street  
 City Lincoln State NE Zip Code 68510-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNICO Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437129117244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Papenfus, Jeffrey, , ,**  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437137817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 188
	<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. Walsh, Timothy, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Oyster Catcher Drive  
 City Hampstead State NC Zip Code 28443-8340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Insurance Systems Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437149417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Hebert, Laura, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 Graham Road PO BOX 18508  
 City Corpus Christi State TX Zip Code 78418-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hebert Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437154817244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. White, Robert, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6724 S 29th W Place  
 City Tulsa State OK Zip Code 74132-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PBA HUB International Mid-America Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437174117244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 188
<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. Murray, Neal, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1314 East Atlantic Boulevard

City Pompano Beach	State FL	Zip Code 33060-6745
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Frank H. Furman, Inc	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
10	/	31	/	2017

**Transaction ID : PR437183417244**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 7922 Summa Avenue, Suite B-1

City Baton Rouge	State LA	Zip Code 70809-3475
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Plus Consulting Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : PR437184617244**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**C. Debler, Johnnie, O., ,**  
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 Group	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
10	/	31	/	2017

**Transaction ID : PR437196417244**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 188
<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. Crable, John, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 Dearborn Cir. Ste 100  
 City Mount Laurel State NJ Zip Code 08054-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Synergies Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437199717244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Braden, Victoria, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3875 Johns Creek Parkway, Suite C  
 City Suwanee State GA Zip Code 30024-1294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braden Benefit Strategies, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437201917244**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437203317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 188
	<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, Lon, G., ,**  
 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) The Wilson Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437204317244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Bundy-Cobb, Jennifer, , ,**  
 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) The Wilson Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437204417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Stenger, Marilyn, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8926 Crown Colony Blvd  
 City Fort Myers State FL Zip Code 33908-5627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVS Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437206417244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 188
	<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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437212217244**  
 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 ▼ 1025.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437218317244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437229117244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 188
	<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. Gardner, Joy, K., ,**  
 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 ▼ 620.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437231217244**  
 Amount of Each Receipt this Period 47.00  
 Memo Item  
 P/R Deduction (\$47.00 Monthly)

**B. 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 ▼ 408.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437250017244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Neace, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 W Shaw Ave Ste C-1  
 City Fresno State CA Zip Code 93704-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Administrative Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437253417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 188
	<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-Lewis, Diane, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Arthur J Gallagher & Co**  
**615 E. Britton Road**  
 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 ▼ **300.00**

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : PR437254117244**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ **420.00**

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : PR437264317244**  
 Amount of Each Receipt this Period **42.00**  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Hardy, Allen, D., ,**  
 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 ▼ **300.00**

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : PR437264917244**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 188
	<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 ▼ 925.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437270517244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Eastin, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1504 Hackberry Street  
 City Metairie State LA Zip Code 70001-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dardis Couvillion & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437271717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437274717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 188
	<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. Tolbert, Margaret, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 Peake Rd Bld 950  
 City Macon State GA Zip Code 31210-8063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tolbert & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437280517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 1250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437281017244**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**C. Hensley, Don, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 20626  
 City Oklahoma City State OK Zip Code 73156-0626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bigbie, Hensley & Janway Insurance Age Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437293517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 188
	<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. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437294717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Yarberr, Luann, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 10th Street  
 City Wichita Falls State TX Zip Code 76301-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Higginbotham Ins Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437301017244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Sullivan, T.J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1786 State Street  
 City Salem State OR Zip Code 97301-4341  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437310517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 188
	<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. 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 ▼ 250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437322417244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

**B. Rogers, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 Laskin Road Suite 12B  
 City Virginia Beach State VA Zip Code 23451-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mid Atlantic Benefit Solutions, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437322917244**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

