

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street) 999 E Street, NW

Check if different than previously reported. (ACC) Suite 400

Washington DC 20004

2. **FEC IDENTIFICATION NUMBER ▼** C00283135 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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)
- Mar 20 (M3)
- Apr 20 (M4)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

05 / 01 / 2022 through 05 / 31 / 2022

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 Murphy, Jennifer, , , [Electronically Filed] Date MM / DD / YYYYYY

06 / 15 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="358050.66"/>	<input type="text" value="358050.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="300407.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="39639.17"/>	<input type="text" value="270472.68"/>
(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="340046.64"/>	<input type="text" value="628523.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67838.64"/>	<input type="text" value="356315.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="272208.00"/>	<input type="text" value="272208.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health Underwriters Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24756.67	148871.68
(ii) Unitemized	14882.50	121601.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39639.17	270472.68
(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)	39639.17	270472.68
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)).....▶	39639.17	270472.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	39639.17	270472.68

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	838.64	5803.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	838.64	5803.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	350000.00
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	0.00	512.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	512.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67838.64	356315.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67838.64	356315.34

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39639.17	270472.68
34. Total Contribution Refunds (from Line 28(d))	0.00	512.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39639.17	269960.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	838.64	5803.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	838.64	5803.34

**SCHEDULE A (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 103
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Lee, Philip, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3515 Oliver Ct
 City Lafayette State CA Zip Code 94549-5009
 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 ▼ 500.00

Date of Receipt 05 / 02 / 2022
Transaction ID : 16670772
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jacquet, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4584 N. Rancho Drive
 City Las Vegas State NV Zip Code 89130-3478
 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 ▼ 260.00

Date of Receipt 05 / 02 / 2022
Transaction ID : 16671252
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Martin, M. Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1291 Jefferson Terrace
 City Macon State GA Zip Code 31201-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M. Danny Martin Occupation (for Individual) Insurance Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 02 / 2022
Transaction ID : 16671257
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	554.00
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 103
<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. Kennedy-Simington, Dierdre, , CHRS, LPRT,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 E. Green Street, Second Floor

City Pasadena	State CA	Zip Code 91101-2034
------------------	-------------	------------------------

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 ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2022

Transaction ID : 16671260

Amount of Each Receipt this Period
42.00

Memo Item

B. Giardina, Charles, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5440 Mounes Street, Suite 112

City New Orleans	State LA	Zip Code 70123-3296
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
508.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2022

Transaction ID : 16671268

Amount of Each Receipt this Period
85.00

Memo Item

C. Riedl, Alycia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16570 Lake Ridge Dr

City Maple Grove	State MN	Zip Code 55311-1453
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2022

Transaction ID : 16671275

Amount of Each Receipt this Period
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 103
	<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. Yurek, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13240 Evening Creek Dr S
 Suite 305

City San Diego	State CA	Zip Code 92128-4105
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Terri Yurek Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 305.00

Date of Receipt
 05 / 03 / 2022
Transaction ID : 16671298

Amount of Each Receipt this Period
 85.00

Memo Item

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

Mailing Address 3080 S Jog Rd

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 05 / 03 / 2022
Transaction ID : 16671300

Amount of Each Receipt this Period
 85.00

Memo Item

C. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13700 Six Mile Cypress Pkwy

City Fort Myers	State FL	Zip Code 33912-4324
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AWA Insurance Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 05 / 03 / 2022
Transaction ID : 16671304

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 9 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 03 / 2022
Transaction ID : 16671306
 Amount of Each Receipt this Period 85.00
 Memo Item

B. 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 ▼ 213.00

Date of Receipt 05 / 03 / 2022
Transaction ID : 16671308
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 425.00

Date of Receipt 05 / 03 / 2022
Transaction ID : 16671309
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 103
	<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. Perea, Carmen, Alicia, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Broadway
 City Kansas City State MO Zip Code 64111-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Life Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 467.00

Date of Receipt
 05 / 03 / 2022
Transaction ID : 16671321
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt
 05 / 03 / 2022
Transaction ID : 16671326
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Weiss, Donald, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1223 Wilshire Blvd., # 119
 City Santa Monica State CA Zip Code 90403-5406
 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 ▼ 250.00

Date of Receipt
 05 / 03 / 2022
Transaction ID : 16671379
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1335.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 103
<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. Rosen, Charles, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Eldorado Pkwy
 Ste 150
 City Frisco State TX Zip Code 75033-8443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CPR Financial & Insurance Services, In 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
 05 / 03 / 2022
Transaction ID : 16671384
 Amount of Each Receipt this Period
 1000.00
 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) Occupation (for Individual)
 Spectrum Insurance Group 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
 05 / 03 / 2022
Transaction ID : 16671457
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Nolimal, Frank, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Assurance Ltd. Agent
 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
 05 / 04 / 2022
Transaction ID : 16671512
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1142.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 103
<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. Carroll, Ryan, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Florence Ave
 City Cincinnati State OH Zip Code 45206-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Broker Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 04 / 2022
Transaction ID : 16671513
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 04 / 2022
Transaction ID : 16671517
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Heckler, Paula, , CFP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 5154
 City San Ramon State CA Zip Code 94583-5154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lincoln Financial Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2022
Transaction ID : 16673554
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	755.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
	<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. Deru, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 393 W Gordon Ave
 Ste 1
 City Layton State UT Zip Code 84041-2391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673571
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hausladen, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 American Blvd
 Suite500
 City Bloomington State MN Zip Code 55431-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673576
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673577
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 103
	<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. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Plymwood Dr
 City Plymouth Meeting State PA Zip Code 19462-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673580
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Gussin, Craig, , CLU, LPRT,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673581
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 425.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673583
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
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 15 OF 103
	<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"/>	<input type="checkbox"/> 17

