

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORT☒NEW  
(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)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# 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: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">340873.40</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">349884.33</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">47644.00</span>	<span style="border: 1px solid black; padding: 2px;">440003.46</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">397528.33</span>	<span style="border: 1px solid black; padding: 2px;">780876.86</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">28053.76</span>	<span style="border: 1px solid black; padding: 2px;">411402.29</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">369474.57</span>	<span style="border: 1px solid black; padding: 2px;">369474.57</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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

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Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08	/	01	/	2018

To:

M M	/	D D	/	Y Y Y Y
08	/	31	/	2018

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).....	37329.50	239569.96
(ii) Unitemized .....	10314.50	191433.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	47644.00	431003.46
(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) .....	47644.00	431003.46
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	9000.00
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)) .....	47644.00	440003.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47644.00	440003.46

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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 .....	1433.76	12721.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1433.76	12721.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	394500.00
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 .....	120.00	4180.96
(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)).....	120.00	4180.96
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)) ..	28053.76	411402.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28053.76	411402.29

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	47644.00	431003.46
34. Total Contribution Refunds (from Line 28(d)) .....	120.00	4180.96
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47524.00	426822.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1433.76	12721.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1433.76	12721.33

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

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

FOR LINE NUMBER: PAGE 6 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Reinstadler, Ruppert, , ,**

Mailing Address 6443 SW Beaverton-Hillsdale Hwy  
Suite 200

City  
Portland

State  
OR

Zip Code  
97221-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International/CFG

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : 12317827

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Wham, Scott, , ,**

Mailing Address 145 E 5th Avenue

City

Conshohocken

State  
PA

Zip Code  
19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kistler Tiffany Benefits

Occupation (for Individual)  
Director of Compliance Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : 12317828

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Kite, William, , ,**

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 ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : 12317839

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

384.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Meyer, Charles, A, ,**

Mailing Address 2824 Park Avenue, Suite C

City  
Merced

State  
CA

Zip Code  
95348-3394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Chuck Meyer Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2018

**Transaction ID : 12317842**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Schmidt, Kenneth, L., ,**

Mailing Address 1332 Hunters Hollow Court

City  
Eureka

State  
MO

Zip Code  
63025-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sonus Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 01 / 2018

**Transaction ID : 12318349**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Banchy, Kate, , ,**

Mailing Address 4233 Southtowne Drive

City  
Eau Claire

State  
WI

Zip Code  
54701-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Spectrum Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 02 / 2018

**Transaction ID : 12318553**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1092.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Moore, David, R., ,**

Mailing Address PO Box 1006

City  
BurlingtonState  
NCZip Code  
27216-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David R. Moore, CLU & AssociatesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	02	2018

**Transaction ID : 12318554**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Bellman, Mark, , ,**Mailing Address 1250 Capitol of Texas Hwy S  
Bldg 1, Suite 400City  
West Lake HillsState  
TXZip Code  
78746-6428FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcareOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
08	02	2018

**Transaction ID : 12318557**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Brannon, William, J., ,**

Mailing Address 2 Terrace Way, Suite B

City  
GreensboroState  
NCZip Code  
27403-3663FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	02	2018

**Transaction ID : 12318559**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

110.00

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

**A. Enders, Shannon, J., ,**

Mailing Address 5797 Harvey Street - Suite A

City

Norton Shores

State

MI

Zip Code

49444-6727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lakeshore Employee Benefits

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2018

Transaction ID : 12318562

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Shaw, Wanda, D., ,**

Mailing Address 212 South 10 Street

City

Griffin

State

GA

Zip Code

30224-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Insurance Brokers of Georgia, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2018

Transaction ID : 12318565

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Clingan, Nedra, C., ,**

Mailing Address 13222 Huisache Way

City

Helotes

State

TX

Zip Code

78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Renaissance Family of Companies

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 Y Y  
08 / 02 / 2018

Transaction ID : 12318566

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Fitzgerald, Robert, Mark, ,**

Mailing Address 185 Fowler St

City  
Woodstock

State  
GA

Zip Code  
30188-5023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Robert Fitzgerald Insurance Agency, In

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2018

**Transaction ID : 12318729**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Frizen, Bruce, , ,**

Mailing Address 8058 Corporate Center Dr.  
Suite 200

City  
Charlotte

State  
NC

Zip Code  
28226-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.E. Goodgame & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2018

**Transaction ID : 12318734**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**C. King, Carolyn, J., ,**

Mailing Address 6 Country Lane

City  
Sussex

State  
NJ

Zip Code  
07461-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolyn J King Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2018

**Transaction ID : 12318735**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

160.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Shores, Thomas, E., ,**

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
T.A. Shores Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 03 / 2018

**Transaction ID : 12318736**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Warwick, John, L., ,**

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 ▼

680.00

Date of Receipt

08 / 03 / 2018

**Transaction ID : 12318739**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Liechty, Brian, W., ,**

Mailing Address 120 East Washington Street

City  
Plymouth

State  
IN

Zip Code  
46563-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TCU Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 03 / 2018

**Transaction ID : 12318743**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

157.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kennedy, Tamara, P., ,**

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 ▼

340.00

Date of Receipt

08 / 03 / 2018

**Transaction ID : 12318746**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Lord, Justin, , ,**

Mailing Address 935 East 36th Place

City  
Tulsa

State  
OK

Zip Code  
74105-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2018

**Transaction ID : 12318797**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Casinelli, Patrick, , ,**

Mailing Address 450 B St # 1800

City  
San Diego

State  
CA

Zip Code  
92101-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cavignac & Associates

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

08 / 04 / 2018

**Transaction ID : 12318799**

Amount of Each Receipt this Period

63.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

178.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ashby, Thomas, F., ,**

Mailing Address P. O. Box 70

City  
Zirconia

State  
NC

Zip Code  
28790-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Healthcare Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2018

**Transaction ID : 12318801**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Viola, Robert, , ,**

Mailing Address One West First Avenue Ste 305

City  
Conshohocken

State  
PA

Zip Code  
19428-6801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Megro Corporation

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2018

**Transaction ID : 12318804**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Mochan, Damian, , ,**

Mailing Address 100 Radnor Rd Ste 202

City  
State College

State  
PA

Zip Code  
16801-7986

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central PA Benefit Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2018

**Transaction ID : 12318805**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

142.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Freeman, Joann, , ,**

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 ▼

230.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2018

**Transaction ID : 12318807**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Hepscher, William, , ,**

Mailing Address 38176 Medical Center Avenue

City

Zephyrhills

State

FL

Zip Code

33540-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Canadian Drugstore

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2018

**Transaction ID : 12318808**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Gussin, Craig, , ,**

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 ▼

1540.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2018

**Transaction ID : 12318809**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

295.00

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

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Allumbaugh, Joel, C., ,**

Mailing Address 6 E. Chestnut St., Suite 520

City  
Augusta

State  
ME

Zip Code  
04330-5759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Worksite Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 05 / 2018

**Transaction ID : 12318814**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Whaley, Cynthia, , ,**

Mailing Address 408 N. Washington Street  
Suite A

City  
Easton

State  
MD

Zip Code  
21601-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Avery Hall Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 05 / 2018

**Transaction ID : 12318815**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Sherrill, David, M., ,**

Mailing Address 407 Centerpointe Circle, Suite 163

City  
Altamonte Springs

State  
FL

Zip Code  
32701-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sherrill Insurance Brokerage, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 05 / 2018

**Transaction ID : 12318816**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Moore, Robert, L., ,**

Mailing Address 1644 Plank Rd

City  
Duncansville

State  
PA

Zip Code  
16635-8376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.R. Webber Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2018

**Transaction ID : 12318817**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Rianhard, Dane, , ,**

Mailing Address 1 E. Pratt St., Unit 902

City  
Baltimore

State  
MD

Zip Code  
21202-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2018

**Transaction ID : 12318818**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Johnson, Aimee, , ,**

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RISQ Consulting

Occupation (for Individual)  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2018

**Transaction ID : 12318820**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

157.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(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**

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

**A. Eberley, R. Michael, , ,**

Mailing Address 1296 Sinnissippi Park Rd.

City  
SterlingState  
ILZip Code  
61081-4125FEC 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 ▼

216.00

Date of Receipt

M M	D D	Y Y Y Y
08	05	2018

**Transaction ID : 12318823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Sweatt, Shelly, , ,**

Mailing Address 14 Commerce Road

City

Newtown

State

CT

Zip Code

06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TR Paul, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	05	2018

**Transaction ID : 12318826**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stock, Tiffany, , ,**

Mailing Address 3111 C St.

Suite 500

City

Anchorage

State

AK

Zip Code

99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RISQ Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M	D D	Y Y Y Y
08	05	2018

**Transaction ID : 12318827**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

114.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. DeBruin, Teresa, F., ,

Mailing Address 45 Technology Pkwy South  
Suite 225

City

Peachtree Corners

State

GA

Zip Code

30092-3456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DeBruin Benefit Services, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318831

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sklar, Erika, , ,

Mailing Address 1415 Walton Blvd

City

Rochester Hills

State

MI

Zip Code

48309-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Crawford Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318832

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Webb, Charles, A., ,

Mailing Address 2670 Electric Rd

City

Roanoke

State

VA

Zip Code

24018-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Innovative Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318834

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

363.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Odegard, James, , ,**

Mailing Address 21308 John Milless Drive  
Suite 102

City  
Rogers

State  
MN

Zip Code  
55374-4875

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Odegard Benefit Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

**Transaction ID : 12318835**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Brinson, Stephanie, Dawn, ,**

Mailing Address 4851 LBJ Freeway  
Suite 900

City  
Dallas

State  
TX

Zip Code  
75244-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brinson Benefits, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

**Transaction ID : 12318845**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Swartzbaugh, Robert, F., ,**

Mailing Address 9140 West Dodge Road, Suite 418

City  
Omaha

State  
NE

Zip Code  
68114-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swartzbaugh-Farber & Associates, Inc.

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 Y Y  
08 / 06 / 2018

**Transaction ID : 12318846**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1542.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Wilson, Thomas, R., ,

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 ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318859

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Serra, Peter, F., ,

Mailing Address 10751 S. Saginaw St Suite E

City  
Grand Blanc

State  
MI

Zip Code  
48439-8169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Serra Benefits Group

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318884

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Burett, Raymond, , ,

Mailing Address 42 Broadway  
Suite 1936

City  
New York

State  
NY

Zip Code  
10004-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brio Benefit Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318888

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

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  
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FOR LINE NUMBER: PAGE 21 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Peterson-Stott, Wendi, , ,

Mailing Address 8204 South 109 Street

City  
Lavista

State  
NE

Zip Code  
68128-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bearence Management Group

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318896

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. Navarro, Joe, , ,

Mailing Address 32110 Agoura Rd.  
School of Success

City

Westlake Village

State  
CA

Zip Code  
91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2018

Transaction ID : 12318904

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Sautter, Robert, E., ,

Mailing Address 36 South 400 West  
Suite 201

City

Vineyard

State  
UT

Zip Code  
84058-5370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paylogics

Occupation (for Individual)  
Client Adviser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12318911

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

907.00

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 22 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Boop, Deborah, R., ,**

Mailing Address 145 North Chestnut Street  
Suite 202

City  
Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12318912

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Pendorf, Paul, , ,**

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12318913

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Griffin, Mary, , ,**

Mailing Address 14 Commerce Road

City

Newtown

State

CT

Zip Code

06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TR Paul, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12318915

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00

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

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

FOR LINE NUMBER: PAGE 23 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Bremer, Emily, Black, ,

Mailing Address 8000 Bonhomme Ave., # 213

City  
Saint Louis

State  
MO

Zip Code  
63105-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bremer Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12318916

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Deru, Scott, E., ,

Mailing Address PO Box 336

City  
Layton

State  
UT

Zip Code  
84041-0336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12318919

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Johnson, Sandra, , ,

Mailing Address 12500 Network Blvd, # 403

City  
San Antonio

State  
TX

Zip Code  
78249-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hairston, Johnson & Associates, PLLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

Transaction ID : 12320049

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

193.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Galardini, Richard, F., ,**

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.00

Date of Receipt

08 / 08 / 2018

**Transaction ID : 12320144**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Balla, Donald, L., ,**

Mailing Address 371 Steeplechase Drive

City

Cranberry Twp

State

PA

Zip Code

16066-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHS Alera Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2018

**Transaction ID : 12320145**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Rice, Russell, Lee, ,**

Mailing Address 8000 IH-10 West, # 715

City

San Antonio

State

TX

Zip Code

78230-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVESIS, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

755.00

Date of Receipt

08 / 08 / 2018

**Transaction ID : 12320146**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

240.00



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

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

FOR LINE NUMBER: PAGE 25 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Sullivan, Ashley, , ,