**C. Bell, Marie, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 4th Ave S. #1500  
 City Minneapolis State MN Zip Code 55415-1637  
 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 ▼ 350.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437323317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mihalyi-Stiffler, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N. Riverview Drive  
 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437326117244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Pittman, Susan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 South 336th Street Suite 305  
 City Federal Way State WA Zip Code 98003-7355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insure NW Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437343517244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Duvernay, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 8950  
 City Metairie State LA Zip Code 70011-8950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) benefits.one Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437344517244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 188
	<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. Lawless, James, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 East Main Street  
 Suite 110  
 City Lexington State KY Zip Code 40502-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Insurance Solutions, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437348017244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Bajkowski, Catherine, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 Industrial Drive, Suite 226  
 City Elmhurst State IL Zip Code 60126-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437361117244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Block, David, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 1809  
 City Candler State NC Zip Code 28715-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Specialties, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437364417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 188
	<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. 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 & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437367917244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Tikia, Rina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3525 N. Causeway Blvd., Suite 815  
 City Metairie State LA Zip Code 70002-3655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tikia Consulting Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437375317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Thomas, Jeffery, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Reynolds Road  
 City Jackson State MI Zip Code 49201-9386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437385417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 188
	<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. Cutting, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4356 Bonney Road  
 Suite 2-101  
 City Virginia Beach State VA Zip Code 23452-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sterling Benefits, LLC 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  
 10 / 31 / 2017  
**Transaction ID : PR437388317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Clingan, Nedra, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13222 Huisache Way  
 City Helotes State TX Zip Code 78023-3606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Renaissance Dental Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR437397717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Bogard, Andrea, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 W. Court Ave.  
 Suite 207  
 City Jeffersonville State IN Zip Code 47130-3502  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR437400017244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 188
	<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, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12833 Riverdance Dr.  
 City Raleigh State NC Zip Code 27613-7093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACA Dudes, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437402017244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Cramer, Valerie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 588 - 3 Mile Road, NW Suite 101  
 City Grand Rapids State MI Zip Code 49544-8221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grotenhuis Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437416417244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Hahn, Monique, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 18th St S Suite 111  
 City Birmingham State AL Zip Code 35233-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Synergy Benefits & Risk Mgt Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437417017244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 188
<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. Gandy, Hollie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2920 Duniven Circle, #2  
 City Amarillo State TX Zip Code 79109-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Solutions Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437425017244**  
 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437427217244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Rosenblum, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 Lipan Way  
 City Boulder State CO Zip Code 80303-3635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance for Asset Protection Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437427417244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 188
	<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. 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 ▼ 570.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437454917244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Damron, Reed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5880 Live Oak Parkway, Suite 250  
 City Norcross State GA Zip Code 30093-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HIRE Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437468917244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Anderson-Wallis, Melinda, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 N. Meridian St. Suite 200  
 City Indianapolis State IN Zip Code 46204-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IU Health Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437470817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 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 161 OF 188
	<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, David, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Englewood Avenue  
 City Durham State NC Zip Code 27701-1105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ebenconcepts Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : PR437474517244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. 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 ▼ 300.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : PR437474917244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Pennington, Carol, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4640 Woodbridge Drive  
 City Kernersville State NC Zip Code 27284-8850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pennington Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : PR437485417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 188
	<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. MCDANIEL, Randy, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 Chambers Road  
 City McDonough State GA Zip Code 30253-6447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDaniel Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437485717244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Gransee, Colleen, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1277 Deming Way  
 City Madison State WI Zip Code 53717-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dean Health Plan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437490417244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Cohn, Barry, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21515 Vanowen St Ste 200  
 City Canoga Park State CA Zip Code 91303-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RGEB Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437497317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 188
<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. Rider, Susan, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 N Capital #400  
 City Indianapolis State IN Zip Code 46202-2375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gregory & Appel Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437510717244**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**B. Stedt, Margaret, Evelyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 74325  
 City San Clemente State CA Zip Code 92673-0145  
 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 ▼ 765.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437529917244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437534017244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 188
	<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**

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

Mailing Address 501 Shelley Drive

City Tyler	State TX	Zip Code 75701-9540
---------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR437544917244**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : PR437562817244**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 331 Alcove Rd 2nd Floor