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

A. Sale, Raymer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway
 Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673584
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Carothers, Christopher, B., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E Warm Springs Rd. Suite 400
 City Las Vegas State NV Zip Code 89120-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carothers Insurance Agency, Inc. Occupation (for Individual) Agency Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 05 / 05 / 2022
Transaction ID : 16673600
 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 18943 Sara Park Cir
 City Saratoga State CA Zip Code 95070-4168
 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 05 / 05 / 2022
Transaction ID : 16673603
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Niederman, Tammy, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Silver Maple Circle
 City Highlands Ranch State CO Zip Code 80129-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avesis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 06 / 2022
Transaction ID : 16673632
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Cupo, Gary, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fairfields Commons 271 Route 46 West Suite F-109
 City Fairfield State NJ Zip Code 07004-2447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Health Insurance Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 06 / 2022
Transaction ID : 16673633
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Trokey, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 S. Kirkwood Rd Ste 201
 City Saint Louis State MO Zip Code 63122-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 05 / 06 / 2022
Transaction ID : 16673634
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 103
	<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. Fanuele, Dominick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 214 Little Falls Rd., 2nd Floor

City Fairfield	State NJ	Zip Code 07004-2637
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Fanuele Financial Group LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2022

Transaction ID : 16673635

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address P.O. Box 709

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2022

Transaction ID : 16673636

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 901 Wilshire Drive
Suite 330

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2022

Transaction ID : 16673637

Amount of Each Receipt this Period
170.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 103
	<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., PPACA, ChH,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Fifth Ave
Ste 501

City New York State NY Zip Code 10001-7607

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 06 / 2022
Transaction ID : 16673638

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 6200 Stone Hill Farms Parkway

City Flower Mound State TX Zip Code 75028-4312

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
05 / 06 / 2022
Transaction ID : 16673640

Amount of Each Receipt this Period
30.00

Memo Item

C. Andreasen, Anne, M., CSA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10700 Old County Road 15
Suite 220

City Minneapolis State MN Zip Code 55441-6150

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

Name of Employer (for Individual) A&A Insurance Services, Inc Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 06 / 2022
Transaction ID : 16674456

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	572.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 103
	<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. 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2022
Transaction ID : 16674668
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Berman, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8805 Sawleaf Rd
 City Indianapolis State IN Zip Code 46260-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2022
Transaction ID : 16674674
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36711 American Way Suite 2F
 City Avon State OH Zip Code 44011-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2022
Transaction ID : 16674675
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 103
(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. Frizzell, Paula, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1890 Star Shoot Parkway
Suite 170-408

City Lexington State KY Zip Code 40509-4566

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

Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual) Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 07 / 2022
Transaction ID : 16674677

Amount of Each Receipt this Period 85.00

Memo Item

Membership Form

B. Galardini, Richard, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Pinewood Ln
Ste 301

City Warrendale State PA Zip Code 15086-7617

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

Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 08 / 2022
Transaction ID : 16674697

Amount of Each Receipt this Period 125.00

Memo Item

C. Mlynarski, Angela, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4720 Salisbury Road
Suite 125

City Jacksonville State FL Zip Code 32256-6101

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

Name of Employer (for Individual) BenefitMall Occupation (for Individual) Agent

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 08 / 2022
Transaction ID : 16674702

Amount of Each Receipt this Period 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<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. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 08 / 2022
Transaction ID : 16674704
 Amount of Each Receipt this Period 85.00
 Memo Item

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

Date of Receipt 05 / 08 / 2022
Transaction ID : 16674710
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Magnuson, Raymond, E., JD,CLU,ChF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4337 E. 5th Street
 City Tucson State AZ Zip Code 85711-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 09 / 2022
Transaction ID : 16674726
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<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. Hansen, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 So 2nd St
 City Mount Vernon State WA Zip Code 98273-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Heritage Financial Group, Inc.
 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
 05 / 09 / 2022
Transaction ID : 16674727
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Haberman, Joshua, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Alexander & Haberman Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2022
Transaction ID : 16674732
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Caselman, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 N 4th St
 City Grand Junction State CO Zip Code 81501-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Home Loan Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2022
Transaction ID : 16674733
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.00
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 103
	<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. Sansevieri, Paul, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 641

City Corona Del Mar	State CA	Zip Code 92625-0641
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2022
Transaction ID : 16674734

Amount of Each Receipt this Period
 250.00

Memo Item

B. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 366

City Westfield	State IN	Zip Code 46074-0366
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Human Capital Concepts	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2022
Transaction ID : 16674736

Amount of Each Receipt this Period
 85.00

Memo Item

C. Deagle, Michael, P., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 W. State St.
 Suite 150

City Geneva	State IL	Zip Code 60134-2104
----------------	-------------	------------------------

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 ▼
958.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2022
Transaction ID : 16674738

Amount of Each Receipt this Period
 166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	501.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 103
	<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. 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 ▼ 425.00

Date of Receipt 05 / 09 / 2022
Transaction ID : 16674739
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Mordo, David, , ACA Certif,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Kennedy Court
 City Middletown State NJ Zip Code 07748-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1290.00

Date of Receipt 05 / 09 / 2022
Transaction ID : 16674741
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Herkey, Peter, G., RHU, LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4216
 City Sunland State CA Zip Code 91041-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PGH Insurance Marketing Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 09 / 2022
Transaction ID : 16674920
 Amount of Each Receipt this Period 50.00
 Memo Item

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 25 OF 103
	<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. Dillon, Michael, F., CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Flint Street

City Reno	State NV	Zip Code 89501-2005
--------------	-------------	------------------------

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

Name of Employer (for Individual) Dillon Health	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2022

Transaction ID : 16674961

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 7320 N La Cholla Blvd.
154-219

City Tucson	State AZ	Zip Code 85741-2309
----------------	-------------	------------------------

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

Name of Employer (for Individual) Sandbrook Group	Occupation (for Individual) Ins. Broker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2022

Transaction ID : 16675195

Amount of Each Receipt this Period
63.00

Memo Item

C. Gertz, Josh, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 S. Riverside Plaza
Suite 900

City Chicago	State IL	Zip Code 60606-5975
-----------------	-------------	------------------------

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

Name of Employer (for Individual) USI Insurance Services	Occupation (for Individual) Compliance Project Specialist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2022

Transaction ID : 16675415

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	513.00
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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17117 Oak Drive
 Suite D
 City Omaha State NE Zip Code 68130-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2022
Transaction ID : 16675423
 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) Marsh & McLennan Agency LLC Company Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2022
Transaction ID : 16675428
 Amount of Each Receipt this Period
 85.00
 Memo Item
 Monthly Contribution

