PAGE 1 / 182

FEC AI	EPORT OF R ND DISBURS Other Than An Author	EMENTS	Office	Use Only
1. NAME OF TYL COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Health Underwriters Polit Health Underwriters Health Underwriters <td>212 New York Ave</td> <td>e </td> <td></td> <td></td>	212 New York Ave	e 		
Check if different	Suite 1100			005
2. FEC IDENTIFICATION NUME			STATE A	ZIP CODE
C C00283135	3. IS TH REPO	1 4	AMENDE (A)	D
 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: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the: Election or (d) 30-Day POST-Election Report for the: Election or	(M3) Jun 20 (M6) (M4) Jul 20 (M7) Primary (12P) Convention (12C) M M M / D D / General (30G)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M1 General (12G) Special (12S)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Type or Print Name of Treasurer	Aeport and to the best of my Murphy, Jennifer, , ,		31 ue, correct and comp	2018 Dete.
NOTE: Submission of false, erroneous Office Use Only	s, or incomplete information ma	ay subject the person signing t		alties of 52 U.S.C. § 30109. C FORM 3X Rev. 05/2016

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENT

•	C FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
ŀ	Health Underwriters Political Action	Committee	
R	eport Covering the Period: From:		M M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		340873.40
	(b) Cash on Hand at Beginning of Reporting Period	349884.33	
	(c) Total Receipts (from Line 19)	47644.00	440003.46
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	397528.33	780876.86
7.	Total Disbursements (from Line 31)	28053.76	411402.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	369474.57	369474.57
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

I. Receipts	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
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
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	9000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
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
	4	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
	(7044.00	440003.46
12, 13, 14, 15, 16, 17, and 18(c))▶	47644.00	440003.40

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ 47644.00

	440003.46	Ì

- 7

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-IO-Date
(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))► Transfers to Affiliated/Other Party	1433.76	12721.33
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	26500.00	394500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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) (d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	120.00	4180.96
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
·	4	
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity	20))	
(from Schedule H6) (i) Federal Share	0.00	0.00
	7 7 7 7 7	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28053.76	411402.29
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	28053.76	411402.00
· · · · · · · · · · · · · · · · · · ·	20033.70	411402.29

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
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III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

	Ţ	-			-	47644.00
-	-					120.00
		-7			-7-	120.00
		-			-	47524.00
<u> </u>	÷		÷	-		4 400 70
	-	-7		-	-7	1433.76
						0.00
	÷	7	÷	÷	7	
		-7-			-7-	1433.76

431003.46 4180.96 426822.50 12721.33 0.00 12721.33

COLUMN B

Calendar Year-to-Date



Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Polit	ical Action Com	mittee								
Full Name of Individual (Last, First, A. Reinstadler, Ruppert, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6443 SW Beavertor Suite 200	-Hillsdale Hwy		08 / D D / Y Y Y Y 08 01 2018							
City Portland	State OR	Zip Code 97221-4230	Transaction ID : 12317827 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.00							
Name of Employer (for Individual) HUB International/CFG	Occi Broł	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]							
Full Name of Individual (Last, First, Wham, Scott, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 145 E 5th Avenue	State	Zip Code								
Conshohocken	PA	19428-1789	Transaction ID : 12317828 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Kistler Tiffany Benefits		upation (for Individual) ector of Compliance Services	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]							
Full Name of Individual (Last, First, Kite, William, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 629			08 / D D / Y Y Y Y Y 2018							
City Roanoke	State VA	Zip Code 24004-0629	Transaction ID : 12317839 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		300.00							
Name of Employer (for Individual) D&S Agency	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00]							
SUBTOTAL of Receipts This Page (or	, btional)		384.00							
TOTAL This Period (last page this line	e number only)									