City Mooresville	State NC	Zip Code 28117-7660
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lake Norman Benefits, Inc.	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
10		31		2017

**Transaction ID : PR437566617244**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 188
<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. Alm, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3248  
 City Omaha State NE Zip Code 68180-1001  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437585517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 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 Insurance Agency, LLC, a Divisi Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437587517244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Moore, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POB 31955  
 City Amarillo State TX Zip Code 79120-1955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TLM & Associates, Inc Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437588717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 188
	<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, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1778 N. Plano Rd.  
 Suite 310  
 City Richardson State TX Zip Code 75081-1958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pan-American Life Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437591517244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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) CFG Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437594117244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Swinton, Ryan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1128 Lincoln Mall  
 Suite 200  
 City Lincoln State NE Zip Code 68508-2878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNICO Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437594917244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 188
	<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. Burns, Patrick, , ,**  
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437600517244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Starks, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Crescent Circle Suite 201  
 City Ridgeland State MS Zip Code 39157-8686  
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437603117244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Williams, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4109 Woodway Dr.  
 City Monroe State LA Zip Code 71201-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Planning Resources Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437605717244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 188
<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. LaRocco, Andrew, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5880 Live Oak Parkway, # 230  
 City Norcross State GA Zip Code 30093-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The LaRocco Companies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437640917244**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

**B. Israel, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4204 Manor Forest Trail  
 City Boynton Beach State FL Zip Code 33436-8851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S. Florida Affiliated Health Insurers, Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437654417244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Rose, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11225 SE 6 Th St Suite 110  
 City Bellevue State WA Zip Code 98004-6478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Partners Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437657717244**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 188
<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. Skiles, Nash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1574 Lititz Pike  
 City Lancaster State PA Zip Code 17601-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BeneChoice Enrollment Solution & Techn Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437668317244**  
 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 4500 Cascade Road SE Suite 106  
 City Grand Rapids State MI Zip Code 49546-3665  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437669517244**  
 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 5550 Wild Rose Ln 4th Floor  
 City West Des Moines State IA Zip Code 50266-5350  
 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 ▼ 420.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437683117244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 188
	<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. Kelley, Dianne, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7320 N La Cholla Blvd.  
 Suite 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 Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437684517244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Atkinson, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Electric Road, # 406  
 City Roanoke State VA Zip Code 24018-4568  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437687317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Granado, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 Peoples, # 505  
 City Corpus Christi State TX Zip Code 78401-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437693217244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 188
	<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. Mathson, Heidi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1521 93rd Lane NE  
 Suite 1  
 City Blaine State MN Zip Code 55449-6187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1320 Insurance Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437693517244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Webb, Yolanda, Marie, ,**  
 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 ▼ 968.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437705617244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

**C. NIKEL, Penny, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 S Main St., Ste 200  
 City Longmont State CO Zip Code 80501-6400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nikel Insurance Associates LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437728917244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 188
	<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. 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 ▼ 380.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437737417244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Conto, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15800 Crabbs Branch Way #350  
 City Rockville State MD Zip Code 20855-2697  
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437740817244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Williams, Leslie, A., ,**  
 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 ▼ 408.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437742917244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 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 173 OF 188
	<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. ABNEY, Tommy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Hereford Drive  
 City Tupelo State MS Zip Code 38804-9104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Bottrell Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437745817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Edwards, Susan, Christensen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 S. Roop St.  
 City Susanville State CA Zip Code 96130-4336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437755517244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Perlson, Les, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 Crossways Park Dr  
 City Woodbury State NY Zip Code 11797-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CB Planning Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437767517244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 174 OF 188
<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. Cade, Kareim, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28411 Northwestern Hwy., Ste 950  
 City Southfield State MI Zip Code 48034-5515  
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR43778617244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Heider, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 River Vista Place Suite #206  
 City Twin Falls State ID Zip Code 83301-3189  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437792217244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 G. Thompson Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437797617244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 188
	<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. Purcilly, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 7028

City Troy	State MI	Zip Code 48007-7028
--------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR437814917244**

Amount of Each Receipt this Period  
 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B. Taggart, Liz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8530 Belnor Dr.