C. Deatherage, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2135 Chamber Center Dr.
 City Lakeside Park State KY Zip Code 41017-1664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Team, LLC Occupation (for Individual)
 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
 05 / 12 / 2022
Transaction ID : 16676030
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 27 OF 103
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	11c
		<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. Scholz, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St
 Ste 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2022
Transaction ID : 16676062
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street
 Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2022
Transaction ID : 16676064
 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 3071 Via Serena N.
 Unit A.
 City Laguna Woods State CA Zip Code 92637-0416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2022
Transaction ID : 16676065
 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 28 OF 103
	<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 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 13 / 2022
Transaction ID : 16676066
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Sherrill, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 Palm Springs Dr, Suite 270
 City Altamonte Springs State FL Zip Code 32701-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 13 / 2022
Transaction ID : 16676067
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Anderson, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11247 69th St NE Albertville
 City Albertville State MN Zip Code 55301-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 13 / 2022
Transaction ID : 16676069
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 103
	<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. Chornak, Shelley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 14 / 2022
Transaction ID : 16676697
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 N. Elm Street Suite 201
 City Greensboro State NC Zip Code 27408-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 14 / 2022
Transaction ID : 16676705
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10286 Staples Mill Road #128
 City Glen Allen State VA Zip Code 23060-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renkar Insurance Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 05 / 14 / 2022
Transaction ID : 16676706
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 126.00
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 103
	<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, David, S., LUTCF,RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe
 City Big Canoe State GA Zip Code 30143-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2022
Transaction ID : 16676713
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Huston, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 University Street Suite 1900
 City Seattle State WA Zip Code 98101-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Companies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 15 / 2022
Transaction ID : 16676745
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Denz, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 N Wacker Dr Ste 500
 City Chicago State IL Zip Code 60606-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Benefit Advisors Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 05 / 15 / 2022
Transaction ID : 16676746
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 103
	<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. Kennedy, Tamara, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7310 N 16th Street
 Suite 226
 City Phoenix State AZ Zip Code 85020-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2022
Transaction ID : 16676770
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2022
Transaction ID : 16676772
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1070 Reef Rd
 Apt 305
 City Vero Beach State FL Zip Code 32963-4342
 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2022
Transaction ID : 16677231
 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 32 OF 103
	<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. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 N Sycamore Ave
 Ste 2
 City Sioux Falls State SD Zip Code 57110-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2022
Transaction ID : 16677233
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Riggs, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 14788
 City Irvine State CA Zip Code 92623-4788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2022
Transaction ID : 16677234
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Tompkins, Daniel, R., JD, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse
 Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2022
Transaction ID : 16677235
 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 33 OF 103
	<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. Gutierrez, Jeanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2727 Grand Prairie Pkwy
 City Waukees State IA Zip Code 50263-8844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 17 / 2022
Transaction ID : 16677240
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Anderson, Michael, , REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 American Blvd W 1500
 City Minneapolis State MN Zip Code 55431-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Benefit Partners Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 18 / 2022
Transaction ID : 16677593
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S Carancahua St Ste 301
 City Corpus Christi State TX Zip Code 78401-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 533.00

Date of Receipt 05 / 18 / 2022
Transaction ID : 16677601
 Amount of Each Receipt this Period 63.00
 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 34 OF 103
	<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. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 18 / 2022
Transaction ID : 16677602
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Walker, Mychal, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3455 Peachtree Industrial Blvd Ste 305
 City Duluth State GA Zip Code 30096-5176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Walker Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 18 / 2022
Transaction ID : 16677603
 Amount of Each Receipt this Period 85.00
 Memo Item

c. Singleton, Terry, , REBC,CFP,C,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195579
 City Winter Springs State FL Zip Code 32719-5579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 18 / 2022
Transaction ID : 16677606
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 103
	<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. 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) eBen Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2022
Transaction ID : 16677607
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wolfe, Rosanne, , RHU, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2022
Transaction ID : 16677612
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Eckard, Brenda, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2022
Transaction ID : 16677613
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 103
	<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. Smith, David, C., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 N. Corcoran St. #1205

City Durham	State NC	Zip Code 27701-5020
----------------	-------------	------------------------

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

Name of Employer (for Individual) eBen Benefits	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2022

Transaction ID : 16677735

Amount of Each Receipt this Period
170.00

Memo Item

B. Blum, Gregory, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2801 Coho Street Suite 200

City Madison	State WI	Zip Code 53713-4531
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hemb Insurance Group	Occupation (for Individual) Benefits Advisor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2022

Transaction ID : 16677968

Amount of Each Receipt this Period
365.00

Memo Item

C. Cross, Danny, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22421 Barton Rd 372

City Grand Terrace	State CA	Zip Code 92313-5008
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) D Cross Insurance Marketing Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Transaction ID : 16678031

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	577.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 103
	<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. Bartholomew, Rhonda, , CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5099
 City Twin Falls State ID Zip Code 83303-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Occupation (for Individual) Group Division Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 20 / 2022
Transaction ID : 16678034
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2022
Transaction ID : 16678035
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Nelson, Mary, Jayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9810 Fairbury Ln
 City Lincoln State NE Zip Code 68516-9530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameritas Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 20 / 2022
Transaction ID : 16678044
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Moore, Adrian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 Covey Chase Drive
 City Charlotte State NC Zip Code 28210-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Friday Health Plans Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 21 / 2022
Transaction ID : 16678876
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hall, Dwight, , CHC, LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Hall & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 21 / 2022
Transaction ID : 16678888
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Raring Dr
 City Orwigsburg State PA Zip Code 17961-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2022
Transaction ID : 16678894
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 103
	<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. 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 ▼ 550.00

Date of Receipt 05 / 22 / 2022
Transaction ID : 16678911
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Five Cowboys Way
 Suite 300
 City Frisco State TX Zip Code 75034-2074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Svcs Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 22 / 2022
Transaction ID : 16678923
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 05 / 22 / 2022
Transaction ID : 16678924
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kite, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 629
 City Roanoke State VA Zip Code 24004-0629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 05 / 22 / 2022
Transaction ID : 16678926
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Siino, Thomas, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Clifton Avenue
 City Clifton State NJ Zip Code 07013-3622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Executive Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2022
Transaction ID : 16678955
 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 ▼ 210.00

Date of Receipt 05 / 23 / 2022
Transaction ID : 16678958
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
<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. 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 ▼ 210.00