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PAGE 7 OF

IT.			Use separate schedule(s)	(ch	eck only	y or	ne)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Meyer, Charles, A, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2824 Park Avenue, Suite C				м м 08	/	01) / Y	ү ү 2018	Y		
	City Merced	State CA	Zip Code 95348-3394					1231784 Receipt th				
	FEC ID number of contributing federal political committee.	С					-		1000.	00		
	Name of Employer (for Individual) Chuck Meyer Insurance	Occu Broł	upation (for Individual) ker		M	emo	tem Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schmidt, Kenneth, L., ,						eceipt					
	Mailing Address 1332 Hunters Hollow Court				08 / D / Y Y Y Y 2018							
- F	City	State MO	Zip Code		Transaction ID : 12318349 Amount of Each Receipt this Period							
			63025-1051		Amount	tof	Each F	leceipt th	is Period			
	FEC ID number of contributing federal political committee.	С			Ľ.	_			50.	00		
	Name of Employer (for Individual) Sonus Benefits	Occi Brol	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00]								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Banchy, Kate, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 4233 Southtowne Drive				08	/	02		үүү 2018	Y		
	City Eau Claire	State WI	Zip Code 54701-2652				-	1231855 Receipt th	-			
	FEC ID number of contributing federal political committee.	С			Ē		y .	, ,	42.	00		
	Name of Employer (for Individual) Spectrum Insurance Group	Occu Brok	upation (for Individual) ter		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	. ,	1092.	00		
т	OTAL This Period (last page this line number c	only)		•				-				

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PAGE 8 OF

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11			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Moore, David, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 1006				м м 08	/	02) / Y	y y 2018	Ŷ
	City Burlington	State NC	Zip Code 27216-1006					1231855 Receipt th	i 4 iis Period	
	FEC ID number of contributing federal political committee.	С							30.	00
	Name of Employer (for Individual) David R. Moore, CLU & Associates	Occu Brok	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00								
в.	Full Name of Individual (Last, First, Middle Initia Bellman, Mark, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name					eceipt			
	Mailing Address 1250 Capitol of Texas Hwy S Bldg 1, Suite 400				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City West Lake Hills	State TX	Zip Code 78746-6428					1231855		1
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 50.00 Memo Item					_
	Name of Employer (for Individual) UnitedHealthcare	Occupation (for Individual) Broker								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00								
с.	Full Name of Individual (Last, First, Middle Initia Brannon, William, J., ,	al) or Full O	rganization Name		Date of	Re	ceipt			
-	Mailing Address 2 Terrace Way, Suite B				08	/	02		үүү 2018	Y
	City Greensboro	State NC	Zip Code 27403-3663					1231855 Receipt th	i9 iis Period	
	FEC ID number of contributing federal political committee.	С			Ē		, .		30.	00
	Name of Employer (for Individual) Group US, Inc.	Occu Brok	upation (for Individual) er		M	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1						
s	UBTOTAL of Receipts This Page (optional)			•					110.	00
т	OTAL This Period (last page this line number o	nly)		_ ▶			-			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12					
Any information copied from such Reports or for commercial purposes, other than us											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mid A. Enders, Shannon, J., ,	,	rganization Name	Date o	f Receipt							
Mailing Address 5797 Harvey Street - S	Suite A		M M 08	08 02 / Y Y Y Y 2018							
City Norton Shores	State MI	Zip Code 49444-6727		saction ID : 1 t of Each Re							
FEC ID number of contributing federal political committee.	C					85.0	0				
Name of Employer (for Individual) Lakeshore Employee Benefits	Occi Broł	upation (for Individual) ker	M	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	1								
Full Name of Individual (Last, First, Mid B. Shaw, Wanda, D., ,	ddle Initial) or Full O	rganization Name	Date o	f Receipt							
Mailing Address 212 South 10 Street			M M 08	/ D D 02	/ Y	2018	Y				
City Griffin	State GA	Zip Code 30224-2804		action ID : 1							
FEC ID number of contributing federal political committee.	C		t of Each Re	aceipt th	30.0)0					
Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Occ	upation (for Individual) ker	м	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
Full Name of Individual (Last, First, Mic C. Clingan, Nedra, C., ,	ddle Initial) or Full O	rganization Name	Date o	f Receipt							
Mailing Address 13222 Huisache Way			M M 08	/ D D 02	/ Y	ү ү 2018	Y				
City Helotes	State TX	Zip Code 78023-3606		saction ID : ' t of Each Re		-					
FEC ID number of contributing federal political committee.	C			, <u>,</u> ,	. y	30.0	0				
Name of Employer (for Individual) Renaissance Family of Companies	Occi Brok	upation (for Individual) er	M	emo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]								
SUBTOTAL of Receipts This Page (optic	nal)				. ,	145.0	0				
TOTAL This Period (last page this line n	umber only)										