Mailing Address PO Box 99565

City  
Louisville

State  
KY

Zip Code  
40269-0565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Zandt Emrich and Cary

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2018

Transaction ID : 12320147

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Jennings, Julie, A., ,

Mailing Address 500 Faunce Corner Rd  
Bldg 100, Suite 120

City  
Dartmouth

State  
MA

Zip Code  
02747-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sylvia & Co. Ins. Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2018

Transaction ID : 12320148

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Matsushita, David, , ,

Mailing Address 25B Hanover Road Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2018

Transaction ID : 12320149

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Deagle, Michael, P., ,

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2018

Transaction ID : 12320152

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Pendergraff, Ross, W., ,

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 ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2018

Transaction ID : 12320153

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Schwartz, Matt, B., ,

Mailing Address 2950 Breckenridge Lane, Suite 8

City  
Louisville

State  
KY

Zip Code  
40220-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schwartz Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 08 / 2018

Transaction ID : 12320156

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Fairbairn, Nicole, , ,**

Mailing Address 8069 Little Circle Road

City

Noblesville

State

IN

Zip Code

46060-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Creative Insurance Concepts Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2018

**Transaction ID : 12320157**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Buyalos, Joseph, W., ,**

Mailing Address 9713 Key West Ave, Suite 401

City

Rockville

State

MD

Zip Code

20850-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Insurance Exchange, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 08 / 2018

**Transaction ID : 12320159**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Buechler, Anthony, C., ,**

Mailing Address 1203 Colonial Circle

City

Papillion

State

NE

Zip Code

68046-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Buechler Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 09 / 2018

**Transaction ID : 12359981**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Eserman, Clifton, W., ,**

Mailing Address 2435 N Dixie Hwy

City

Wilton Manors

State

FL

Zip Code

33305-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Incompas Financial, Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 09 / 2018

Transaction ID : 12359984

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Scholz, Paul, Joseph, ,**

Mailing Address 17445 Arbor St  
Suite 310

City

Omaha

State

NE

Zip Code

68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OCI

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 09 / 2018

Transaction ID : 12359985

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Buffington, Tammy, , ,**

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  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 09 / 2018

Transaction ID : 12359986

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

212.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Snowden, Scott, D., ,**

Mailing Address 812 Lyndon Lane, Suite 101

City  
LouisvilleState  
KYZip Code  
40222-3844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snowden & Associates, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	09	2018

**Transaction ID : 12359988**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Blomgren, Laura, , ,**Mailing Address 935 National Parkway  
Suite 93550City  
SchaumburgState  
ILZip Code  
60173-5150FEC 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 ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	09	2018

**Transaction ID : 12359989**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Rice, Lori, R., ,**Mailing Address 3611 Paesanos Pkwy  
Ste 100City  
San AntonioState  
TXZip Code  
78231-1256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance AgencyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	09	2018

**Transaction ID : 12359990**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

90.00

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

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

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Forshee, Dee, , ,**

Mailing Address 203 E Main #B

 City  
 Union

 State  
 MO

 Zip Code  
 63084-1645

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 Ming Senior Services

 Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2018

Transaction ID : 12359991

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Pierce, Mary, Jeannette, ,**

Mailing Address 500 NE Multnomah St. #100

 City  
 Portland

 State  
 OR

 Zip Code  
 97232-2031

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 Kaiser Permanente

 Occupation (for Individual)  
 Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2018

Transaction ID : 12359992

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Sansevieri, Paul, F., ,**

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 ▼

750.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2018

Transaction ID : 12359995

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

310.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. O'Connell, Daniel, J., ,

Mailing Address 5080 Spectrum Dr  
Suite 1200E

City  
Addison

State  
TX

Zip Code  
75001-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Next Level Insurance Agency

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 10 / 2018

Transaction ID : 12360065

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Nigro, Samuel, , ,

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 10 / 2018

Transaction ID : 12360066

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Lee, Kelli, , ,

Mailing Address 510 L Street  
Suite 270

City  
Anchorage

State  
AK

Zip Code  
99501-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moda Health

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : 12360133

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

200.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Spinelli, Frank, , ,

Mailing Address 1100 Superior Avenue Street  
Suite 1500

City  
Cleveland

State  
OH

Zip Code  
44114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oswald Companies

Occupation (for Individual)  
VP Group Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : 12360136

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Kitts, Lawrence, L., ,

Mailing Address 6500 City West Parkway  
Suite 100

City  
Eden Prairie

State  
MN

Zip Code  
55344-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Horizon Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : 12360137

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Journey, Gary, , ,

Mailing Address 16545 Village Drive, Bldg B

City  
Jersey Village

State  
TX

Zip Code  
77040-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kainos Partners Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : 12360139

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**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hemb, Jack, L., ,**

Mailing Address 2801 Coho St  
Ste 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)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : 12360140

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Stewart, Diana, , ,**

Mailing Address 500 W. 36th Avenue  
Suite 300

City  
Anchorage

State  
AK

Zip Code  
99503-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OneDigital

Occupation (for Individual)  
Sr. Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : 12360142

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Passe, Emma, M., ,**

Mailing Address 6984 SE Langwood St

City  
Hillsboro

State  
OR

Zip Code  
97123-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EBMS

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : 12360150

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

122.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Buza, Raymond, F., ,

Mailing Address 214 East Lakewood Road

City  
West Palm Beach

State  
FL

Zip Code  
33405-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Palm Beach Insurance Advisory Group, I

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : 12360151

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Van Nest, John, David, ,

Mailing Address 145 Dillon Ave  
Suite B

City  
Campbell

State  
CA

Zip Code  
95008-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Van Nest Ventures Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : 12360156

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Stockstill, Julia Beckie, , ,

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 &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : 12360160

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

102.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Skinner, Douglas, , ,**

Mailing Address PO Box 1277

City  
Bloomington

State  
IN

Zip Code  
47402-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hoosier Dental Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 12 / 2018

**Transaction ID : 12360161**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Poole, Eugene, , ,**

Mailing Address 14117 Jones Bridge Road

City  
Upper Marlboro

State  
MD

Zip Code  
20774-8585

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aligned Benefits Group, Inc.

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 12 / 2018

**Transaction ID : 12360162**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hutson, Stephen, Lawrence, ,**

Mailing Address 13475 Danielson Street  
Suite 200

City  
Poway

State  
CA

Zip Code  
92064-8858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
California Corporate Benefits Insuranc

Occupation (for Individual)  
Director of Client Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 12 / 2018

**Transaction ID : 12360163**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

102.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Gertz, Josh, , ,**

Mailing Address 353 N Clark Street

City  
Chicago

State  
IL

Zip Code  
60654-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alliant/Mesirow Insurance Services

Occupation (for Individual)  
Compliance Project Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

**Transaction ID : 12360172**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Ramsay, Robert, Gene, ,**

Mailing Address 1836 Harrison Drive

City  
Gardendale

State  
AL

Zip Code  
35071-3468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Your Benefits Advisor

Occupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

**Transaction ID : 12360176**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Johnson, David, S., ,**

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

**Transaction ID : 12360177**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

215.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Green, J. J., , ,**

Mailing Address 1219 W. 2nd St.

City  
Grand Island

State  
NE

Zip Code  
68801-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Primark, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360180

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. **Capilla, Danielle, , ,**

Mailing Address 200 W Monroe Suite 2050

City  
Chicago

State  
IL

Zip Code  
60606-5009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alera Group

Occupation (for Individual)  
Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360181

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Kiebler, John, , ,**

Mailing Address 2530 Sir Barton Way, Suite 100

City  
Lexington

State  
KY

Zip Code  
40509-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360185

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Johnson, John, P., ,

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360186

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Blakely, Russ, , ,

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 ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360187

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Daugherty, Cathy, M., ,

Mailing Address 1122 East Lincoln Avenue  
Suite 203

City  
Orange

State  
CA

Zip Code  
92865-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bridge Port Benefits

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360188

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**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Schiebel, Al, C., ,

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Schiebel &amp; Associates, LLC dba Shopben

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360189

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Grava, A. Andra, , ,

Mailing Address 40 E. McDermott

City  
Allen

State  
TX

Zip Code  
75002-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The DI Center

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360191

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Evans, Joseph, M., ,

Mailing Address 4920 Pleasant St.  
Suite 3

City  
West Des Moines

State  
IA

Zip Code  
50266-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : 12360195

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

257.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Denton, Jill, W., ,**

Mailing Address 3500 Westgate Drive  
Suite 602

City  
Durham

State  
NC

Zip Code  
27707-2540

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 ▼

365.00

Date of Receipt

08 / 13 / 2018

**Transaction ID : 12360215**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Lee, Philip, W., ,**

Mailing Address 935 Moraga Road  
Suite 240

City

Lafayette

State

CA

Zip Code

94549-4542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BLIS Corp. dba Lee Health Insurance Se

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360222**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Scott, John, Thomas, ,**

Mailing Address 2180 American Flyer Way

City

Brooksville

State

FL

Zip Code

34604-6829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

E-TeleQuote

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360223**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

425.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Trevino, Terrie, L., ,**

Mailing Address 1822 E Townline Way

City  
Meridian

State  
ID

Zip Code  
83646-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PayneWest Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360224**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Durand, Tina, , ,**

Mailing Address 4717 Gollihar Road

City

Corpus Christi

State

TX

Zip Code

78411-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heavin, Otto & Leavitt Insurance Servi

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360225**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Sherrod, Jeffrey, , ,**

Mailing Address 3810 Holly Ridge Drive

City

Longview

State

TX

Zip Code

75605-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360226**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Smith, Michael, David, ,**

Mailing Address 233 West Main Street

City  
Lewisville

State  
TX

Zip Code  
75057-3863

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360228**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Webb, Amy, R., ,**

Mailing Address 7 E. Main Street  
Suite 200

City  
Moorestown

State  
NJ

Zip Code  
08057-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Saratoga Benefit Services, LLC.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360229**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Castellani, Lorelei, G., ,**

Mailing Address PO Box 905

City  
Branchville

State  
NJ

Zip Code  
07826-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Guidance Systems

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360230**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Selby, John, , ,**

Mailing Address 25B Hanover Road  
Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2018

**Transaction ID : 12360231**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Patton, Rhonda, L., ,**

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 ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2018

**Transaction ID : 12360235**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Denz, Stephanie, , ,**

Mailing Address 1100 Wild Ginger Lane

City  
Fleming Island

State  
FL

Zip Code  
32003-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aetna

Occupation (for Individual)  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2018

**Transaction ID : 12360237**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Jacquet, Tara, , ,**

Mailing Address 4584 North 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 ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360239**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Powers, Jason, A., ,**

Mailing Address 8346 Redbird St

City

Shawnee

State

KS

Zip Code

66227-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Legacy Brokers, LLC

Occupation (for Individual)

Employee Benefits Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360240**

Amount of Each Receipt this Period

34.00

☐ Memo Item

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

**C. Jones, Cynthia, M., ,**

Mailing Address 24223 English Rose Place

City

Valencia

State

CA

Zip Code

91354-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Dickerson Employee Benefits

Occupation (for Individual)

Marketing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360241**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

94.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hopwood, Kymberly, J., ,**

Mailing Address 431 Bloomfield Court

City  
Brentwood

State  
CA

Zip Code  
94513-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dealey, Renton & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 14 / 2018

**Transaction ID : 12360242**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Hain, Erica, R., ,**

Mailing Address 409 Hemlock Lane

City  
Chester Springs

State  
PA

Zip Code  
19425-3633

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 ▼

800.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360818**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Carter, Lori, , ,**

Mailing Address 27 Locksley Place

City  
Forest

State  
VA

Zip Code  
24551-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thompson - Brooks Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360819**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

227.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Manning, Richard, K., ,**

Mailing Address 10315 Woodley Avenue, #131

City  
Granada Hills

State  
CA

Zip Code  
91344-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Accessible Health Insurance Services.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360821**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Easterling, Sy, , ,**

Mailing Address 213 Porter Ave

City  
Biloxi

State  
MS

Zip Code  
39530-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stewart Sneed Hewes/BancorpSouth Insur

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360822**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Brummitt, Robert, B., ,**

Mailing Address 755 Falcon Lane  
Suite 200

City  
Coppell

State  
TX

Zip Code  
75019-4160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenefitMall

Occupation (for Individual)  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360823**

Amount of Each Receipt this Period

12.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

127.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Crowgey, Melody, Lynn, ,**

Mailing Address 1540 International Parkway  
Suite 2000

City  
Lake Mary

State  
FL

Zip Code  
32746-5096

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alltrust Insurance

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360824**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Call, Dana, A., ,**

Mailing Address 1603 Roma Lane

City  
Allen

State  
TX

Zip Code  
75013-3038

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360825**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Coker, Kenneth, Wayne, ,**

Mailing Address 404 Bryant Street

City  
San Francisco

State  
CA

Zip Code  
94107-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CokerWayne & Associates

Occupation (for Individual)  
Broker Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2018

**Transaction ID : 12360826**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hynes, Bernard, J., ,**

Mailing Address 2999 N. 44th Street Suite 325

City  
Phoenix

State  
AZ

Zip Code  
85018-7259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hynes Benefits Consulting, LLC

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 16 / 2018

**Transaction ID : 12360972**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Sullivan, Audra, I., ,**

Mailing Address 1201 N Watson Rd  
Ste 287

City  
Arlington

State  
TX

Zip Code  
76006-6222

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 16 / 2018

**Transaction ID : 12360975**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Powell, Brooks, , ,**

Mailing Address 549 Main St, Suite B

City  
Danville

State  
VA

Zip Code  
24541-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marsh & McLennan Agency

Occupation (for Individual)  
Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 16 / 2018

**Transaction ID : 12360983**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Zavala, Tony, , ,

Mailing Address 4814 Cranbrook Dr E

City  
ColleyvilleState  
TXZip Code  
76034-4359FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Frost Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2018

Transaction ID : 12360984

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Huss, Janine, D., ,

Mailing Address 108 Cantina Place

City  
JacksonvilleState  
FLZip Code  
32259-8016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SingleCare

Occupation (for Individual)

Sr. Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2018

Transaction ID : 12360985

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Owens, David, Patrick, ,

Mailing Address 101 Eisenhower Parkway  
Second FloorCity  
RoselandState  
NJZip Code  
07068-1032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

E.B. Cohen &amp; Co., Inc.