Date of Receipt 05 / 23 / 2022
Transaction ID : 16678959
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Griffey, Patricia, A., CSA, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56294 Primrose Cir
 City Elkhart State IN Zip Code 46516-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 23 / 2022
Transaction ID : 16678963
 Amount of Each Receipt this Period 100.00
 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 ▼ 465.00

Date of Receipt 05 / 23 / 2022
Transaction ID : 16678965
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 103
	<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. Fitzgerald, Robert, Mark, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
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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

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2022

Transaction ID : 16678970

Amount of Each Receipt this Period
170.00

Memo Item

B. Goodman, Robert, Hiram, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 7th Avenue South

City Birmingham	State AL	Zip Code 35233-2310
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2022

Transaction ID : 16678971

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 16325 Boones Ferry Rd., #204

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2022

Transaction ID : 16678972

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	262.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 103
	<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. Kramer, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 West McKinley Suite 350
 City Mishawaka State IN Zip Code 46545-5699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 05 / 24 / 2022
Transaction ID : 16679640
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Mackin, Martin, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5133 Harding Pike Ste. B10 - 284
 City Nashville State TN Zip Code 37205-2891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foresight Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 24 / 2022
Transaction ID : 16679642
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Clark, Jonathan, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5525 S 900 E Ste 325
 City Salt Lake City State UT Zip Code 84117-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2022
Transaction ID : 16679643
 Amount of Each Receipt this Period 20.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 103
	<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. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street
 Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.00

Date of Receipt 05 / 24 / 2022
Transaction ID : 16679651
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Tellesbo-Kemmel, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Lake Bellevue, Suite 100
 City Bellevue State WA Zip Code 98005-2480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 24 / 2022
Transaction ID : 16679652
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 N Upper Broadway St
 Suite 102
 City Corpus Christi State TX Zip Code 78401-1909
 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 ▼ 545.00

Date of Receipt 05 / 24 / 2022
Transaction ID : 16679653
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 103
	<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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2022
Transaction ID : 16679655
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Roberts, Danielle, Kunkle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Meacham Blvd Ste 500
 City Fort Worth State TX Zip Code 76137-4224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boomer Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2022
Transaction ID : 16679658
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2022
Transaction ID : 16679659
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 103
	<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, 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 ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2022
Transaction ID : 16679660
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Hendersen, Melanie, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6127 S. Rainbow Blvd
 Suite 110
 City Las Vegas State NV Zip Code 89118-3256
 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 ▼ 218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2022
Transaction ID : 16680362
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. McComb, Margaret, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21862 Seacrest Lane
 City Huntington Beach State CA Zip Code 92646-8226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McComb Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2022
Transaction ID : 16680366
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 103
	<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. Hogeland, Charlene, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N Central Ave
 Ninth 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) Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2022
Transaction ID : 16680371
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Olson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N. 203rd St, Suite 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2022
Transaction ID : 16680379
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Gwin, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1396
 City Irmo State SC Zip Code 29063-1396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Insurance Consultants Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2022
Transaction ID : 16680385
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 103
	<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) Resource Seven Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 05 / 25 / 2022
Transaction ID : 16680386
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Rice, Russell, Lee, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8830 Buckskin Dr
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 05 / 25 / 2022
Transaction ID : 16680387
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Thal, Harry, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2137
 City KERNVILLE State CA Zip Code 93238-2137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harry P. Thal Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 05 / 25 / 2022
Transaction ID : 16680391
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	233.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 103
	<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. Hogeland, Charlene, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N Central Ave
 Ninth 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) Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 05 / 25 / 2022
Transaction ID : 16680446
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Waller, Doris, , LPRT Soari,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Highland Crest Lane
 City Sachse State TX Zip Code 75048-5552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pan-American Benefits Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 05 / 26 / 2022
Transaction ID : 16680481
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 Woodman Ave
 Apt 303
 City Sherman Oaks State CA Zip Code 91423-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Origin Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 26 / 2022
Transaction ID : 16680484
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1170.00
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 103
	<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., RHU, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 6677
 City Fullerton State CA Zip Code 92834-6677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Benefit Consulting & Insuranc Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 05 / 26 / 2022
Transaction ID : 16680487
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northwest General Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 05 / 26 / 2022
Transaction ID : 16680491
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Tretter, Robert, C., CLU, ChFC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Spring Lake Drive
 City Hamilton State OH Zip Code 45011-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NAHU Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 26 / 2022
Transaction ID : 16680492
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 103
	<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. Underhill, Elizabeth, J.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680659
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hollister, Deborah, B.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 NW Federal Hwy Suite 224
 City Stuart State FL Zip Code 34994-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Insurance, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680661
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kalish, Alan, Max, CLU,RHU, R,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 Cottman Ave Ste 6
 City Philadelphia State PA Zip Code 19149-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kalish Financial Services, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680664
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tierney, Robert, J., HDHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 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) OneDigital Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680669

Amount of Each Receipt this Period 85.00

Memo Item

B. Jackson, Jerry, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 N. Maplewood Ave.

City Peoria State IL Zip Code 61606-1035

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

Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680674

Amount of Each Receipt this Period 42.00

Memo Item

C. Schwartz, Matt, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 Breckenridge Lane, Suite 8A

City Louisville State KY Zip Code 40220-1462

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

Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680676

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00

TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 103
<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. Johnson, Suzanne, K., RHU, CEBS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1024 SOUTHSTONE DR
 City Charlotte State NC Zip Code 28210-3029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hilb Group Southeast Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680679
 Amount of Each Receipt this Period 85.00
 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 Ins. & Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680680
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Brown, Carey, H., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Six Concourse Parkway Suite 2750
 City Atlanta State GA Zip Code 30328-6243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2022
Transaction ID : 16680684
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 103
	<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. Grubbs, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27068 La Paz Road, Suite 508
 City Aliso Viejo State CA Zip Code 92656-3041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grubbs Insurance Agency, 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
 05 / 27 / 2022
Transaction ID : 16681190
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott Drive
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2022
Transaction ID : 16681219
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2027 Scott Station Rd
 City Jefferson City State MO Zip Code 65109-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2022
Transaction ID : 16681222
 Amount of Each Receipt this Period
 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	813.00
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 103
	<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. Morier, Dennis, J., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Abbott St

City Detroit	State MI	Zip Code 48226-2513
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Results Marketing, Inc.	Occupation (for Individual) Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2022