City Cicero	State NY	Zip Code 13039-8845
----------------	-------------	------------------------

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

Name of Employer (for Individual) United Healthcare Medicare Solutions	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  
 10 / 31 / 2017  
**Transaction ID : PR437825117244**

Amount of Each Receipt this Period  
 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. 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) Engage PEO	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR437852417244**

Amount of Each Receipt this Period  
 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 188
<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. 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 ▼ 290.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437855617244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Emidy, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 2021  
 City Ridgeland State MS Zip Code 39158-2021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR437878317244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Lupcke, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 E Lafayette Blvd.  
 City Detroit State MI Zip Code 48226-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director of Accounting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR450744817244**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 188
	<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. Waltman, Jessica, Fulginiti, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Doyle Road  
 City Wayne State PA Zip Code 19087-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR470100117244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Riley, Amanda, Danielle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22706 SE 279th ST.  
 City Maple Valley State WA Zip Code 98038-5112  
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR476686817244**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Wakamoto-Lee, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6386 Sussex Ct  
 City Dublin State CA Zip Code 94568-7443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Limelight Health Occupation (for Individual) Benefits Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : PR476908117244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 188
	<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. Petersen, Benjamin, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12113 NW 26th Ave.  
 City Vancouver State WA Zip Code 98685-2331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Nora Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR492528817244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Morelli, Vincent, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 746 5th St  
 City Lyndhurst State NJ Zip Code 07071-3214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aflac Occupation (for Individual) Regional Sales Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : PR511041217244**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<b>TOTAL</b> This Period (last page this line number only).....	31670.50

**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  
Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11548392**  
Amount of Each Disbursement this Period  
  
Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11548393**  
Amount of Each Disbursement this Period  
  
Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11548394**  
Amount of Each Disbursement this Period  
  
Credit Card Fees

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) <b>A. Marsha Blackburn For Congress, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO Box 3750		FEC Identification Number C 000376939 <b>Transaction ID : 11500860</b>
City Brentwood	State TN	Zip Code 37024
Purpose of Disbursement Future Comp Event		Amount of Each Disbursement this Period 1000.00 Future Comp Event
Candidate Name <b>Blackburn, Marsha, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TN	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Bill Flores For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO Box 6207		FEC Identification Number C 000472241 <b>Transaction ID : 11500861</b>
City Bryan	State TX	Zip Code 77805
Purpose of Disbursement 10/10 Dinner		Amount of Each Disbursement this Period 1000.00 10/10 Dinner
Candidate Name <b>Flores, Bill, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 17	

Full Name (Last, First, Middle Initial) <b>C. Upton For All Of Us</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO Box 490		FEC Identification Number C 000200584 <b>Transaction ID : 11500862</b>
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement 10/17 Local Meeting		Amount of Each Disbursement this Period 1000.00 10/17 Local Meeting
Candidate Name <b>Upton, Frederick, Stephen, Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 06	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00

**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. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Void - Upton For All Of Us