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2018

Transaction ID : 12360988

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

178.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bergstrom, Christian, , ,**

Mailing Address 300 1st Avenue South,#500

City  
Saint Petersburg

State  
FL

Zip Code  
33701-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wallace Welch & Willingham, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 16 / 2018

**Transaction ID : 12360989**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Tompkins, Daniel, R., ,**

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 ▼

680.00

Date of Receipt

08 / 17 / 2018

**Transaction ID : 12361919**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Fusco, Joan, A., ,**

Mailing Address 25B Hanover Rd., Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 17 / 2018

**Transaction ID : 12361920**

Amount of Each Receipt this Period

100.00

☐ 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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Wolfe, Rosanne, , ,**

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 ▼

240.00

Date of Receipt

08 / 17 / 2018

**Transaction ID : 12361921**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Rose, Vincent, J., ,**

Mailing Address 620 South Lake Street

City  
Marquette

State  
MI

Zip Code  
49855-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
44North

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 17 / 2018

**Transaction ID : 12361922**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Cogdill, Barry, , ,**

Mailing Address 4710 4th Street  
Ste. 300

City  
La Mesa

State  
CA

Zip Code  
91941-5384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Business Choice Insurance Services

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2018

**Transaction ID : 12362460**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Scott, Nicole, , ,

Mailing Address 6200 Northwest Pkwy

City  
San Antonio

State  
TX

Zip Code  
78249-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2018

Transaction ID : 12362464

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Beck, Carolyn, , ,

Mailing Address 101 Plaza East Blvd

City  
Evansville

State  
IN

Zip Code  
47715-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIHO Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2018

Transaction ID : 12362467

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Farrell, Jennifer, Liane, ,

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 ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2018

Transaction ID : 12362468

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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Griffey, Don, R., ,**

Mailing Address 56294 Prim Rose Circle

City  
Elkhart

State  
IN

Zip Code  
46516-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hailey-Campbell, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 18 / 2018

**Transaction ID : 12362469**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Kelley, Dianne, M., ,**

Mailing Address 7320 N La Cholla Blvd.  
Suite 154-219

City  
Tucson

State  
AZ

Zip Code  
85741-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sandbrook Benefits Group, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.00

Date of Receipt

08 / 18 / 2018

**Transaction ID : 12362475**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**C. Friedman, Peter, A., ,**

Mailing Address PO Box 5125

City  
Culver City

State  
CA

Zip Code  
90231-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Friedman & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 19 / 2018

**Transaction ID : 12362479**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

178.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Niederman, Tammy, Lyn, ,**

Mailing Address 10042 Silver Maple Circle

City  
Highlands RanchState  
COZip Code  
80129-5420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niederman Insurance AgencyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	D D	Y Y Y Y
08	19	2018

**Transaction ID : 12362481**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. McKittrick, Kristin, , ,**

Mailing Address 4020 Danley Drive

City  
Rapid CityState  
SDZip Code  
57702-6893FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mountain Plains InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
08	19	2018

**Transaction ID : 12362483**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Brooks, Mark, , ,**

Mailing Address P.O. Box 10876

City  
LynchburgState  
VAZip Code  
24506-0876FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Design Financial Services, InOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y
08	19	2018

**Transaction ID : 12362485**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

90.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Ward, Michael, , ,

Mailing Address 3219 E. Camelback Road  
#569

City  
Phoenix

State  
AZ

Zip Code  
85018-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerging Benefits Consultants, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2018

Transaction ID : 12362487

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Stewart, Rachel, , ,

Mailing Address 1119 E Blackhawk Dr

City  
Phoenix

State  
AZ

Zip Code  
85024-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RS Assurance

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2018

Transaction ID : 12362488

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Matznick, Michael, E., ,

Mailing Address 3150 N. Elm Street  
Suite 201

City  
Greensboro

State  
NC

Zip Code  
27408-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EbenConcepts Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2018

Transaction ID : 12362489

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

114.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Carmichael, Stacy, Anne, ,**

Mailing Address 601 SW 2nd Ave

City  
Portland

State  
OR

Zip Code  
97204-3153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moda Health, Inc

Occupation (for Individual)  
Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2018

Transaction ID : 12362495

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Gadinas, Kathy, M., ,**

Mailing Address 16325 Boones Ferry Rd., #204

City

Lake Oswego

State

OR

Zip Code

97035-4297

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2018

Transaction ID : 12362496

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stubbs, Clifton, , ,**

Mailing Address 10401 Cablis Lane

City

Frisco

State

TX

Zip Code

75035-6100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2018

Transaction ID : 12362499

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00



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

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bartholomew, Rhonda, , ,**

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2018

Transaction ID : 12362509

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Ritter, William, L., ,**

Mailing Address 138 W. Main Street, Suite 200

City  
Williamston

State  
NC

Zip Code  
27892-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triangle Planning Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : 12363373

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Combs, Susan, L., ,**

Mailing Address 234 Fifth Ave  
Ste 308

City  
New York

State  
NY

Zip Code  
10001-7607

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : 12363374

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

122.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Pittman, Joseph, E., ,

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : 12363378

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Kane, Karen, T., ,

Mailing Address 3342 NE 156th Ave

City  
Portland

State  
OR

Zip Code  
97230-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Solutions NW, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : 12363384

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Singleton, Terry, , ,

Mailing Address 1773 Owasco Street

City  
Winter Springs

State  
FL

Zip Code  
32708-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Enterprise Team

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367202

Amount of Each Receipt this Period

85.00

☐ 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**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Leavitt, Scott, A., ,**

Mailing Address 12988 W. Paint Dr.

City  
Boise

State  
ID

Zip Code  
83713-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scott Leavitt Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367203**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Bergsma, Lori, , ,**

Mailing Address Balanced Rock Insurance  
643 Canyon Drive

City  
Twin Falls

State  
ID

Zip Code  
83301-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Balanced Rock Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367205**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Cagliola, David, A., ,**

Mailing Address 1550 Liberty Ridge Drive  
Suite 250

City  
Chesterbrook

State  
PA

Zip Code  
19087-5567

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radnor Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367206**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Henry, Thomas, L., ,

Mailing Address 430 W NAPA ST. SUITE F

City  
SONOMA

State  
CA

Zip Code  
95476-6545

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RealCare Insurance Marketing, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367207

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Wild, Trei, , ,

Mailing Address 3724 Hearst Castle Way

City  
Plano

State  
TX

Zip Code  
75025-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Protect Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367210

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Cunningham, Jerilyn, B., ,

Mailing Address 6570 N 130th Lane

City  
Glendale

State  
AZ

Zip Code  
85307-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Manager of Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367212

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

200.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Eckard, Brenda, A., ,**

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 ▼

240.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367214**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Boaz, Daniel, J., ,**

Mailing Address 5565 Roberts Drive  
Suite 100

City

Atlanta

State

GA

Zip Code

30338-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthLife Group, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367215**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Coburn, Richard, P., ,**

Mailing Address 19 Minor Court

City

San Rafael

State

CA

Zip Code

94903-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Word and Brown

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367217**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Gualtieri, Peter, L., ,**

Mailing Address 1600 JFK Boulevard, Suite 1220

City  
Philadelphia

State  
PA

Zip Code  
19103-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367218**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Lindsay, Robert, , ,**

Mailing Address 220 Emerson Place

City  
Davenport

State  
IA

Zip Code  
52801-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arthur J. Gallagher & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367221**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Lindstrom, Betty, J., ,**

Mailing Address PO Box 4026

City  
Felton

State  
CA

Zip Code  
95018-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lindstrom Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2018

**Transaction ID : 12367222**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

125.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Olson, Charles, , ,

Mailing Address 17445 Arbor St Ste 310

City  
Omaha

State  
NE

Zip Code  
68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367224

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Bennett, James, , ,

Mailing Address 106-2 St. James Ct.  
P O Box 573

City  
Frankfort

State  
KY

Zip Code  
40601-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bennett & Bays Insurance Services LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367626

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Theesfeld, Angela, A., ,

Mailing Address 403 Toyah Brk

City  
San Antonio

State  
TX

Zip Code  
78258-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United HealthCare

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2018

Transaction ID : 12367632

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

410.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Wilcox, David, V., ,**

Mailing Address 195 River Vista Place  
Suite 206

City  
Twin Falls

State  
ID

Zip Code  
83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Insurance, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2018

**Transaction ID : 12367635**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Wilson, Thomas, R., ,**

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 ▼

1510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367636**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

**C. Knight, Ronald David, , ,**

Mailing Address PO Box 507

City

Carrollton

State

GA

Zip Code

30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J. Smith Lanier & Co., Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367637**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Monthly Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1255.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kohlsdorf, Eric, , ,**

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 ▼

680.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367638**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Todd, Richard, H., ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367644**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Todd, David, , ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367645**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ackerman, Mark, K., ,**

Mailing Address 3700 Forest Drive  
Suite 300

City  
Columbia

State  
SC

Zip Code  
29204-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Management Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367646

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Whang, Victor, , ,**

Mailing Address 33970 23 Mile Rd.

City

Chesterfield

State

MI

Zip Code

48047-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Warehouse

Occupation (for Individual)  
Broker/Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367647

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Berger, Stephanie, , ,**

Mailing Address 79 Daily Dr #276

City

Camarillo

State

CA

Zip Code

93010-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collaborative Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367650

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

155.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Blain, Bradford, H., ,

Mailing Address 343 Waller Avenue  
Suite 101

City  
Lexington

State  
KY

Zip Code  
40504-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Al Torstrick Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367651

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Gennaro, Jeffrey, Wm., ,

Mailing Address 3820 W Happy Valley Rd  
Ste 141, PMB 606

City  
Glendale

State  
AZ

Zip Code  
85310-3292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capitol Insurance Brokers, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367652

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Hebert, Hedy, S., ,

Mailing Address 390 Plaza Loop.