Transaction ID : 16681223

Amount of Each Receipt this Period
85.00

Memo Item

B. Stancil, Greg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Bellemeade Street Suite 201

City Greensboro	State NC	Zip Code 27401-3796
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Scott Benefit Services	Occupation (for Individual)
---	-----------------------------

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
05		28		2022

Transaction ID : 16681228

Amount of Each Receipt this Period
12.00

Memo Item

C. Gant, Tom, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 North Weinbach Avenue

City Evansville	State IN	Zip Code 47711-6006
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Schultheis Life & Health Agency	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2022

Transaction ID : 16681229

Amount of Each Receipt this Period
42.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 103
	<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. Lubenow, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 West Main Street
 Suite 101
 City Moorestown State NJ Zip Code 08057-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681232
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Cagliola, Victoria, , CPA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681234
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Hartman, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Airport North Office Park
 City Fort Wayne State IN Zip Code 46825-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681244
 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 57 OF 103
	<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. 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 ▼ 425.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681247
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wilson, Thomas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681248
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Ybarra, Valeria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Vanessa Dr
 City Corpus Christi State TX Zip Code 78414-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681250
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 103
	<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, , CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5653 Maxwellton Road

City Piedmont	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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2022

Transaction ID : 16681252

Amount of Each Receipt this Period
170.00

Memo Item

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2022

Transaction ID : 16681254

Amount of Each Receipt this Period
85.00

Memo Item

C. Morrison, James, M., RHU,REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2710 Gateway Rd

City Carlsbad	State CA	Zip Code 92009-1730
------------------	-------------	------------------------

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

Name of Employer (for Individual) Morrison Insurance Services, Inc	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2022

Transaction ID : 16681257

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
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 103
	<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. Whang, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51150 Washington St.
 City New Baltimore State MI Zip Code 48047-2159
 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 ▼ 675.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681258
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Coley, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Olde Gate Court
 City Pooler State GA Zip Code 31322-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681265
 Amount of Each Receipt this Period 42.00
 Memo Item

c. Childers, Russell, B., CLU,ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681266
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	217.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Reents, Joni, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 Melody Drive
 Suite 320
 City Northglenn State CO Zip Code 80234-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 05 / 28 / 2022
Transaction ID : 16681267
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. 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 Occupation (for Individual) Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 05 / 28 / 2022
Transaction ID : 16681268
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Hill, Donna, D., FLMI,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway
 Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 05 / 28 / 2022
Transaction ID : 16681269
 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 61 OF 103
	<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. Kapostins, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3843 Rock Hill Loop
 City Apopka State FL Zip Code 32712-4792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681276
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681278
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Keehn, Joanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3104 Hubbard Rd
 City Madison State OH Zip Code 44057-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthMarkets Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681283
 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 62 OF 103
	<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. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681298
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Patton, Rhonda, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 751180
 City Petaluma State CA Zip Code 94975-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patton & Spahr Insurance Services Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 28 / 2022
Transaction ID : 16681307
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S Carancahua St Ste 301
 City Corpus Christi State TX Zip Code 78401-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR433061228558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 103
	<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 5550 Wild Rose Lane
 Suite 400
 City West Des Moines State IA Zip Code 50266-5351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR433076128558
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Rubio, Hilario, Francisco, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 Grand Ave
 City Las Vegas State NM Zip Code 87701-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubio Financial, 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
 05 / 31 / 2022
Transaction ID : PR433085728558
 Amount of Each Receipt this Period
 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Adams, Carla, , CBC, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Bridget Dr
 City Marble Falls State TX Zip Code 78654-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Isolved Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR433095028558
 Amount of Each Receipt this Period
 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 103
<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. Sweaney, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13231 Champion Forest Dr., Ste 305
 City Houston State TX Zip Code 77069-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Business Health Strategies, LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR433151828558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. McFerrin, Dwane, C., CLU, CFP,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road Suite 510
 City Omaha State NE Zip Code 68114-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR433168128558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 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 ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR433214328558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 103
	<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, Barb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 Monroe Street
 Suite A
 City Sylvania State OH Zip Code 43560-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR433268328558
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR433308328558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Ornellas, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. Court St.
 City Woodland State CA Zip Code 95695-3080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR433463228558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 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 66 OF 103
	<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. Willison, Clover, Denise, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 355 Sprowel Creek Rd

City Garberville	State CA	Zip Code 95542-3110
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Clover Willison Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2022

Transaction ID : PR433468628558

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

B. Coogan, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 North Bedford Road
Suite 100

City Mount Kisco	State NY	Zip Code 10549-2555
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Coogan FX Insurance LLC	Occupation (for Individual) Agency Founder
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2022

Transaction ID : PR433548028558

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Schneider, JoEllen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1818 W. State Street

City Boise	State ID	Zip Code 83702-3955
---------------	-------------	------------------------

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

Name of Employer (for Individual) JS & BK Insurance	Occupation (for Individual) Benefit Consultant
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2022

Transaction ID : PR433791828558

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 103
<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. Trautwein, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 E Street NW, Ste 400
 City Washington State DC Zip Code 20004-2032
 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 ▼ 850.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436821428558
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

B. Ashmore, Elizabeth, , CBC, SGS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79424-0803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436830328558
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Grundman, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefit Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436838928558
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	390.00
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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wright, Keith, L., ChHC,CLU,R,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 W Front St
 Ste 4
 City Traverse City State MI Zip Code 49684-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436848528558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Trebing, C. Louanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Patton Drive
 City Garland State TX Zip Code 75042-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436856928558
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 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 ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436873528558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 103
	<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. Trahin, Cindy, K., RHU, CSA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7127 Homestead Road
Suite B

City Fort Wayne State IN Zip Code 46814-4601

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

Name of Employer (for Individual) Trahin Insurance Services LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436875628558

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 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 ▼ 250.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436883328558

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 ▼ 250.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR436895328558

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 103
	<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. Booth, Tonya, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2542
 432 Halifax Drive
 City Coppel State TX Zip Code 75019-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR436911028558
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Stenger, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AgencySmart Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR436939928558
 Amount of Each Receipt this Period
 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Seifert, Greg, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 NE 115th St.
 City Vancouver State WA Zip Code 98686-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR436941628558
 Amount of Each Receipt this Period
 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 103
	<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 ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR436961728558
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Parker, John, C., RHU, LTCP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hope St Unit 1312
 City Niantic State CT Zip Code 06357-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR436986828558
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

C. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR436992828558
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	238.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 103
	<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, LUTCF, SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 4789

City Wichita Falls	State TX	Zip Code 76308-0789
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Financial Partners	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437002328558

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Buie, Scott, T., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4525 S 2300 E Ste 201

City Salt Lake City	State UT	Zip Code 84117-4639
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437010528558

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Gray, Michael, D., RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 R St. Ste. 150

City Lincoln	State NE	Zip Code 68508-1540
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437016728558

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Olson, Terri, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 31 / 2022**
Transaction ID : PR437070228558
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 Monthly)

B. Alberts, Suzetta, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5605 Storrow Ct
 City Warren State MI Zip Code 48092-6338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt **05 / 31 / 2022**
Transaction ID : PR437076128558
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

C. MCEVILLY, BRIAN, J., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7260 West Azure Drive #140-201
 City Las Vegas State NV Zip Code 89130-7999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McEville Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2022**
Transaction ID : PR437117728558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	191.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benton, Bruce, D., RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20300 Ventura Blvd
Suite 200

City Woodland Hills State CA Zip Code 91364-0959

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437123028558

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Aguilar, Terry, , CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437182328558

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

C. 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) First Insurance Group, LLC dba FNIC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437212228558

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	420.00
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 75 OF 103
	<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. Daubert, Jim, F., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 67220

City Lincoln	State NE	Zip Code 68506-7220
-----------------	-------------	------------------------

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

Name of Employer (for Individual) First Concord Benefits Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437219628558

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Gardner, Joy, K., LUTCF,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9424 Double R Blvd

City Reno	State NV	Zip Code 89521-5977
--------------	-------------	------------------------

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

Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437231228558

Amount of Each Receipt this Period
47.00

Memo Item

P/R Deduction (\$47.00 Monthly)

C. Rowe, Peter, L., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 N. Central Ave
Suite 810

City Phoenix	State AZ	Zip Code 85012-2804
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437236928558

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	382.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 103
<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. 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 ▼ 210.00

Date of Receipt **05 / 31 / 2022**
Transaction ID : PR437264328558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. 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 ▼ 425.00

Date of Receipt **05 / 31 / 2022**
Transaction ID : PR437270528558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Summers, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **05 / 31 / 2022**
Transaction ID : PR437281028558
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 103
<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. Bell, Marie, D., FLMI,AIAA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1853

City Minnetonka	State MN	Zip Code 55345-0853
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DeRuyter-Bell, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437323328558

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Mihalyi-Stiffler, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 N. Riverview Dr
Suite 100

City Anaheim	State CA	Zip Code 92808-1225
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Options in Insurance	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437326128558

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. 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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437361128558

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 103
	<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. Thomas, Jeffery, C., CLU,RHU,RE,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3072 Arborwood Blvd.

City Spring Arbor	State MI	Zip Code 49283-9663
----------------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437385428558

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Jensen, Cerrina, , CHRS, CBC,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12846 Knightsbrook Ave

City Rancho Cordova	State CA	Zip Code 95742-6625
------------------------	-------------	------------------------

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

Name of Employer (for Individual) SolV Independent Insurance Associates	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
05		31		2022

Transaction ID : PR437391228558

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Cramer, Valerie, Lynn, RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Burgen Ct. NE

City Grand Rapids	State MI	Zip Code 49525-3979
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437416428558

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	192.00
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 103
<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. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437427228558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. 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 ▼ 315.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437454928558
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

C. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Ave
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437516828558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

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 80 OF 103
	<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. Stedt, Margaret, Evelyn, C.S.A., LP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

City San Clemente	State CA	Zip Code 92673-3003
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437529928558

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

B. Giardina, Charles, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5440 Mounes Street, Suite 112

City New Orleans	State LA	Zip Code 70123-3296
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : PR437562828558

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. 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) SouthGroup Benefits Consultants, LLC	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
05		31		2022

Transaction ID : PR437587528558

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 103
	<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, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437594128558
 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 1022 Highland Colony Parkway Suite 202
 City Ridgeland State MS Zip Code 39157-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1325.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437603128558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Rasch, Tim, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19445 Westling Dr
 City Oregon City State OR Zip Code 97045-6920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 310.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437606228558
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 103
	<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. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437671928558
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Strouse, Marcie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9854 Colby Ave
 City Clive State IA Zip Code 50325-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437683128558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 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 ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR437693228558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 103
	<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. Melgoza, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9114 Adams Avenue
 Ste 191
 City Huntington Beach State CA Zip Code 92646-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR437701128558
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Webb, Yolanda, Marie, CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 Clover Ct.
 City Chino State CA Zip Code 91710-5337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR437705628558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Berry, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 69th St., A9A
 City Lubbock State TX Zip Code 79424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR437737428558
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	195.00
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 84 OF 103
	<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. Williams, Leslie, A., CHR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 Hilltop Drive
Suite 5

City Redding State CA Zip Code 96002-0515

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

Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 31 / 2022
Transaction ID : PR437742928558

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Edwards, Susan, Christensen, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 S. Roop St
PO Box 1478

City Susanville State CA Zip Code 96130-4336

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

Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2022
Transaction ID : PR437755528558

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. 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 ▼
315.00

Date of Receipt
05 / 31 / 2022
Transaction ID : PR437775828558

Amount of Each Receipt this Period
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 103
	<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. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 N Main St
 Suite 105
 City Royal Oak State MI Zip Code 48067-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR43778628558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Lasley, Mariette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6100 Palmaya Lane
 City Orangevale State CA Zip Code 95662-5903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameritas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR439633928558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street
 Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR470069128558
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	225.00
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 103
	<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, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 Reistertown Road
 Suite 100
 City Pikesville State MD Zip Code 21208-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR470100128558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Stevens, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR496323828558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Ybarra, Valeria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Vanessa Dr
 City Corpus Christi State TX Zip Code 78414-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : PR528424128558
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 103
<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. Kennedy, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 E. Battlefield
 City Springfield State MO Zip Code 65807-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Group Health and Benefits Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR573884928558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Nichols, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 S Berry Suite 100
 City Norman State OK Zip Code 73072-7480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR840269928558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Mulcare, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 S 6th St
 City Klamath Falls State OR Zip Code 97601-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simmons Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 31 / 2022
Transaction ID : PR860243828558
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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 88 OF 103
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morgan, Christian, D., ,