011

Category/  
Type

Candidate Name

**Upton, Frederick, Stephen, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2017

FEC Identification Number

C00200584

**Transaction ID : 11503180**

Amount of Each Disbursement this Period

- 1000.00

Void - Upton For All Of Us

Memo Item

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Local Event 10/17

011

Category/  
Type

Candidate Name

**Upton, Frederick, Stephen, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2017

FEC Identification Number

C00200584

**Transaction ID : 11503182**

Amount of Each Disbursement this Period

1000.00

Local Event 10/17

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Glenn Thompson**

Mailing Address 133 Water Tower Lane

City Spring Mills State PA Zip Code 16875

Purpose of Disbursement  
10/11 Game

011

Category/  
Type

Candidate Name

**Thompson, Glenn, W., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2017

FEC Identification Number

C00444620

**Transaction ID : 11503183**

Amount of Each Disbursement this Period

1000.00

10/11 Game

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00

**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) <b>A. Don Bacon For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017
Mailing Address PO Box 391368		FEC Identification Number C C00575167 <b>Transaction ID : 11503940</b>
City Omaha	State NE	Zip Code 68139
Purpose of Disbursement Local Meeting 10/16		Amount of Each Disbursement this Period 2000.00 Local Meeting 10/16
Candidate Name <b>Bacon, Donald, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NE District: 02		

Full Name (Last, First, Middle Initial) <b>B. Walberg For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017
Mailing Address PO Box 1362		FEC Identification Number C C00390724 <b>Transaction ID : 11503941</b>
City Jackson	State MI	Zip Code 49204
Purpose of Disbursement 10/12 Game		Amount of Each Disbursement this Period 3000.00 10/12 Game
Candidate Name <b>Walberg, Tim, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI District: 07		

Full Name (Last, First, Middle Initial) <b>C. Hudson For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017
Mailing Address PO Box 5053		FEC Identification Number C C00504522 <b>Transaction ID : 11503942</b>
City Concord	State NC	Zip Code 28027
Purpose of Disbursement 10/19 Event		Amount of Each Disbursement this Period 1500.00 10/19 Event
Candidate Name <b>Hudson, Richard, L., Rep., Jr.</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bergmanforcongress**

Mailing Address N5070 Cisco Lake Road

City  
Watersmeet

State  
MI

Zip Code  
49969

Purpose of Disbursement  
10/30 Local Event

011

Category/  
Type

Candidate Name

**Bergman, Jack, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	3		2	0	1	7		

FEC Identification Number

C C00614214

**Transaction ID : 11503943**

Amount of Each Disbursement this Period

1000.00

10/30 Local Event

Memo Item

Full Name (Last, First, Middle Initial)

**B. Austin Scott For Congress Inc**

Mailing Address PO Box 2530

City  
Tifton

State  
GA

Zip Code  
31793

Purpose of Disbursement  
10/19 Local Event

011

Category/  
Type

Candidate Name

**Scott, Austin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	8		2	0	1	7		

FEC Identification Number

C C00482737

**Transaction ID : 11504561**

Amount of Each Disbursement this Period

1000.00

10/19 Local Event

Memo Item

Full Name (Last, First, Middle Initial)

**C. Carlos Curbelo Congress**

Mailing Address 8724 Sw 72nd St

City  
Miami

State  
FL

Zip Code  
33173

Purpose of Disbursement  
10/25 Breakfast

011

Category/  
Type

Candidate Name

**Curbelo, Carlos, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	7		

FEC Identification Number

C C00546846

**Transaction ID : 11507175**

Amount of Each Disbursement this Period

1000.00

10/25 Breakfast

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00



**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) <b>A. American Dream Project</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2017
Mailing Address PO BOX 2485		FEC Identification Number C [REDACTED] <b>Transaction ID : 11507178</b> Amount of Each Disbursement this Period 1500.00 10/26 Dinner
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement 10/26 Dinner	Category/Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kurt Schrader For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2017
Mailing Address PO Box 3314		FEC Identification Number C C00446906 <b>Transaction ID : 11507181</b> Amount of Each Disbursement this Period 500.00 10/26 Breakfast
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement 10/26 Breakfast	Category/Type 011	
Candidate Name <b>Schrader, Kurt, , Rep.,</b>	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 05		

Full Name (Last, First, Middle Initial) <b>C. Kurt Schrader For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2017
Mailing Address PO Box 3314		FEC Identification Number C C00446906 <b>Transaction ID : 11507182</b> Amount of Each Disbursement this Period 2000.00 10/26 Breakfast Co-Host
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement 10/26 Breakfast Co-Host	Category/Type 011	
Candidate Name <b>Schrader, Kurt, , Rep.,</b>	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 05		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
[REDACTED]