City  
Bossier City

State  
LA

Zip Code  
71111-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367653

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

200.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. LaFay, Stacey, S., ,**

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367655

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. McClaskey, Barbara, A., ,**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367656

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Ming, James, , ,**

Mailing Address P.O. Box 621

City

Union

State

MO

Zip Code

63084-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ming Senior Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367657

Amount of Each Receipt this Period

30.00

☐ 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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

**A. Rash, Susan, Maley, ,**

Mailing Address 460 Bel Bridge Circle

City  
MidlothianState  
VAZip Code  
23113-6493FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367658

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

**B. Reeves, Valerie, , ,**

Mailing Address 3702 Brownsboro Rd

City  
LouisvilleState  
KYZip Code  
40207-1820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Preferred Benefits, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367659

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Renkar, Christopher, J., ,**

Mailing Address 4136 Inslake Dr. # B

City  
Glen AllenState  
VAZip Code  
23060-3344FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independent Benefits LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367660

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

192.00

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

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Tandrow, Tara, , ,

Mailing Address 2600 Rose Hill, #101

City  
BoiseState  
IDZip Code  
83705-5900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB InternationalOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367661

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Tellesbo-Kembel, Marsha, , ,

Mailing Address 1001 4th Avenue, Suite 3200

City  
SeattleState  
WAZip Code  
98154-1003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & CompanyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367662

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Todd, Helen, M., ,

Mailing Address PO Box 56166

City  
Little RockState  
ARZip Code  
72215-6166FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367664

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Thal, Harry, P., ,**

Mailing Address 11006 Kernville Rd. #1

City  
Kernville

State  
CA

Zip Code  
93238-9765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Harry P. Thal Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367666**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Munger, David, , ,**

Mailing Address 3312 W. Magistrate Loop

City  
Hayden

State  
ID

Zip Code  
83835-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Munger Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367670**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Moore, David, A., ,**

Mailing Address 204 Rivergate Pkwy

City  
Goodlettsville

State  
TN

Zip Code  
37072-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Brokers, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367672**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

215.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Baskett, John, , ,**

Mailing Address 2601C Blanding Ave #222

City  
Alameda

State  
CA

Zip Code  
94501-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Baskett Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367673**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Braner, Jodie, E., ,**

Mailing Address 5 Concourse Parkway  
18th Floor

City  
Atlanta

State  
GA

Zip Code  
30328-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willis

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367674**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Copeland, Bob, , ,**

Mailing Address 700 Larkspur Landing Circle, Suite

City  
Larkspur

State  
CA

Zip Code  
94939-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367676**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Goodwin, Carolyn, L., ,**

Mailing Address 12740 Hillcrest Road  
Suite 275

City  
Dallas

State  
TX

Zip Code  
75230-7129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Goodwin Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367679

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Griffey, Patricia, A., ,**

Mailing Address 56294 Primrose Circle

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367680

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Howard, Michelle, S., ,**

Mailing Address 2850 West Grand Boulevard

City  
Detroit

State  
MI

Zip Code  
48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367681

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

215.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Embry, Michael, A., ,**

Mailing Address 26555 Evergreen Road  
Suite 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3320.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367682**

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

**B. Embry, Jeanne, A., ,**

Mailing Address 26240 Wacker Drive

City

Chesterfield

State

MI

Zip Code

48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367683**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stubbs, Guy, , ,**

Mailing Address PO Box 337

City

Jerome

State

ID

Zip Code

83338-0337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hall and Associates

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2018

**Transaction ID : 12367684**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

475.00

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Thrash, Rachel, B., ,**

Mailing Address 214 Milam Street

City  
Shreveport

State  
LA

Zip Code  
71101-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Querbes & Nelson A Partnership

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367685**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Perry, Jeff, , ,**

Mailing Address P O Box 51019

City  
Idaho Falls

State  
ID

Zip Code  
83405-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Hartwell Corporation

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367687**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Rock, Deidre, Dover, ,**

Mailing Address P.O. Box 151

City  
Camilla

State  
GA

Zip Code  
31730-0151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dover Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367688**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

70.00

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

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for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stacy, Dustin, , ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BIM Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367690**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Sterner, Heidi, J., ,**

Mailing Address 7881 W Charleston Blvd Suite 140

City  
Las Vegas

State  
NV

Zip Code  
89117-8326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Leavitt Group Benefits Services

Occupation (for Individual)

Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367692**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Franke, Gary, , ,**

Mailing Address 227 Bellevue Way NE  
Suite 715

City  
Bellevue

State  
WA

Zip Code  
98004-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Achieve Alpha Insurance, LLC

Occupation (for Individual)

Health Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2018

**Transaction ID : 12367695**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 182  
(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**

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

**A. Mackin, Martin, John, ,**

Mailing Address P O Box 29607

City

San Francisco

State

CA

Zip Code

94129-0607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Foresight Benefits, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2018

**Transaction ID : 12367697**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**B. Patton, Jesse, A., ,**

Mailing Address 1112 Maple Street

City

West Des Moines

State

IA

Zip Code

50265-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associations Marketing Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2018

**Transaction ID : 12367701**

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

**C. Siino, Thomas, , ,**

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  
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2018

**Transaction ID : 12367703**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

508.00

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Pleasants, Jennifer, , ,

Mailing Address 6366 Fitzhugh Dr.

City  
Corpus Christi

State  
TX

Zip Code  
78414-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare Employer & Individual

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367704

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Tierney, Robert, J., ,

Mailing Address 830 N Main St  
STE 200

City  
Meridian

State  
ID

Zip Code  
83642-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367705

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Langley, Rufus, B., ,

Mailing Address 2720 Branston Way

City  
Apex

State  
NC

Zip Code  
27539-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Langley Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2018

Transaction ID : 12367709

Amount of Each Receipt this Period

10.00

☐ 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: PAGE 79 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Brown, Carey, H., ,**

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368297

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. McConnaughey, John, R., ,**

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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368299

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Helms, John, S., ,**

Mailing Address 2940 Camino Diablo  
# 205

City

Walnut Creek

State

CA

Zip Code

94597-3992

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Helms Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368301

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

122.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Wright, Dennis, E., ,**

Mailing Address 1111 Chestnut Hills Pky

City

Fort Wayne

State

IN

Zip Code

46814-8934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Employee Plans, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 24 / 2018

**Transaction ID : 12368303**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Barrera, Rolando, G., ,**

Mailing Address 2621 Camargo

City

Corpus Christi

State

TX

Zip Code

78415-5678

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Roland Barrera Insurance

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 24 / 2018

**Transaction ID : 12368304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Hart, Daniel, R., ,**

Mailing Address 2137 E. 32nd Street

City

Tulsa

State

OK

Zip Code

74105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Guardian Life

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 24 / 2018

**Transaction ID : 12368306**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

165.00



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Weinstein, Joshua, , ,

Mailing Address 3111 C St.

Suite 500

City

Anchorage

State

AK

Zip Code

99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RISQ Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368310

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Fugitt-Hetrick, Pamela, Leigh, ,

Mailing Address 1123 Soquel Avenue

City

Santa Cruz

State

CA

Zip Code

95062-2105

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368311

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Diaz Del Valle, Daniel, G., ,

Mailing Address People's United Insurance Agency

1 Financial Plaza 755 Main Street

City

Hartford

State

CT

Zip Code

06103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

People's United Insurance AgencyRC Kno

Occupation (for Individual)

Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368313

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Clark, Jonathan, S., ,

Mailing Address 6084 South 900 East, Suite 102

City  
Murray

State  
UT

Zip Code  
84121-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368314

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Willard, Angelique, , ,

Mailing Address 825 NE 20th Avenue, Suite 320

City  
Portland

State  
OR

Zip Code  
97232-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kunrath & Willard Insurance Services,

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368323

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Chornak, Shelley, A., ,

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368325

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

99.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Riley, Amanda, Danielle, ,**

Mailing Address 22706 SE 279th ST.

City  
Maple Valley

State  
WA

Zip Code  
98038-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthEquity, Inc.

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368329

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Seifert, Gregory, J., ,**

Mailing Address P.O. Box 189  
916 Main Street

City  
Vancouver

State  
WA

Zip Code  
98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
West Coast Ins Services dba Biggs Ins

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368330

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Wallace, Keith, , ,**

Mailing Address 1400 Broadway

City  
Bellingham

State  
WA

Zip Code  
98225-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wallace-Rice Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2018

Transaction ID : 12368335

Amount of Each Receipt this Period

550.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Winson, Shelly, K., ,**

Mailing Address PO Box 1914

City  
Chandler

State  
AZ

Zip Code  
85244-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
True Choice Benefits LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 25 / 2018

**Transaction ID : 12368451**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Pedersen, Jill, L., ,**

Mailing Address 16325 Boones Ferry Rd #204

City  
Lake Oswego

State  
OR

Zip Code  
97035-4297

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

08 / 25 / 2018

**Transaction ID : 12368452**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Reents, Joni, Robin, ,**

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Reents Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 25 / 2018

**Transaction ID : 12368453**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

157.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Feldman, Jeremy, , ,

Mailing Address 1803 Research Blvd  
Suite 400

City  
Rockville

State  
MD

Zip Code  
20850-6118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2018

Transaction ID : 12368454

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Sokol, David, , ,

Mailing Address 901 Wilshire Drive  
Suite 300

City  
Troy

State  
MI

Zip Code  
48084-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilshire Benefits Group Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2018

Transaction ID : 12368455

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Age, Jill, Snead, ,

Mailing Address 301 Bendix Road

City  
Virginia Beach

State  
VA

Zip Code  
23452-1385

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TowneBenefits

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  
08 / 26 / 2018

Transaction ID : 12368463

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

242.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Riedl, Alycia, , ,

Mailing Address 1600 Utica Ave S

City

Saint Louis Park

State

MN

Zip Code

55416-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Willis Towers Watson

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368464

Amount of Each Receipt this Period

30.00

☐

Memo Item

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

B. (Wooden) Lovincey, Rebecca, L., ,

Mailing Address 201 NE Park Plaza Dr #293

City

Vancouver

State

WA

Zip Code

98684-5881

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AIMEA Insurance, Inc.

Occupation (for Individual)

Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368465

Amount of Each Receipt this Period

30.00

☐

Memo Item

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

C. Morrison, James, M., ,

Mailing Address 6096 Innovation Way

City

Carlsbad

State

CA

Zip Code

92009-1741

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  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368467

Amount of Each Receipt this Period

85.00

☐

Memo Item

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

145.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Phillips, Stephanie, A., ,**

Mailing Address 11100 Mead Rd, Ste 300

City  
Baton Rouge

State  
LA

Zip Code  
70816-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368468

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Dinkel, Matthew, Kim, ,**

Mailing Address 13700 Six Mile Cypress

City  
Fort Myers

State  
FL

Zip Code  
33912-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alan Williams & Associates Insurance A

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368472

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Washko, Carla, D., ,**

Mailing Address 7251 Engle Rd.  
Suite 103

City  
Middleburg Hts

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)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368473

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

169.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Wilson, Steven, L., ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BIM Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368475

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. **Wolff, DianaLou, , ,**

Mailing Address 70 Maiden Lane  
2nd Floor

City  
Kingston

State  
NY

Zip Code  
12401-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Counseling Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368476

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Mann, William, D., ,**

Mailing Address PO Box 691967

City  
Houston

State  
TX

Zip Code  
77269-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Compliance Office

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368478

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**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Buffum, Ronald, S., ,

Mailing Address 106 South Harris Street  
 # 237

City  
 Round Rock

State  
 TX

Zip Code  
 78664-6081

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 The Buffum Group LLC

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2018

Transaction ID : 12368479

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Venditto, Michael, , ,

Mailing Address 609 New Road, #D

City  
 Linwood

State  
 NJ

Zip Code  
 08221-1250

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Hafetz & Associates

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2018

Transaction ID : 12368481

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Crouch, Deborah, A., ,

Mailing Address 901 Lodi Street

City  
 Syracuse

State  
 NY

Zip Code  
 13203-2826

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Falcone Associates, Inc.