Mailing Address 2200 W Commercial Blvd
Ste 306

City Fort Lauderdale State FL Zip Code 33309-3064

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

Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022

Transaction ID : PR891081428558

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	24756.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2022

FEC Identification Number

Transaction ID : 16759237
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number

 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number

 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Vern Buchanan For Congress

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Category/Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2022

FEC Identification Number

C000412759

Transaction ID : 16674888

Amount of Each Disbursement this Period

3000.00

Memo Item

B. Scalise For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2022

FEC Identification Number

C000394957

Transaction ID : 16674889

Amount of Each Disbursement this Period

1000.00

Memo Item

C. Chrissy Houlahan For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 222

City Devon State PA Zip Code 19333

Purpose of Disbursement

011

Category/Type

Candidate Name

Houlahan, Chrissy, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2022

FEC Identification Number

C000637371

Transaction ID : 16674890

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Wexton For Congress		Date of Disbursement MM / DD / YYYY 05 / 09 / 2022
Mailing Address PO Box 650550		FEC Identification Number C00638023 Transaction ID : 16674891
City Sterling	State VA	Zip Code 20165
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Wexton, Jennifer, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA	District: 10	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Courtney For Congress		Date of Disbursement MM / DD / YYYY 05 / 09 / 2022
Mailing Address PO Box 1372		FEC Identification Number C00410233 Transaction ID : 16674893
City Vernon	State CT	Zip Code 06066
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Courtney, Joseph, D., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CT	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Stanton For Congress		Date of Disbursement MM / DD / YYYY 05 / 09 / 2022
Mailing Address 4340 E Indian School Road Suite 21-518		FEC Identification Number C00657304 Transaction ID : 16674894
City Phoenix	State AZ	Zip Code 85018
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Stanton, Greg, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ	District: 09	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Andy Kim For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 211

City Marlton State NJ Zip Code 08053

Purpose of Disbursement 011 Category/Type

Candidate Name **Kim, Andrew, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NJ District: 03

Date of Disbursement: 05 / 09 / 2022

FEC Identification Number: **C00648220**
Transaction ID : **16674895**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Pete Aguilar For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement 011 Category/Type

Candidate Name **Aguilar, Pete, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 31

Date of Disbursement: 05 / 09 / 2022

FEC Identification Number: **C00510461**
Transaction ID : **16674896**
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Josh Gottheimer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement 011 Category/Type

Candidate Name **Gottheimer, Josh, , ,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NJ District: 05

Date of Disbursement: 05 / 09 / 2022

FEC Identification Number: **C00573949**
Transaction ID : **16674897**
Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. JERSEY VALUES PAC

Mailing Address 499 SOUTH CAPITOL ST SW
SUITE 407

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16674898
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

Category/
Type

Candidate Name
Maloney, Sean, Patrick, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 18

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16674900
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement

Category/
Type

Candidate Name
Carper, Thomas, R., Sen.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: DE District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 16674901
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susie Lee For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2022

Mailing Address 5130 S Fort Apache Rd
Ste. 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C C00655613

Transaction ID : 16674902

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Lee, Susie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NV District: 03

Full Name (Last, First, Middle Initial)

B. Susie Lee For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2022

Mailing Address 5130 S Fort Apache Rd
Ste. 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C C00655613

Transaction ID : 16674965

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Lee, Susie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NV District: 03

Full Name (Last, First, Middle Initial)

C. Susie Lee For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2022

Mailing Address 5130 S Fort Apache Rd
Ste. 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C C00655613

Transaction ID : 16674970

Amount of Each Disbursement this Period

500.00

Memo Item

Candidate Name

Lee, Susie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NV District: 03

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Dennis Ross For Congress

Full Name (Last, First, Middle Initial)
Dennis Ross

Date of Disbursement: 05 / 10 / 2022

Mailing Address: 3310 Cleveland Heights Suite 204
City: Lakeland State: FL Zip Code: 33803

Purpose of Disbursement: 011
Candidate Name: Ross, Dennis, , ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: FL District: 15

FEC Identification Number: C00809608
Transaction ID: 16674971
Amount of Each Disbursement this Period: 2000.00
 Memo Item

B. Moolenaar For Congress

Full Name (Last, First, Middle Initial)
John Moolenaar

Date of Disbursement: 05 / 10 / 2022

Mailing Address: 5915 Eastman Avenue Suite 100
City: Midland State: MI Zip Code: 48640

Purpose of Disbursement: 011
Candidate Name: Moolenaar, John, , Rep.,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MI District: 04

FEC Identification Number: C00561530
Transaction ID: 16674977
Amount of Each Disbursement this Period: 1000.00
 Memo Item

C. Mike Johnson For Louisiana

Full Name (Last, First, Middle Initial)
Mike Johnson

Date of Disbursement: 05 / 10 / 2022

Mailing Address: 2900 Clearview Pkwy Suite 206
City: Metairie State: LA Zip Code: 70006

Purpose of Disbursement: 011
Candidate Name: Johnson, Mike, , Rep.,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: LA District: 04

FEC Identification Number: C00608695
Transaction ID: 16674978
Amount of Each Disbursement this Period: 1000.00
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Buddy Carter For Congress		Date of Disbursement MM / DD / YYYY 05 / 10 / 2022
Mailing Address PO Box 10570		FEC Identification Number C00543967 Transaction ID : 16675102
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Carter, Buddy, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 01	

Full Name (Last, First, Middle Initial) B. Friends To Elect Dr. Greg Murphy To Congress		Date of Disbursement MM / DD / YYYY 05 / 13 / 2022
Mailing Address PO Box 1131		FEC Identification Number C00697649 Transaction ID : 16676075
City Greenville	State NC	Zip Code 27835
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Murphy, Gregory, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 03	

Full Name (Last, First, Middle Initial) C. Smucker For Congress		Date of Disbursement MM / DD / YYYY 05 / 13 / 2022
Mailing Address 5827 Colfax Ave.		FEC Identification Number C00599464 Transaction ID : 16676076
City Alexandria	State VA	Zip Code 22311
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Smucker, Lloyd, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 11	