**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) <b>A. Pallone For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2017
Mailing Address PO Box 3176		FEC Identification Number C00226928 <b>Transaction ID : 11507183</b>
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement 10/30 Local Event	Category/Type 011	
Candidate Name <b>Pallone, Frank, , Rep., Jr.</b>	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 06	<input type="checkbox"/> Memo Item 10/30 Local Event	

Full Name (Last, First, Middle Initial) <b>B. Faso For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017
Mailing Address PO Box 448		FEC Identification Number C00580415 <b>Transaction ID : 11545406</b>
City Kinderhook	State NY	Zip Code 12106
Purpose of Disbursement 10/24 Dinner	Category/Type 011	
Candidate Name <b>Faso, John, , ,</b>	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19	<input type="checkbox"/> Memo Item 10/24 Dinner	

Full Name (Last, First, Middle Initial) <b>C. Virginia Foxx For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 2676		FEC Identification Number C00386748 <b>Transaction ID : 11546744</b>
City Boone	State NC	Zip Code 28607
Purpose of Disbursement 10/31 Lunch	Category/Type 011	
Candidate Name <b>Foxx, Virginia, , Rep.,</b>	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 05	<input type="checkbox"/> Memo Item 10/31 Lunch	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00

**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) <b>A. Donnelly For Indiana</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address 1050 17th St Nw Ste 590		FEC Identification Number C C00393652 <b>Transaction ID : 11546746</b>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement 11/1 Lunch	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Donnelly, Joe, Simon, Sen., Sr.</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IN District:	<input type="checkbox"/> Memo Item 11/1 Lunch	

Full Name (Last, First, Middle Initial) <b>B. Heller For Senate</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 371907		FEC Identification Number C C00494229 <b>Transaction ID : 11546747</b>
City Las Vegas	State NV	Zip Code 89137
Purpose of Disbursement 11/2 Breakfast	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Heller, Dean, , Sen.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NV District:	<input type="checkbox"/> Memo Item 11/2 Breakfast	

Full Name (Last, First, Middle Initial) <b>C. Mullin For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 3681		FEC Identification Number C C00498345 <b>Transaction ID : 11546748</b>
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Future Comp Event	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Mullin, Markwayne, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OK District: 02	<input type="checkbox"/> Memo Item Future Comp Event	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00

**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) <b>A. Mcsally For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 19128		FEC Identification Number C00512236 <b>Transaction ID : 11546749</b>
City Tucson	State AZ	Zip Code 85731
Purpose of Disbursement 11/2 Dinner	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>McSally, Martha, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: AZ District: 02	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	11/2 Dinner

Full Name (Last, First, Middle Initial) <b>B. Moolenaar For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address 5915 Eastman Avenue Suite 100		FEC Identification Number C00561530 <b>Transaction ID : 11546750</b>
City Midland	State MI	Zip Code 48640
Purpose of Disbursement 11/3 Event	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Moolenaar, John, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: MI District: 04	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	11/3 Event

Full Name (Last, First, Middle Initial) <b>C. Collins For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address PO Box 386		FEC Identification Number C00520379 <b>Transaction ID : 11546756</b>
City Clarence	State NY	Zip Code 14031
Purpose of Disbursement 11/1 Dinner	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Collins, Christopher, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NY District: 27	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	11/1 Dinner

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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) <b>A. HUNT, David, L, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2017	
Mailing Address 110 Mallard Lane		FEC Identification Number C [ ] <b>Transaction ID : 11545844</b>	
City Madison	State MS	Zip Code 39110-8799	Amount of Each Disbursement this Period [ ] 350.00 Mistaken Contributions
Purpose of Disbursement Mistaken Contributions		Category/ Type 010	<input type="checkbox"/> Memo Item
Candidate Name	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) ▼	
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name	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) ▼	
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name	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) ▼	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	350.00