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2018

Transaction ID : 12368482

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

114.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Jurkus, Charles, , ,**

Mailing Address 823 Commerce Drive, Suite 350

City

Oak Brook

State

IL

Zip Code

60523-8855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Employee Benefit Risk Mgmt. Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2018

Transaction ID : 12368483

Amount of Each Receipt this Period

30.00



Memo Item

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

**B. Kahan, Stacy, , ,**

Mailing Address 8707 Skokie Blvd., Ste 206

City

Skokie

State

IL

Zip Code

60077-2272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lang Financial Group, Chicago LTD

Occupation (for Individual)

President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2018

Transaction ID : 12368485

Amount of Each Receipt this Period

50.00



Memo Item

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

**C. Furr, Kenneth, , ,**

Mailing Address 2786 Danbury Ct

City

Reno

State

NV

Zip Code

89523-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Menath Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2018

Transaction ID : 12368486

Amount of Each Receipt this Period

30.00



Memo Item

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

110.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Sale, Raymer, M., ,**

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 ▼

700.00

Date of Receipt

08 / 26 / 2018

**Transaction ID : 12368488**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Ledgerwood, Michael, , ,**

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 ▼

240.00

Date of Receipt

08 / 26 / 2018

**Transaction ID : 12368489**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hamilton, Brett, Michelle, ,**

Mailing Address PO Box 6398

City  
Charleston

State  
WV

Zip Code  
25362-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Black Horse Financial Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 26 / 2018

**Transaction ID : 12368490**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

160.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Grant, Staci, R., ,**

Mailing Address 74 Glendale Ave

City  
Livingston

State  
NJ

Zip Code  
07039-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Henry O. Baker Insurance Group

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

**Transaction ID : 12368491**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Davis, Kelly, , ,**

Mailing Address 2638 Knoww St East

City  
Palm Harbor

State  
FL

Zip Code  
34683

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bouchard Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

**Transaction ID : 12368492**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**C. Hatfield, Matthew, F., ,**

Mailing Address 2207 Springfield Avenue

City  
Fort Wayne

State  
IN

Zip Code  
46805-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hatfield Insurance Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

**Transaction ID : 12368494**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

123.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Watson, Craig, , ,**

Mailing Address P O Box 879

City  
Gastonia

State  
NC

Zip Code  
28053-0879

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Watson Insurance Agency, Inc

Occupation (for Individual)  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

**Transaction ID : 12368495**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Kite, Karen, D., ,**

Mailing Address 1414 Franklin Road SW, Suite 2

City  
Roanoke

State  
VA

Zip Code  
24016-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D&S Agency

Occupation (for Individual)  
Carrier Liaison Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

**Transaction ID : 12368496**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Goldmann, Donald, W., ,**

Mailing Address 8502 East Chapman Ave.  
Suite 168

City  
Orange

State  
CA

Zip Code  
92869-2461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2905.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

**Transaction ID : 12368497**

Amount of Each Receipt this Period

415.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Barhorst, Timothy, N., ,**

Mailing Address 5222 Double Eagle Drive

City  
WestervilleState  
OHZip Code  
43081-4821FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	26	2018

**Transaction ID : 12368498**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Wright, Geoffrey, , ,**

Mailing Address 408 N Tioga Street

City  
IthacaState  
NYZip Code  
14850-4275FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York LifeOccupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	26	2018

**Transaction ID : 12368503**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Murphy, Kevin, R., ,**

Mailing Address 1744 Victoria Way

City  
San MarcosState  
CAZip Code  
92069-9401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Murphy Insurance SolutionsOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	26	2018

**Transaction ID : 12368505**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

122.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Frisch, Jonathan, , ,

Mailing Address 6000 Poplar Ave  
Suite 300

City  
Memphis

State  
TN

Zip Code  
38119-0928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regions Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368506

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. Gilbert, Debra, E., ,

Mailing Address 2331 Mustang Drive  
Suite 200

City  
Grapevine

State  
TX

Zip Code  
76051-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance Solutions

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2018

Transaction ID : 12368507

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Cartier, Fred, , ,

Mailing Address 11920 White River Drive

City  
San Antonio

State  
TX

Zip Code  
78254-6369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Health Group

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368512

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

84.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Underhill, Elizabeth, J., ,

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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368514

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Reddy, Michael, S., ,

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368518

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Bechtold, Annette, , ,

Mailing Address 148 Stone Cliff Trace

City

Cleveland

State

GA

Zip Code

30528-5397

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 ▼

571.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368519

Amount of Each Receipt this Period

47.00

☐ 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**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hill, Donna, D., ,**

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 ▼

755.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368520**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Mordo, David, , ,**

Mailing Address 15 West Main St, Route 520

City

Holmdel

State

NJ

Zip Code

07733-2105

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 ▼

786.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368523**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Severo, Daniel, , ,**

Mailing Address 231 Chestnut St. #410

City

Meadville

State

PA

Zip Code

16335-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The DJB Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368525**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

157.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Witt, Kelly, J., ,**

Mailing Address 1017 Pine Hill Way

City  
Carmel

State  
IN

Zip Code  
46032-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Health and Wellness Group

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368526**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Booth, Neil, A., ,**

Mailing Address 23901 Calabasas Road, Suite 2014

City  
Calabasas

State  
CA

Zip Code  
91302-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Marketing Administrators INC

Occupation (for Individual)  
Broker & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368527**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**C. Johnson, Suzanne, K., ,**

Mailing Address 5955 Carnegie Blvd Suite 150

City  
Charlotte

State  
NC

Zip Code  
28209-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefit Advisors of the Carol

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368529**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

178.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Johnson, Judy, Anne, ,

Mailing Address 5581 N Barrasca Ave

City  
TucsonState  
AZZip Code  
85750-6495FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcareOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368530

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Jackson, Jerry, D., ,

Mailing Address 5113 N. Executive Drive  
Suite 102City  
PeoriaState  
ILZip Code  
61614-4893FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jackson Financial ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368534

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Jaques, Kevin, K., ,

Mailing Address 1250 S Capital of TX Hwy.  
Bldg. 1, Ste. 360City  
West Lake HillsState  
TXZip Code  
78746-6446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UHCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368535

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Meredith, Griffin, , ,

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368539

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Pearson, E.J., , ,

Mailing Address 369 Stone Falls Ave SE  
Apt 201

City  
Ada

State  
MI

Zip Code  
49301-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Varipro

Occupation (for Individual)  
Regional Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368540

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Starr, Gwyn, M., ,

Mailing Address 27777 Franklin Rd, Ste 1300

City  
Southfield

State  
MI

Zip Code  
48034-8282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PriorityHealth

Occupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368541

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Nezat, Ron, J., ,**

Mailing Address PO Box 91180

City  
Lafayette

State  
LA

Zip Code  
70509-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Global Financial Resources, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368545**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Mosby, Vinara, , ,**

Mailing Address 7049 Lake Caroline Dr

City  
Chesterfield

State  
VA

Zip Code  
23832-8057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxamus Insurance Services LLC

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368547**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hairgrove, Andrew, E., ,**

Mailing Address 1501 S Lemay Ave  
Suite 200

City  
Fort Collins

State  
CO

Zip Code  
80524-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sage Benefit Advisors

Occupation (for Individual)  
Insurance Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368554**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145.00

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Olson, Trenton, M., ,**

Mailing Address 9980 S. 300 W. Suite 140

City  
Sandy

State  
UT

Zip Code  
84070-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Benefits Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368557

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Hagen, David, P., ,**

Mailing Address 1045 Wykoff Way

City

Laguna Beach

State

CA

Zip Code

92651-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hagen Insurance & Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368560

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Fisher, Erin, B., ,**

Mailing Address 131-6 Courtland Avenue

City

Stamford

State

CT

Zip Code

06902-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Find Medicare Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : 12368561

Amount of Each Receipt this Period

170.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

230.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Calhoun, Phil, , ,**

Mailing Address 14771 Plaza Drive  
Ste. C

City  
Tustin

State  
CA

Zip Code  
92780-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Integrity Advisors

Occupation (for Individual)

Employee Benefits Sales Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 27 / 2018

**Transaction ID : 12368565**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Meyers, Sean, , ,**

Mailing Address 2345 North Route 9

City

Cape May Court House

State

NJ

Zip Code

08210-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hafetz and Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368588**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Monthly Contribution

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

**C. Selinsky, Steven, , ,**

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 ▼

755.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368589**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

492.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Martin, Ingrid, L., ,**

Mailing Address 3857 Grand Oak Drive

City  
Brunswick

State  
OH

Zip Code  
44212-3594

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ameritas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368590

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Hazelbaker, Jay, , ,**

Mailing Address 5007 Pine Creek Drive

City  
Westerville

State  
OH

Zip Code  
43081-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tabit, Arganbright & Hazelbaker, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368591

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Lawson, Tonda, , ,**

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 ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368593

Amount of Each Receipt this Period

63.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

147.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Underhill, Charles, E., ,**

Mailing Address PO Box 626

City  
Woodland Hills

State  
CA

Zip Code  
91365-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Underhill Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368595**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Childers, Russell, B., ,**

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 ▼

720.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368597**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**C. Duffy, Daniel, T., ,**

Mailing Address 9700 Ormsby

City  
Louisville

State  
KY

Zip Code  
40223-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Epic Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368598**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

205.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hoffman, Crystal, , ,**

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 ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

**Transaction ID : 12368599**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Shively, Kevin, , ,**

Mailing Address 4055 Hogan Dr

City  
Tyler

State  
TX

Zip Code  
75709-6930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield

Occupation (for Individual)  
Carrier Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

**Transaction ID : 12368603**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stearns, Candius, Michelle, ,**

Mailing Address 3290 W Big Beaver Rd  
Ste 503

City  
Troy

State  
MI

Zip Code  
48084-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride/DFB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

**Transaction ID : 12368604**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

215.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hall, Dwight, , ,**

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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

**Transaction ID : 12368605**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Kirk, Stephanie, S., ,**

Mailing Address 18887 State Highway 305  
Suite 300

City  
Poulsbo

State  
WA

Zip Code  
98370-7461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J.C. Madison Inc

Occupation (for Individual)  
Agency President & Licensed Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

**Transaction ID : 12368606**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Fear, David, L., ,**

Mailing Address 400 Sunrise Avenue, #150

City  
Roseville

State  
CA

Zip Code  
95661-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shepler & Fear General Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2018

**Transaction ID : 12368608**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Keneipp, Wendy, , ,

Mailing Address 2738 Cody Circle #101

City  
Bellingham

State  
WA

Zip Code  
98225-8283

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Q4intelligence, LLC

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368609

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Paxton, Pauline, , ,

Mailing Address 194 S Grandean Way

City  
Eagle

State  
ID

Zip Code  
83616-4993

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross of Idaho

Occupation (for Individual)  
Account Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368610

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Kross, David, R., ,

Mailing Address 5556 Cheviot Rd.  
Suite B

City  
Cincinnati

State  
OH

Zip Code  
45247-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Benefits Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368612

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Smith, Kelly, M., ,

Mailing Address 386 Main St.  
2nd Floor

City  
Middletown

State  
CT

Zip Code  
06457-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NFP Corporate Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368616

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Smith, Paul, E., ,

Mailing Address 100 Queen Street

City  
Southington

State  
CT

Zip Code  
06489-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paul E Smith Insurance, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368617

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Lubenow, Douglas, , ,

Mailing Address 214 West Main Street  
Suite 203

City  
Moorestown

State  
NJ

Zip Code  
08057-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lubenow Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2018

Transaction ID : 12368618

Amount of Each Receipt this Period

42.00

☐ 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**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Flowers, Jeannette, , ,**

Mailing Address 601 Hickory Street

City  
Liverpool

State  
NY

Zip Code  
13088-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pomco

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368621**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Barta, James, , ,**

Mailing Address 331 TownePark Circle  
Suite 200

City  
LOUISVILLE

State  
KY

Zip Code  
40243-2351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Legacy Benefits Group

Occupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368624**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Blackford, Stephen, I, ,**

Mailing Address 11481 Old St. Augustine Rd., # 201

City  
Jacksonville

State  
FL

Zip Code  
32258-1475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Blackford Group

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

740.00

Date of Receipt

08 / 28 / 2018

**Transaction ID : 12368635**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Cohen, Jerod, S., ,**

Mailing Address 617 Oberlin Road

City  
RaleighState  
NCZip Code  
27605-1126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snipes Insurance Service, Inc.A DivisiOccupation (for Individual)  
Benefits Consultant

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
08		28		2018

**Transaction ID : 12368797**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Gehrki, A., Allen, ,**Mailing Address 105 Decker Court  
Suite 530City  
IrvingState  
TXZip Code  
75062-2312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnifyHROccupation (for Individual)  
Executive Vice President

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
08		29		2018

**Transaction ID : 12368860**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Waren, M. Hughes, , ,**

Mailing Address P.O. Box 7661

City  
WilmingtonState  
NCZip Code  
28406-7661FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : 12370605**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1395.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Perez, Anthony, , ,**

Mailing Address 1212 New York Ave, NW  
Suite 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NAHU

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.00

Date of Receipt

08 / 16 / 2018

**Transaction ID : 12430528**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$20.00 This changes the YTD Total to \$96.00

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

**B. Trutanich, MaryAnna, , ,**

Mailing Address 1851 E. First St., Ste. 1100

City

Santa Ana

State

CA

Zip Code

92705-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Sr. Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 21 / 2018

**Transaction ID : 12430530**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00

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

**C. McDougall, Heather, Lee, ,**

Mailing Address 1312 W Kiva Ave

City

Mesa

State

AZ

Zip Code

85202-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Affiliated Insurance Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433059219143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

30.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Villagran, Denise, S., ,**

Mailing Address 1016 Santa Fe, #205

City  
Corpus Christi

State  
TX

Zip Code  
78404-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Entrust, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433061219143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Schreder, Lynn, M., ,**

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 ▼

875.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433076119143**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Adams, Carla, , ,**

Mailing Address PO Box 7630

City  
Horseshoe Bay

State  
TX

Zip Code  
78657-7630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TASC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433095019143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

160.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Brown, Madeleine, , ,**

Mailing Address P.O. Box 1490,

City  
Jackson

State  
MS

Zip Code  
39215-1490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher Brown Bottrell Insurance, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433118919143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Deacon, Joseph, H., ,**

Mailing Address 221 1/2 Hale Street  
PO Box 2831

City  
Charleston

State  
WV

Zip Code  
25301-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deacon & Deacon Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433129319143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. McFerrin, Dwane, C., ,**

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 ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433168119143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

200.00

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

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Barrett, William, J., ,**

Mailing Address 7400 West Campus Road

City  
New Albany

State  
OH

Zip Code  
43054-8725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433180619143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Christensen, H Elizabeth, , ,**

Mailing Address 3013 Sonora Canyon Rd

City  
Weatherford

State  
TX

Zip Code  
76087-8215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Senior Services of Texas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433187719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Comins, Jeannie, L., ,**

Mailing Address 105 Turnpike Street

City  
Liverpool

State  
NY

Zip Code  
13088-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVP Healthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433190719143**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

70.00

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Rifkin, Robert, L., ,

Mailing Address 7 Stonewall Lane

City  
MamaroneckState  
NYZip Code  
10543-1025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Financial ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433196819143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Dorman, Harry, , ,

Mailing Address 1500 N Casaloma Dr Suite 411

City  
AppletonState  
WIZip Code  
54913-8219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medicare Masters, LLCOccupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433197419143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Long, Scott, W., ,

Mailing Address 1715 Greenway Village Dr.