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. Ann Wagner For Congress

Date of Disbursement
MM / DD / YYYY
05 / 13 / 2022

Mailing Address PO Box 50

FEC Identification Number
C C00495846
Transaction ID : 16676077
Amount of Each Disbursement this Period
1000.00

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
Category/Type: 011

Candidate Name
Wagner, Ann, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: MO District: 02

Memo Item

Full Name (Last, First, Middle Initial)
B. Mike Kelly For Congress

Date of Disbursement
MM / DD / YYYY
05 / 13 / 2022

Mailing Address PO Box 476

FEC Identification Number
C C00474189
Transaction ID : 16676078
Amount of Each Disbursement this Period
1000.00

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Category/Type: 011

Candidate Name
Kelly, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: PA District: 03

Memo Item

Full Name (Last, First, Middle Initial)
C. Napolitano For Congress

Date of Disbursement
MM / DD / YYYY
05 / 13 / 2022

Mailing Address 555 Capitol Mall, Suite 1425

FEC Identification Number
C C00334706
Transaction ID : 16676079
Amount of Each Disbursement this Period
2000.00

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Category/Type: 011

Candidate Name
Napolitano, Grace, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: CA District: 32

Memo Item

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) A. Courtney For Congress		Date of Disbursement MM / DD / YYYY 05 / 13 / 2022
Mailing Address PO Box 1372		FEC Identification Number C00410233 Transaction ID : 16676080
City Vernon	State CT	Zip Code 06066
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 4000.00
Candidate Name Courtney, Joseph, D., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CT	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Courtney For Congress		Date of Disbursement MM / DD / YYYY 05 / 13 / 2022
Mailing Address PO Box 1372		FEC Identification Number C00410233 Transaction ID : 16676081
City Vernon	State CT	Zip Code 06066
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Courtney, Joseph, D., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CT	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Katherine Clark For Congress		Date of Disbursement MM / DD / YYYY 05 / 13 / 2022
Mailing Address PO Box 159		FEC Identification Number C00541888 Transaction ID : 16676082
City Belmont	State MA	Zip Code 02478
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Clark, Katherine, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MA	District: 05	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Moolenaar For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Category/
Type

Candidate Name
Moolenaar, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: MI District: 04

Date of Disbursement
M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

FEC Identification Number
C C00561530
Transaction ID : 16677879
Amount of Each Disbursement this Period
1000.00

Memo Item

B. Feenstra For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 641 2nd St

City Hull State IA Zip Code 51239

Purpose of Disbursement

Category/
Type

Candidate Name
Feenstra, Randy, , ,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: IA District: 04

Date of Disbursement
M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

FEC Identification Number
C
Transaction ID : 16677880
Amount of Each Disbursement this Period
1000.00

Memo Item

C. Rodney For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement

Category/
Type

Candidate Name
Davis, Rodney, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: IL District: 13

Date of Disbursement
M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

FEC Identification Number
C C00521948
Transaction ID : 16677882
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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. Adrian Smith For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	9		2	0	2	2		

Mailing Address 1126 Avenue A
Suite 6

City State Zip Code
Scottsbluff NE 69361

FEC Identification Number

C C00412890

Transaction ID : 16677883

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NE District: 03

Full Name (Last, First, Middle Initial)
B. Steve Chabot For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	9		2	0	2	2		

Mailing Address P.O. Box 54461

City State Zip Code
Cincinnati OH 45254

FEC Identification Number

C C00301838

Transaction ID : 16677889

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Chabot, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 01

Full Name (Last, First, Middle Initial)
C. Emmer For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	9		2	0	2	2		

Mailing Address PO Box 998

City State Zip Code
Anoka MN 55303

FEC Identification Number

C C00545749

Transaction ID : 16677893

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MN District: 06

SUBTOTAL of Disbursements This Page (optional)..... ▶

9500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Castor For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement 011 Category/Type

Candidate Name **Castor, Kathy, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 14

Date of Disbursement: 05 / 19 / 2022

FEC Identification Number: **C00410761**
Transaction ID : **16677895**
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Walberg For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement 011 Category/Type

Candidate Name **Walberg, Tim, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MI District: 07

Date of Disbursement: 05 / 26 / 2022

FEC Identification Number: **C00390724**
Transaction ID : **16680524**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Sinema for Arizona

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement 011 Category/Type

Candidate Name **Sinema, Kyrsten, ,**

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: AZ District:

Date of Disbursement: 05 / 26 / 2022

FEC Identification Number: **C00508804**
Transaction ID : **16680525**
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5500.00

**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. Hern For Congress

Mailing Address 9521-B RIVERSIDE PKWY #350

City Tulsa State OK Zip Code 74132

Purpose of Disbursement

Category/
Type

Candidate Name
Hern, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OK District: 01

Date of Disbursement
MM / DD / YYYY
05 / 26 / 2022

FEC Identification Number
C C00636092
Transaction ID : 16680526
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement

Category/
Type

Candidate Name
Rice, Tom, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: SC District: 07

Date of Disbursement
MM / DD / YYYY
05 / 26 / 2022

FEC Identification Number
C C00506048
Transaction ID : 16680527
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Category/
Type

Candidate Name
Sewell, Terri, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement
MM / DD / YYYY
05 / 26 / 2022

FEC Identification Number
C C00458976
Transaction ID : 16680528
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Elissa Slotkin For Congress		Date of Disbursement MM / DD / YYYY 05 / 26 / 2022
Mailing Address PO Box 244		FEC Identification Number C 006650150 Transaction ID : 16680529
City Holly	State MI	Zip Code 48442
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Slotkin, Elissa, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 08	

Full Name (Last, First, Middle Initial) B. Casten For Congress		Date of Disbursement MM / DD / YYYY 05 / 26 / 2022
Mailing Address PO Box 132		FEC Identification Number C 00648493 Transaction ID : 16680530
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Casten, Sean, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 06	

Full Name (Last, First, Middle Initial) C. MOTOR CITY PAC		Date of Disbursement MM / DD / YYYY 05 / 26 / 2022
Mailing Address P.O. Box 15854		FEC Identification Number C 00507574 Transaction ID : 16680531
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	67000.00