Use separate schedule(s)

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тс		Use separate schedule(s)			(check only one)							
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	47		
	information copied from such Reports and Sta or commercial purposes, other than using the r											
	vame of COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee									
	Full Name of Individual (Last, First, Middle Initia Fitzgerald, Robert, Mark, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
_	Nailing Address 185 Fowler St				08 03 / Y Y Y Y 08 03 2018							
	City Woodstock	State GA	Zip Code 30188-5023					: 1231872 Receipt th	29 nis Period			
	EC ID number of contributing ederal political committee.	С			<u> </u>				85.	00		
F	Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occu Brok	upation (for Individual) ker		Me	emo	o Item					
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 755.00]								
	Full Name of Individual (Last, First, Middle Initia Frizen, Bruce, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
Ν	Mailing Address 8058 Corporate Center Dr. Suite 200				08	/	03		2018	Y		
	Dity Charlotte	State NC	Zip Code 28226-4359					. 1231873 Receipt th	34 his Period			
	FEC ID number of contributing ederal political committee.	C							45.	00		
	Name of Employer (for Individual) E. Goodgame & Associates						o Item					
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
	Full Name of Individual (Last, First, Middle Initia King, Carolyn, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
_	Mailing Address 6 Country Lane				08	1	D 03		2018	Y		
	City Sussex	State NJ	Zip Code 07461-4630	_				: 123187 : Receipt th	35 nis Period			
	EC ID number of contributing ederal political committee.	C			<u> </u>		y 1	, ,	30.	00		
(Name of Employer (for Individual) Carolyn J King Insurance	Occupation (for Individual) Broker				emo	o Item					
г	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]								
su	BTOTAL of Receipts This Page (optional)			<u> </u>			,	. ,	160.0	00		
то	TAL This Period (last page this line number or	nly)		•								

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)			(check only one)							
	JEIF 13		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
			ay not be sold or used by any p										
		e name and a	ddress of any political committee	e to so	licit con	itribi	utions fi	rom suci	n committe	96.			
Health Unde	rwriters Political Ac	tion Com	mittee										
A. Shores, Thomas		tial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 8	596 W Bolsa Ct.				M M / D / Y								
City Boise		State ID	Zip Code 83709-5196					1231873 eceipt th	6 nis Period				
FEC ID number of federal political cor	0	С					,		42.0	00			
Name of Employer T.A. Shores Inc.	(for Individual)	Occu Brok	upation (for Individual) ker		Me	emo	ltem						
Receipt For: Primary Other (specif	General ÿ) ▼	Aggregate	Year-to-Date ▼ 336.00]									
Full Name of Indiv B. Warwick, Johr	idual (Last, First, Middle Ini n, L., ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	007 B Mangrove Ave.	1			м м 08	/	03	/ Y	2018	Y			
City		State	Zip Code 95926-2381					1231873					
Chico		CA	- :	Amount	of	Each R	eceipt th	nis Period					
FEC ID number of federal political cor	0	С				85.00							
Name of Employer John Warwick Insur	r (for Individual) rance Services	Occupation (for Individual) Broker				emo	Item						
Receipt For:		Aggregate	Year-to-Date ▼										
Other (specif	General y) ▼		680.00]									
Full Name of Indiv C. Liechty, Briar	idual (Last, First, Middle Ini n, W., ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	20 East Washington Street				08 ^M	/	03	JL	2018 Y	Y			
City Plymouth		State IN	Zip Code 46563-1744				-	1231874 eceipt th	I3 his Period				
FEC ID number of federal political cor	0	С				_	9	9	30.0	00			
Name of Employer TCU Insurance	(for Individual)	Occu Brok	upation (for Individual) er		Me	emo	Item						
Receipt For: Primary Other (specif	General y)	Aggregate	Year-to-Date ▼ 240.00]									
SUBTOTAL of Rece	ipts This Page (optional)			•			y		157.0	00			
TOTAL This Period	(last page this line number	only)		•				1.45					