City  
KatyState  
TXZip Code  
77494-2175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beazley GroupOccupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433206819143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Brittain, Jennifer, , ,**

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 ▼

386.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433214319143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Gerken, Barbara, Ann, ,**

Mailing Address 1775 Indian Wood Circle

City

Maumee

State

OH

Zip Code

43537-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

First Insurance Group

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433268319143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Shooshanian, Barbara, , ,**

Mailing Address 39500 High Pointe Blvd  
Ste 400

City

Novi

State

MI

Zip Code

48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance Administrators

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433298719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

102.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Vetter, Leah, M., ,**

Mailing Address 10050 Regency Circle  
Suite 300

City  
Omaha

State  
NE

Zip Code  
68114-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Arthur J. Gallagher

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433302719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Thams, Todd, , ,**

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 ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433308319143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Spleet, Michael, , ,**

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433316619143**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

215.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Watts, Jessica, J., ,**

Mailing Address 401 Congress Ave

City  
Austin

State  
TX

Zip Code  
78701-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance

Occupation (for Individual)  
VP, Benefits Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433425119143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Ornellas, Helen, , ,**

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 ▼

204.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433463219143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Willison, Clover, Denise, ,**

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 ▼

800.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433468619143**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

227.00



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Drake, Laura, , ,

Mailing Address 401 Gooding St N #106

City  
Twin Falls

State  
ID

Zip Code  
83301-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laura Drake Insurance

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433504419143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Coogan, Michael, , ,

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433548019143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. VanDuine, Dustin, , ,

Mailing Address 2850 W Grand Blvd

City  
Detroit

State  
MI

Zip Code  
48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR433572619143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

90.00

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Golden, Johnna, , ,**

Mailing Address 3800 Centerpoint Dr., Ste 940

City  
Anchorage

State  
AK

Zip Code  
99503-5825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premera Blue Cross Blue Shield of Alas

Occupation (for Individual)  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433692819143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Butler, Allison, , ,**

Mailing Address 2800 Civic Circle Suite 200

City  
Amarillo

State  
TX

Zip Code  
79109-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Butler Benefits & Consulting, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433694519143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Schneider, JoEllen, , ,**

Mailing Address 2807 W Taft St

City  
Boise

State  
ID

Zip Code  
83703-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1967

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR433791819143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

102.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Skinner, Roger, W., ,**

Mailing Address 5518 Hammock Glen Drive

City  
IndianapolisState  
INZip Code  
46235-9779FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Argus Dental & VisionOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08		31		2018

**Transaction ID : PR436789419143**

Amount of Each Receipt this Period

30.50

☐ Memo Item

P/R Deduction (\$30.50 Monthly)

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

**B. Rippinger, John, F., ,**

Mailing Address 11047 E Verbena Lane

City  
ScottsdaleState  
AZZip Code  
85255-2411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Look LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08		31		2018

**Transaction ID : PR436793519143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Hartman, Gerald, G., ,**

Mailing Address PO Box 5716

City  
BoiseState  
IDZip Code  
83705-0716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Network America IncOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08		31		2018

**Transaction ID : PR436808019143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

110.50

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Trautwein, Janet, , ,**

Mailing Address 1212 New York Ave. NW, Ste 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436821419143**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

**B. Rios-Carl, Elizabeth, E., ,**

Mailing Address 210 North Campbell

City  
El Paso

State  
TX

Zip Code  
79901-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436824519143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**C. Berman, David, A., ,**

Mailing Address 8805 Sawleaf Road

City  
Indianapolis

State  
IN

Zip Code  
46260-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Neace Lukens Holding Company, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436829719143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

305.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ashmore, Elizabeth, , ,**

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 ▼

510.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436830319143**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

**B. Kramer, Mary, B., ,**

Mailing Address 13810 National Bank Parkway, Suite

City  
Omaha

State  
NE

Zip Code  
68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holmes Murphy & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436836219143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Grundman, Robert, A., ,**

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 ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436838919143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

262.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Cociu, Dorothy, M., ,**

Mailing Address P.O. Box 6677

City  
Fullerton

State  
CA

Zip Code  
92834-6677

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Benefit Consulting & Insuranc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436844619143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Wright, Keith, L., ,**

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 ▼

436.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436848519143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Fortenberry, H. Larry, , ,**

Mailing Address PO Box 16566

City  
Jackson

State  
MS

Zip Code  
39236-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Executive Planning Group, P.A.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436852619143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

169.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bean, Darraald, T., ,**

Mailing Address 3922 Rampart ST

City  
Boise

State  
ID

Zip Code  
83704-4557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bean Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436853319143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Trebing, C. Louanne, , ,**

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 ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436856919143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Freeman, Michael, J., ,**

Mailing Address 2333 Camino Del Rio South  
Suite 200

City  
San Diego

State  
CA

Zip Code  
92108-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Countywide Health Ins. Services, Inc.

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436861819143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Mobley, Sandra, V., ,**

Mailing Address 137 Executive Dr. Suite D

City  
Madison

State  
MS

Zip Code  
39110-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mobley Insurance Agency LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436869319143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**B. Wilson, Paula, L., ,**

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 ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436873519143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Trahin, Cindy, K., ,**

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 ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436875619143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

165.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Stuart, Rodney, , ,**

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 ▼

**400.00**

Date of Receipt

**08 / 31 / 2018**

Transaction ID : **PR436883319143**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

B. **Spragins, Jackie, L., ,**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 ▼

**400.00**

Date of Receipt

**08 / 31 / 2018**

Transaction ID : **PR436895319143**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. **Janway, Leah-Anne, , ,**Mailing Address **2225 SW 96**

City

**Oklahoma City**

State

**OK**

Zip Code

**73159-6861**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Self**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**08 / 31 / 2018**

Transaction ID : **PR436901519143**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**130.00**

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



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Morrow, Todd, , ,**Mailing Address **453 CLEAR WATER TRAIL**

City  
**HOLLY LAKE RANCH**

State  
**TX**

Zip Code  
**75765-7313**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Kilpatrick Companies LLC**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**336.00**

Date of Receipt

**08 / 31 / 2018**

Transaction ID : **PR436903719143**

Amount of Each Receipt this Period

**42.00**

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. **Booth, Tonya, S., ,**

Mailing Address **275 W Campbell**  
**Suite 215**

City  
**Richardson**

State  
**TX**

Zip Code  
**75080-8001**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Upshaw Insurance Agency**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**386.00**

Date of Receipt

**08 / 31 / 2018**

Transaction ID : **PR436911019143**

Amount of Each Receipt this Period

**42.00**

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. **Shaffer, Annette, , ,**Mailing Address **418 South Main Street**

City  
**Findlay**

State  
**OH**

Zip Code  
**45840-3273**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Group Benefit Consultants**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**08 / 31 / 2018**

Transaction ID : **PR436917219143**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**114.00**

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Recker, Dennis, J., ,**

Mailing Address 971 North Perry Street  
P.O. Box 276

City  
Ottawa

State  
OH

Zip Code  
45875-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fawcett, Lammon, Recker & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436919019143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Kaczmarek, Lawrence, , ,**

Mailing Address 145 N. Chestnut St.,  
Ste. 202

City

Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436923419143**

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

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

**C. Cason, Louie, L., ,**

Mailing Address PO Box 11229

City

Columbia

State  
SC

Zip Code  
29211-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Cason Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436934819143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

146.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stenger, James, R., ,**

Mailing Address 8926 Crown Colony Boulevard

City

Fort Myers

State

FL

Zip Code

33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MVS Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436939919143**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

**B. Seifert, Gregory, J., ,**

Mailing Address P.O. Box 189

916 Main Street

City

Vancouver

State

WA

Zip Code

98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

West Coast Ins Services dba Biggs Ins

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436941619143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Woods, John, T., ,**

Mailing Address 9400 East Market Street

City

Warren

State

OH

Zip Code

44484-5514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INSURANCE NAVIGATORS AGENCY

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436950019143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

285.00

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

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

FOR LINE NUMBER: PAGE 132 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Holland, Robert, V., ,**

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 ▼

690.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436961719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Schneider, John, E., ,**

Mailing Address 4701 Trousdale Dr. Ste 202

City  
Nashville

State  
TN

Zip Code  
37220-1386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436963519143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Parker, John, C., ,**

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 ▼

875.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR436986819143**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

160.00

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

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

FOR LINE NUMBER: PAGE 133 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Splawn, William, Craig, ,**

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 &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR436992819143

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**B. Phillips, Paige, W., ,**

Mailing Address 1434 Hwy 301

City  
Calera

State  
AL

Zip Code  
35040-5466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anderson, Williams, McKinnis Co.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR436993019143

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Fristoe, Kelly, Don, ,**

Mailing Address 807 8th Street, Suite 300

City  
Wichita Falls

State  
TX

Zip Code  
76301-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Financial Partners

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437002319143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Thorn, Ryan, P., ,**

Mailing Address 10342 South Springcrest Lane

City  
South Jordan

State  
UT

Zip Code  
84095-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ryan P. Thorn Insurance Planning, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437004019143**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

**B. Doyle, Betty, R., ,**

Mailing Address 108 SE 3rd, Suite A

City  
Moore

State  
OK

Zip Code  
73160-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Doyle-Crow & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437006919143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Buie, Scott, T., ,**

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 ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437010519143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

120.00

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

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

FOR LINE NUMBER: PAGE 135 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Gray, Michael, D., ,**

Mailing Address 233 South 13th Street, Suite 1650

City  
Lincoln

State  
NE

Zip Code  
68508-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437016719143

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**B. Duhon, Keith, M., ,**

Mailing Address PO Box 80158

City

Lafayette

State

LA

Zip Code

70598-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Family Insurance Center, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437017119143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Kaczmarek, T. Darlene, , ,**

Mailing Address 145 N. Chestnut St., Suite 202

City

Ravenna

State

OH

Zip Code

44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437026319143

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

161.00



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Blizman, Donna, J., ,**

Mailing Address 1939 Racimo Dr

City  
Sarasota

State  
FL

Zip Code  
34240-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefits Marketing Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437031519143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Moore, Wesley, P., ,**

Mailing Address P O Box 604

City  
Darlington

State  
SC

Zip Code  
29540-0604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moore Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437039419143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Hayes, Leesa, Kay, ,**

Mailing Address 812 Lyndon Lane Suite 101

City  
Louisville

State  
KY

Zip Code  
40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snowden & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437043319143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ellingson, Susan, Katherine, ,**

Mailing Address 4100 Victoria St

City  
Minnetonka

State  
MN

Zip Code  
55345-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Above & Beyond Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437048719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Clark, Jonathan, S., ,**

Mailing Address 6084 South 900 East, Suite 102

City  
Murray

State  
UT

Zip Code  
84121-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437051519143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Brockhurst, Eleanor, M., ,**

Mailing Address 1212 East Osborn Road, Suite 110

City  
Phoenix

State  
AZ

Zip Code  
85014-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brockhurst & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437052819143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Martin, Kimberly, C., ,**

Mailing Address 1027 S Pendleton Street  
Suite B-217

City  
Easley

State  
SC

Zip Code  
29642-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437058219143**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

**B. Olson, Terri, M., ,**

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 ▼

520.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437070219143**

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

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

**C. Alberts, Suzetta, E., ,**

Mailing Address 26555 Evergreen Drive  
Ste 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

847.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437076119143**

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

189.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Smith, Kevin, W., ,**Mailing Address 2000 RiverEdge Parkway  
Suite 1010City  
Sandy SpringsState  
GAZip Code  
30328-4657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KSA Insurance Agency, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	31	2018