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 12 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initia Kennedy, Tamara, P., , Mailing Address 7310 N. 16th Street, Suite 226	al) or Full O	Organization Name	Date of Receipt								
	City Phoenix	State AZ	Zip Code 85020-8212	08 03 2018 Transaction ID : 12318746 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Rogers Benefit Group, Inc. Receipt For: Primary General Other (specify) ▼	Brol	upation (for Individual) ker Year-to-Date ▼ 340.00	Memo Item								
В.	Full Name of Individual (Last, First, Middle Initia Lord, Justin, , , Mailing Address 935 East 36th Place	al) or Full O	Organization Name	Date of Receipt								
	City Tulsa FEC ID number of contributing federal political committee.	State OK	Zip Code 74105-3001	08 04 2018 Transaction ID : 12318797 Amount of Each Receipt this Period 30.00								
	Name of Employer (for Individual) HUB International	Occ Bro	cupation (for Individual) oker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
с.	Full Name of Individual (Last, First, Middle Initia Casinelli, Patrick, , , Mailing Address 450 B St # 1800	al) or Full O	Organization Name	Date of Receipt								
	City	State	Zip Code	08 04 2018 Transaction ID : 12318799								
	San Diego FEC ID number of contributing federal political committee.	CA	92101-8005	Amount of Each Receipt this Period								
	Name of Employer (for Individual) Cavignac & Associates		supation (for Individual) acipal	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00									
s	UBTOTAL of Receipts This Page (optional)		▶	178.00								
т	OTAL This Period (last page this line number of	nly)										

Use separate schedule(s)

FOR LINE NUMBER:

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171		Use separate schedule(s)			(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12			
	y information copied from such Reports and St											
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	olicit cor	ntrib	outions	from suc	h committ	ee.		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Ashby, Thomas, F., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address P. O. Box 70				08 04 Y Y Y Y Y 08 04							
	City Zirconia	State NC	Zip Code 28790-0070					: 1231880 Receipt th	01 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>			1.7	42.	00		
	Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	1								
в.	Full Name of Individual (Last, First, Middle Init Viola, Robert, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One West First Avenue Ste 30					1	04		2018	Y		
	City Conshohocken	State PA	Zip Code 19428-6801	Transaction ID : 12318804 Amount of Each Receipt this								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) The Megro Corporation	Occi Owi	upation (for Individual) ner		Me	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		400.00]								
с.	Full Name of Individual (Last, First, Middle Initi Mochan, Damian, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 100 Radnor Rd Ste 202	1			08	1	04		ү ү 2018	Y		
	City State College	State PA	Zip Code 16801-7986					: 123188 Receipt th	05 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	50.	00		
	Name of Employer (for Individual) Central PA Benefit Solutions	Occu Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1								
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act											
A.	Full Name of Individual (Last, First, Middle Initia Freeman, Joann, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 625 Oak Street				08 05 2018							
	City Laguna Beach	State CA	Zip Code 92651-2920					: 1231880 Receipt th	07 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-y		10.0	00		
	Name of Employer (for Individual) Freeman Laguna Insurance Services Receipt For:	Brok			Me	əmc	o Item					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]								
в.	Full Name of Individual (Last, First, Middle Initia Hepscher, William, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 38176 Medical Center Avenue				M M 08	1	D 05		ү ү 2018	Y		
	City Zephyrhills	State FL	Zip Code					1231880				
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 85.00						
	Name of Employer (for Individual) The Canadian Drugstore	vidual) Occupation (for Individual) Broker				əmc	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]								
C.	Full Name of Individual (Last, First, Middle Initia Gussin, Craig, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 701 Palomar Airport Road #260				08	1	05		2018	Y		
	City Carlsbad	State CA	Zip Code 92011-1047					: 1231880 Receipt th	09 nis Period			
	FEC ID number of contributing federal political committee.	С				_	y	5	200.0	00		
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occu Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1540.00	1								
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mic Allumbaugh, Joel, C., ,	Idle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address 6 E. Chestnut St., Suite	\$ 520			08 05 2018								
City Augusta	State ME	Zip Code 04330-5759				1231881 Receipt th	4 is Period					
FEC ID number of contributing federal political committee.	C				-		30.0	00				
Name of Employer (for Individual) National Worksite Benefit Group	Occ Bro	upation (for Individual) ker		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
Full Name of Individual (Last, First, Mic B. Whaley, Cynthia, , ,	Idle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address 408 N. Washington Stre			08		05) / Y	2018	Y				
City Easton	State MD	Zip Code 21601-3704	Tra Amou	5 is Period								
FEC ID number of contributing federal political committee.	C	C				30.00						
Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occ Bro		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
Full Name of Individual (Last, First, Mic C. Sherrill, David, M., ,	Idle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address 407 Centerpointe Circle			08	В	05		2018	Y				
City Altamonte Springs	State FL	Zip Code 32701-3446				1231881 Receipt th	6 is Period					
FEC ID number of contributing federal political committee.	C				,	, ,	30.0	00				
Name of Employer (for Individual) Sherrill Insurance Brokerage, Inc.	Occ Broł	upation (for Individual) ker		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1									
SUBTOTAL of Receipts This Page (optio	nal)				, .	. ,	90.0	00				
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	JAME OF COMMITTEE (In Full)	and and a	and the arry pointed commute	5 10 31	001	in the							
	Health Underwriters Political Acti	on Com	mittee										
	ull Name of Individual (Last, First, Middle Initia Moore, Robert, L., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
N	Iailing Address 1644 Plank Rd				M / D / Y								
	Dity Duncansville	State PA	Zip Code 16635-8376		Trans Amount			: 12318 Receipt		Period			
	EC ID number of contributing ederal political committee.	С			<u> </u>		-			42.0	0		
L	Aame of Employer (for Individual)	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	1									
	ull Name of Individual (Last, First, Middle Initia Rianhard, Dane, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
N	Aailing Address 1 E. Pratt St., Unit 902				M M 08	1	D 05			018	Y		
	City Baltimore	State MD	Zip Code 21202-1193	Transaction ID : 12 Amount of Each Rec						Period			
	EC ID number of contributing ederal political committee.	С		85.00							0		
	Name of Employer (for Individual) riBridge Partners, LLC	Occi Brol	upation (for Individual) ker		Me	emo	tem						
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.00]									
		al) or Full O	rganization Name		Date of	Re	eceipt						
_	Aailing Address 3111 C St. Suite 500	State	7in Oada		08	/	05	5	2	018	Y		
	City Anchorage	AK	Zip Code 99503-3973		Amount			: 12318 Receipt		Period			
	EC ID number of contributing ederal political committee.	С			<u> </u>		y	, ,		30.0	0		
F	lame of Employer (for Individual) RISQ Consulting Receipt For:		upation (for Individual) ount Manager		M	emo	o Item						
Г	Primary General Other (specify)	Aggregate	Year-to-Date 210.00	1									
su	BTOTAL of Receipts This Page (optional)			•			y	. ,		157.0	0		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the na			erson for the purpose of soliciting contributions									
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initial Eberley, R. Michael, , , Mailing Address 1296 Sinnissippi Park Rd.) or Full C	Organization Name	Date of Receipt									
	City	State	Zip Code	08 05 2018 Transaction ID : 12318823									
	Sterling	IL	61081-4125	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		42.00									
	Name of Employer (for Individual) Self Employed	Occ Brol	upation (for Individual) ker	Memo Item									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) v		216.00										
в.	Full Name of Individual (Last, First, Middle Initial Sweatt, Shelly, , ,) or Full C	Organization Name	Date of Receipt									
	Mailing Address 14 Commerce Road			08 05 2018									
	City	State	Zip Code	Transaction ID : 12318826									
	Newtown	СТ	06470-1607	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) TR Paul, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
С.	Full Name of Individual (Last, First, Middle Initial Stock, Tiffany, , ,) or Full C	Organization Name	Date of Receipt									
	Mailing Address 3111 C St. Suite 500			08 / D D / Y Y Y Y Y 2018									
	City Anchorage	State AK	Zip Code 99503-3973	Transaction ID : 12318827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		42.00									
	Name of Employer (for Individual) RISQ Consulting	Occ Brok	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 344.00										
s	UBTOTAL of Receipts This Page (optional)		•	114.00									
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	Action Com	mittee								
Full Name of Individual (Last, First, Middle DeBruin, Teresa, F., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 45 Technology Pkwy Sout Suite 225	h		M M / D / Y							
City Peachtree Corners	State GA	Zip Code 30092-3456	Transaction ID : 12318831 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) DeBruin Benefit Services, Inc.	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]							
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name								
. Sklar, Erika, , , Mailing Address 1415 Walton Blvd			Date of Receipt							
City	State	Zip Code	Transaction ID : 12318832							
Rochester Hills	MI	48309-1775	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		63.00							
Name of Employer (for Individual) The Crawford Insurance Group	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 604.00]							
Full Name of Individual (Last, First, Middle Webb, Charles, A., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2670 Electric Rd			M M / D D / Y Y Y Y Y 08 06 2018							
City Roanoke	State VA	Zip Code 24018-3511	Transaction ID : 12318834 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Innovative Insurance Group	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	1							
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl	·	•	363.00							