**Transaction ID : PR43707219143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Lopez, Juan, R., ,**Mailing Address 22431 Antonio Pkwy  
Suite B160-420

City

Rancho Santa Margarita

State  
CAZip Code  
92688-2804FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	31	2018

**Transaction ID : PR437079019143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Douglas, Paul, L., ,**

Mailing Address 100 Independence Place, Suite S-21

City  
TylerState  
TXZip Code  
75703-1310FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Douglas & Associates InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	31	2018

**Transaction ID : PR437080219143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Koehler, Linda Rose, , ,**

Mailing Address 516 Shelley St

City  
Livermore

State  
CA

Zip Code  
94550-2368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herzog Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437090119143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Kennedy-Simington, Dierdre, , ,**

Mailing Address 1000 E Walnut Street, Suite 236

City

Pasadena

State

CA

Zip Code

91106-5332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BenAssist Health Insurance Services, L

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437094119143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Henehan, Joseph, E., ,**

Mailing Address 685 Carnegie Dr., Ste. #205

City

San Bernardino

State

CA

Zip Code

92408-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Henehan Company

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437097919143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Krueger, Linda, E., ,

Mailing Address 5753 Houseman Ave

City  
PuebloState  
COZip Code  
81004-9708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Erickson Financial Services, IncOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437098519143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Roiz, Mario, , ,

Mailing Address 10446 NW 31st Terrace

City  
DoralState  
FLZip Code  
33172-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HR Benefit Services, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437104919143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Stephens, James, R., ,

Mailing Address 100 Mansell Ct East  
Suite 400City  
RoswellState  
GAZip Code  
30076-4859FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HumanaOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437110719143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Garner, G. Russell, , ,**

Mailing Address 1308 Murraywood Drive

City  
Columbia

State  
SC

Zip Code  
29212-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G. Russell Garner LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437113219143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. MCEVILLY, BRIAN, J., ,**

Mailing Address 4455 S. Pecos Rd.

City  
Las Vegas

State  
NV

Zip Code  
89121-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLB Insurance Group of Nevada

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437117719143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Roberts, Joseph, K., ,**

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437118019143

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

285.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Benton, Bruce, D., ,**

Mailing Address 17200 Ventura Blvd  
Suite 312

City  
Encino

State  
CA

Zip Code  
91316-5018

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437123019143

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

**B. Antongiovanni, Joanna, , ,**

Mailing Address 2929 Allen Parkway  
Suite 2500

City  
Houston

State  
TX

Zip Code  
77019-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marsh Wortham

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437128019143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Friedrich, Linda, K., ,**

Mailing Address 4435 O Street

City  
Lincoln

State  
NE

Zip Code  
68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437129119143

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00



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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Papenfus, Jeffrey, , ,

Mailing Address 32110 Agoura Road

City  
Westlake VillageState  
CAZip Code  
91361-4026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437137819143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Walsh, Timothy, P., ,

Mailing Address 701 Oyster Catcher Drive

City  
HampsteadState  
NCZip Code  
28443-8340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Insurance SystemsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437149419143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Hebert, Laura, L., ,

Mailing Address 935 Graham Road  
PO BOX 18508City  
Corpus ChristiState  
TXZip Code  
78418-5123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hebert Insurance GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437154819143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

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



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. White, Robert, H., ,**

Mailing Address 6100 S Yale, Suite 1900

City  
Tulsa

State  
OK

Zip Code  
74136-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International Mid-America

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437174119143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Allard, Terry, , ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437182319143**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

**C. Murray, Neal, , ,**

Mailing Address 1314 East Atlantic Boulevard

City  
Pompano Beach

State  
FL

Zip Code  
33060-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frank H. Furman, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437183419143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

322.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ducote, Dale, , ,**

Mailing Address 7922 Summa Avenue, Suite B-1

City  
Baton Rouge

State  
LA

Zip Code  
70809-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Plus Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437184619143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Debler, Johnnie, O., ,**

Mailing Address 1102 E. Laurel St.

City  
Rockport

State  
TX

Zip Code  
78382-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSM Insurors Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437196419143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Bunkers, Scott, R., ,**

Mailing Address 2211 Lee Road, Suite 100

City  
Winter Park

State  
FL

Zip Code  
32789-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefit Plans, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437196719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Braden, Victoria, J., ,**

Mailing Address 3875 Johns Creek Parkway, Suite C

City  
Suwanee

State  
GA

Zip Code  
30024-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Braden Benefit Strategies, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437201919143

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

**B. Nace, Joshua, D., ,**

Mailing Address 100 W. Harrison Street, Suite S440

City  
Seattle

State  
WA

Zip Code  
98119-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dental Health Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437203319143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Wilson, Lon, G., ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437204319143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

365.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bundy-Cobb, Jennifer, , ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437204419143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Garbina, James, S., ,**

Mailing Address 14010 FNB Pkwy Ste 300

City  
Omaha

State  
NE

Zip Code  
68154-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Harry A. Koch Co

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437212219143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Cooper, Catherine, L., ,**

Mailing Address 39500 High Pointe Blvd., Suite 400

City  
Novi

State  
MI

Zip Code  
48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Administrators

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

930.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437218319143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Daubert, Jim, , ,

Mailing Address P.O. Box 67220

City  
LincolnState  
NEZip Code  
68506-7220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Daubert and Butler AssociatesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437219619143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Musser, Rita, A., ,

Mailing Address 3330 Thames Drive

City  
Fort WayneState  
INZip Code  
46815-5994FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Insurance SolutionsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437229119143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Gardner, Joy, K., ,

Mailing Address 9424 Double R Blvd

City  
RenoState  
NVZip Code  
89521-5977FEC 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 ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437231219143

Amount of Each Receipt this Period

47.00

☐ Memo Item

P/R Deduction (\$47.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

162.00

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 150 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Norris, Michael, A., ,**

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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437250019143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Neace, Ryan, , ,**

Mailing Address 465 NE 181st Avenue  
#104

City  
Portland

State  
OR

Zip Code  
97230-6660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bear Insurance Broker

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  
08 / 31 / 2018

Transaction ID : PR437253419143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Barton-Lewis, Diane, L., ,**

Mailing Address Arthur J Gallagher & Co  
615 E. Britton Road

City  
Oklahoma City

State  
OK

Zip Code  
73114-7710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437254119143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McLane, Mark, A., ,**

Mailing Address 3301 Veterans Drive, Suite 210

City

Traverse City

State

MI

Zip Code

49684-4575

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mark McLane Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437258319143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Powers-Booth, Sandra, Lee, ,**

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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437264319143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Hardy, Allen, D., ,**

Mailing Address 802 Kosciusko Road

P.O. Box 89

City

Philadelphia

State

MS

Zip Code

39350-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Philadelphia Security Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437264919143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 152 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Toups, Jennifer, L., ,**

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437270519143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. EASTIN, Bill, , ,**

Mailing Address 1504 Hackberry Street

City  
Metairie

State  
LA

Zip Code  
70001-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dardis Couvillion & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437271719143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Hissong, James, H., ,**

Mailing Address 8401 Widmer Rd

City  
Lenexa

State  
KS

Zip Code  
66215-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437274719143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

145.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Summers, James, F., ,**

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 ▼

1000.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437281019143

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

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

**B. Hensley, Don, E., ,**

Mailing Address P. O. Box 20626

City  
Oklahoma City

State  
OK

Zip Code  
73156-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NFP Corporate Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437293519143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Grossnickle, Jeffrey, R., ,**

Mailing Address 1405 North College Avenue

City  
Bloomington

State  
IN

Zip Code  
47404-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
First Insurance Group Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437294719143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

185.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Yarberry, Luann, S., ,

Mailing Address 1300 10th Street

City  
Wichita Falls

State  
TX

Zip Code  
76301-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Higginbotham Ins Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437301019143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Sullivan, T.J., , ,

Mailing Address 1786 State Street

City  
Salem

State  
OR

Zip Code  
97301-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Huggins Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437310519143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Bell, Marie, D., ,

Mailing Address 701 4th Ave S. #1500

City  
Minneapolis

State  
MN

Zip Code  
55415-1637

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437323319143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Mihalyi-Stiffler, Patricia, , ,**

Mailing Address 155 N. Riverview Drive

City  
Anaheim

State  
CA

Zip Code  
92808-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Options in Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437326119143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Pittman, Susan, R., ,**

Mailing Address 1010 South 336th Street  
Suite 305

City  
Federal Way

State  
WA

Zip Code  
98003-7355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insure NW Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437343519143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**C. Lawless, James, A., ,**

Mailing Address 710 East Main Street  
Suite 110

City  
Lexington

State  
KY

Zip Code  
40502-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Epic Insurance Solutions, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437348019143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

134.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bajkowski, Catherine, A., ,**

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 ▼

324.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437361119143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Block, David, M., ,**

Mailing Address P O Box 1809

City  
Candler

State  
NC

Zip Code  
28715-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialties, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437364419143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Paulus, Raquel, E., ,**

Mailing Address 1368 Business Park Drive

City  
Traverse City

State  
MI

Zip Code  
49686-8640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peterson McGregor & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437367919143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

102.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Tikia, Rina, , ,**

Mailing Address 3525 N. Causeway Blvd., Suite 815

City  
Metairie

State  
LA

Zip Code  
70002-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tikia Consulting Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437375319143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Thomas, Jeffery, C., ,**

Mailing Address 6200 Reynolds Road

City  
Jackson

State  
MI

Zip Code  
49201-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Small Business Association of Michigan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437385419143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Cutting, Brenda, , ,**

Mailing Address 4356 Bonney Road  
Suite 2-101

City  
Virginia Beach

State  
VA

Zip Code  
23452-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437388319143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

102.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Jensen, Cerrina, , ,**

Mailing Address 2520 Venture Oaks Way #240

City  
Sacramento

State  
CA

Zip Code  
95833-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CoreMark Insurance Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437391219143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**B. Clingan, Nedra, C., ,**

Mailing Address 13222 Huisache Way

City  
Helotes

State  
TX

Zip Code  
78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Family of Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437397719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Gutierrez, Antonio, , ,**

Mailing Address 12833 Riverdance Dr.

City  
Raleigh

State  
NC

Zip Code  
27613-7093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACA Dudes, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437402019143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

110.00

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

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

FOR LINE NUMBER: PAGE 159 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Cramer, Valerie, Lynn, ,**

Mailing Address 588 - 3 Mile Road, NW  
Suite 101

City  
Grand Rapids

State  
MI

Zip Code  
49544-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TGG Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437416419143**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**B. Hahn, Monique, E., ,**

Mailing Address 2024 3rd Ave N  
Suite 219

City  
Birmingham

State  
AL

Zip Code  
35203-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synergy Benefits & Risk Mgt Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437417019143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Gandy, Hollie, , ,**

Mailing Address 2920 Duniven Circle, #2

City  
Amarillo

State  
TX

Zip Code  
79109-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Solutions Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437425019143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

215.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 160 OF 182

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Clark, Robert, S., ,**

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 ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437427219143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Rosenblum, Joel, , ,**

Mailing Address 230 Lipan Way

City  
Boulder

State  
CO

Zip Code  
80303-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance for Asset Protection

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437427419143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Mutter, Amy, D., ,**

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 ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437454919143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

126.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 161 OF 182

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Anderson, Melinda, S., ,**

Mailing Address 950 N. Meridian St.  
Suite 200

City  
Indianapolis

State  
IN

Zip Code  
46204-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437470819143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Creasy, Marcus, , ,**

Mailing Address P. O. Box 220

City  
Heber Springs

State  
AR

Zip Code  
72543-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adams & Creasy Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437474919143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fiala, Colby, , ,**

Mailing Address 195 River Vista Place Suite #206

City  
Twin Falls

State  
ID

Zip Code  
83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437475119143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 182

(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennington, Carol, C., ,**

Mailing Address 4640 Woodbridge Drive

City  
KernersvilleState  
NCZip Code  
27284-8850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pennington AssociatesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

**Transaction ID : PR437485419143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohn, Barry, S., ,**

Mailing Address 21515 Vanowen St Ste 200

City  
Canoga ParkState  
CAZip Code  
91303-2715FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RGEBOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

**Transaction ID : PR437497319143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rider, Susan, M., ,**

Mailing Address 803 Touralosa Dr

City  
WestfieldState  
INZip Code  
46074-7303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gregory & Appel InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

804.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

**Transaction ID : PR437510719143**

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶

123.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stedt, Margaret, Evelyn, ,**

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 ▼

780.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437529919143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swanson, Cynthia, , ,**

Mailing Address 501 Shelley Drive

City

Tyler

State

TX

Zip Code

75701-9540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hibbs Hallmark & Company

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437544919143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giardina, Charles, J., ,**

Mailing Address 5440 Mounes Street, Suite 112

City

New Orleans

State

LA

Zip Code

70123-3296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MassMutual

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437562819143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Contorno, David, , ,**

Mailing Address 106 Colborne dr

City  
Mooresville

State  
NC

Zip Code  
28115-8051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

E Powered Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437566619143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mobley, Dennis, F., ,**

Mailing Address 137 Executive Drive  
Suite D

City  
Madison

State  
MS

Zip Code  
39110-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mobley Insurance Agency, LLC, a Divisi

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437587519143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Thomas, L., ,**

Mailing Address POB 31955

City  
Amarillo

State  
TX

Zip Code  
79120-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TLM & Associates, Inc

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437588719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 182

(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waller, Doris, , ,**Mailing Address 1778 N. Plano Rd.  
Suite 310City  
RichardsonState  
TXZip Code  
75081-1958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pan-American Life Insurance GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : PR437591519143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Judith, L., ,**

Mailing Address P O Box 10071

City  
TylerState  
TXZip Code  
75711-0071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFG InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : PR437594119143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swinton, Ryan, R., ,**Mailing Address 1128 Lincoln Mall  
Suite 200City  
LincolnState  
NEZip Code  
68508-2878FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : PR437594919143**

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: PAGE 166 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burns, Patrick, , ,**

Mailing Address 5653 Maxwellton Road

City  
Oakland

State  
CA

Zip Code  
94618-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Burns Employee Benefits Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437600519143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Starks, Eugene, , ,**

Mailing Address 613 Crescent Circle  
Suite 201

City  
Ridgeland

State  
MS

Zip Code  
39157-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Administration Services, Ltd.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437603119143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, George, , ,**

Mailing Address 4109 Woodway Dr.

City  
Monroe

State  
LA

Zip Code  
71201-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Financial Planning Resources

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437605719143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LaRocco, Andrew, M., ,**

Mailing Address 5880 Live Oak Parkway, # 230

City  
Norcross

State  
GA

Zip Code  
30093-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The LaRocco Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437640919143

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Israel, Steven, , ,**

Mailing Address 4204 Manor Forest Trail

City

Boynton Beach

State

FL

Zip Code

33436-8851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S. Florida Affiliated Health Insurers,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437654419143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Siciliano, Dominic, , ,**

Mailing Address 500 Cascade Road SE Suite 106

City

Grand Rapids

State

MI

Zip Code

49546-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Profiles, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437669519143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

112.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Strouse, Marcie, , ,**

Mailing Address 5550 Wild Rose Ln  
4th Floor

City  
West Des Moines

State  
IA

Zip Code  
50266-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437683119143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Atkinson, Lynn, , ,**

Mailing Address 3800 Electric Road, # 406

City  
Roanoke

State  
VA

Zip Code  
24018-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437687319143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Granado, Arthur, , ,**

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 ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437693219143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Webb, Yolanda, Marie, ,

Mailing Address 6117 Clover Ct.

City  
ChinoState  
CAZip Code  
91710-5337FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Webb Insurance SolutionsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437705619143

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirsch, Cara, , ,

Mailing Address 12027 S. 79th Avenue

City  
PapillionState  
NEZip Code  
68046-4609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SilverStone GroupOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437731119143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berry, Ernest, , ,

Mailing Address 5121 69th St., A9A

City  
LubbockState  
TXZip Code  
79424-1631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berry AgencyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437737419143

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

160.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Conto, Teresa, , ,**

Mailing Address 15800 Crabbs Branch Way #350

City  
Rockville

State  
MD

Zip Code  
20855-2697

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437740819143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Williams, Leslie, A., ,**

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 ▼

336.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437742919143**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Edwards, Susan, Christensen, ,**

Mailing Address 40 S. Roop St.

City  
Susanville

State  
CA

Zip Code  
96130-4336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E. Christensen Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437755519143**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perlson, Les, , ,

Mailing Address 250 Crossways Park Dr

City  
Woodbury

State  
NY

Zip Code  
11797-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CB Planning

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR43776519143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cade, Kareim, R., ,

Mailing Address 28411 Northwestern Hwy., Ste 950

City  
Southfield

State  
MI

Zip Code  
48034-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great Lakes Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437778619143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heider, Ryan, , ,

Mailing Address 195 River Vista Place Suite #206

City  
Twin Falls

State  
ID

Zip Code  
83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Ins.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR437792219143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schell, Gregory, J., ,**

Mailing Address 545 South Third Street  
Suite 300

City  
Louisville

State  
KY

Zip Code  
40202-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling G. Thompson Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437797619143**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Purcilly, Amy, , ,**

Mailing Address PO Box 7028

City  
Troy

State  
MI

Zip Code  
48007-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437814919143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taggart, Liz, , ,**

Mailing Address 7134 Brunswick Circle

City  
Boynton Beach

State  
FL

Zip Code  
33472-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Medicare Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2018

**Transaction ID : PR437825119143**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hediger, Debbie, R., ,**

Mailing Address 600 Cleveland St, Ste. 600

City  
Clearwater

State  
FL

Zip Code  
33755-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International Limited

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437852419143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Little, Cathy, , ,**

Mailing Address 1145 2nd Street  
#A-269

City  
Brentwood

State  
CA

Zip Code  
94513-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Essential Exchange Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437855619143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emidy, Mike, , ,**

Mailing Address P O Box 2021

City  
Ridgeland

State  
MS

Zip Code  
39158-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR437878319143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDonald, Monica, , ,**

Mailing Address 2717 N 118th St Ste 300

City  
Omaha

State  
NE

Zip Code  
68164-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR468300419143

Amount of Each Receipt this Period

12.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waltman, Jessica, Fulginiti, ,**

Mailing Address 10 Doyle Road

City  
Wayne

State  
PA

Zip Code  
19087-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forward Health Consulting

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR470100119143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Riley, Amanda, Danielle, ,**

Mailing Address 22706 SE 279th ST.

City  
Maple Valley

State  
WA

Zip Code  
98038-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthEquity, Inc.

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR476686819143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

127.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stevens, Kenneth, W., ,**

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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR496323819143

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morelli, Vincent, M., ,**

Mailing Address 746 5th St

City  
Lyndhurst

State  
NJ

Zip Code  
07071-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Regional Sales Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR511041219143

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hibbits, Laura, R., ,**

Mailing Address 12303 Hwy 707  
Suite B

City  
Murrells Inlet

State  
SC

Zip Code  
29576-9740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hibbits Insurance Inc

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : PR742659119143

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

157.00

TOTAL This Period (last page this line number only).....▶

37329.50



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 OF 182

<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. Merchant Services**

Mailing Address 7300 Chapman Way

City  
KnoxvilleState  
TNZip Code  
37920Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12429898**

Amount of Each Disbursement this Period

211.84

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12429899**

Amount of Each Disbursement this Period

51.25

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12429900**

Amount of Each Disbursement this Period

1170.67

Credit Card Fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1433.76

1433.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Yarmuth For Congress**

Mailing Address 1815 Brownsboro Road, Suite 101

City  
LouisvilleState  
KYZip Code  
40206Purpose of Disbursement  
Local Aug Meeting

011

Category/  
Type

Candidate Name

**Yarmuth, John, A., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

FEC Identification Number

**C** C00419630**Transaction ID : 12318594**

Amount of Each Disbursement this Period

1000.00

Local Aug Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address PO Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
7/31 Conference Call

011

Category/  
Type

Candidate Name

**Upton, Frederick, Stephen, Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

FEC Identification Number

**C** C00200584**Transaction ID : 12318599**

Amount of Each Disbursement this Period

3000.00

7/31 Conference Call

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**Mailing Address P.O. Box 44369  
250 Prairie Center DriveCity  
Eden PrairieState  
MNZip Code  
55344Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Paulsen, Erik, P., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2018

FEC Identification Number

**C** C00439661**Transaction ID : 12320241**

Amount of Each Disbursement this Period

3000.00

Future Comp Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 178 OF 182

<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. Tony Cardenas For Congress**

Mailing Address 249 E. Ocean Blvd. Suite 685

City  
Long BeachState  
CAZip Code  
90802Purpose of Disbursement  
8/22 Local Meeting

011

Category/  
Type

Candidate Name

**Cardenas, Tony, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 29

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	08	/	2018

FEC Identification Number

C C00498873

**Transaction ID : 12320242**

Amount of Each Disbursement this Period

1000.00

8/22 Local Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delbene For Congress**

Mailing Address PO Box 487

City  
BothellState  
WAZip Code  
98041Purpose of Disbursement  
Local Aug Meeting

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	08	/	2018

FEC Identification Number

C C00459099

**Transaction ID : 12320243**

Amount of Each Disbursement this Period

1500.00

Local Aug Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Delbene For Congress**

Mailing Address PO Box 487

City  
BothellState  
WAZip Code  
98041Purpose of Disbursement  
8/13 Event

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	08	/	2018

FEC Identification Number

C C00459099

**Transaction ID : 12320244**

Amount of Each Disbursement this Period

1500.00

8/13 Event

☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 182

<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. Candius Stearns For Congress**

Mailing Address 36537 Samoa Dr.

City  
Sterling HeightsState  
MIZip Code  
48312Purpose of Disbursement  
Local Sept Meeting

011

Category/  
Type

Candidate Name

**Stearns, Candius, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2018

FEC Identification Number

**C** C00657171**Transaction ID : 12360217**

Amount of Each Disbursement this Period

3000.00

Local Sept Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hurd For Congress**

Mailing Address PO Box 761029

City  
San AntonioState  
TXZip Code  
78245Purpose of Disbursement  
Local Aug Meeting

011

Category/  
Type

Candidate Name

**Hurd, Will, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2018

FEC Identification Number

**C** C00545467**Transaction ID : 12360218**

Amount of Each Disbursement this Period

1000.00

Local Aug Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ken Calvert For Congress Committee**

Mailing Address PO Box 78376

City  
CoronaState  
CAZip Code  
92877Purpose of Disbursement  
Local Aug Meeting

011

Category/  
Type

Candidate Name

**Calvert, Ken, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2018

FEC Identification Number

**C** C00257337**Transaction ID : 12360220**

Amount of Each Disbursement this Period

1500.00

Local Aug Meeting

☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 182

<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. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City  
RidgewoodState  
NJZip Code  
07451Purpose of Disbursement  
Local Aug Meeting

011

Category/  
Type

Candidate Name

**Gottheimer, Josh, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2018

FEC Identification Number

C C00573949

**Transaction ID : 12360221**

Amount of Each Disbursement this Period

1000.00

Local Aug Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rob Woodall For Congress**

Mailing Address Post Office Box 1871

City  
LawrencevilleState  
GAZip Code  
30046Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Woodall, Rob, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2018

FEC Identification Number

C C00482307

**Transaction ID : 12360829**

Amount of Each Disbursement this Period

2000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address PO Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
Local Oct Meeting

011

Category/  
Type

Candidate Name

**Upton, Frederick, Stephen, Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2018

FEC Identification Number

C C00200584

**Transaction ID : 12368749**

Amount of Each Disbursement this Period

1000.00

Local Oct Meeting

☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 181 OF 182

<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. Blaine For Congress**

Mailing Address PO Box 98

City  
St. ElizabethState  
MOZip Code  
65075Purpose of Disbursement  
9/13 Lunch

011

Category/  
Type

Candidate Name

**Luetkemeyer, Blaine, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: MO

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2018

FEC Identification Number

C C00458679

**Transaction ID : 12368750**

Amount of Each Disbursement this Period

1000.00

9/13 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Susie Lee For Congress**Mailing Address 5130 S Fort Apache Rd  
Ste. 215-382City  
Las VegasState  
NVZip Code  
89148Purpose of Disbursement  
Local Sept Meeting

011

Category/  
Type

Candidate Name

**Lee, Susie, , ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NV

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2018

FEC Identification Number

C C00655613

**Transaction ID : 12368751**

Amount of Each Disbursement this Period

2000.00

Local Sept Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Morelle For Congress**

Mailing Address P.O. Box 90914

City  
RochesterState  
NYZip Code  
14609Purpose of Disbursement  
Local Sept Event

011

Category/  
Type

Candidate Name

**Morelle, Joseph, , ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: NY

District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2018

FEC Identification Number

C C00675108

**Transaction ID : 12368753**

Amount of Each Disbursement this Period

2000.00

Local Sept Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. A New Direction PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2018

Mailing Address 1010 Vermont Ave. NW  
Suite 814City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
9/5 Lunch

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 12368755

Amount of Each Disbursement this Period

1000.00

9/5 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

26500.00