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Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee										
Full Name of Individual (Last, First, Middle A. Odegard, James, , ,	Initial) or Full C	rganization Name	Date of F	Date of Receipt								
Mailing Address 21308 John Milless Drive Suite 102	State	Zip Code	08									
City Rogers	MN	55374-4875		ction ID : 123	eipt this Period							
FEC ID number of contributing federal political committee.	С			7	42.	_						
Name of Employer (for Individual) Odegard Benefit Services, LLC	Occ Bro	upation (for Individual) ker	Merr	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]									
Full Name of Individual (Last, First, Middle B. Brinson, Stephanie, Dawn, ,	Initial) or Full C	rganization Name	Date of R	Receipt								
Mailing Address 4851 LBJ Freeway Suite 900			M M 08									
City Dallas	State TX	Zip Code 75244-6032	Transaction ID : 12318845 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				1000.	00						
Name of Employer (for Individual) Brinson Benefits, Inc.		upation (for Individual) sident	Mem	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
Full Name of Individual (Last, First, Middle C. Swartzbaugh, Robert, F., ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9140 West Dodge Road, S	Suite 418		08	/ D D / 06	2018 /	Y						
City Omaha	State NE	Zip Code 68114-3317		ction ID : 123 of Each Rece	318846 Pipt this Period							
FEC ID number of contributing federal political committee.	С			, , ,	500.	00						
Name of Employer (for Individual) Swartzbaugh-Farber & Associates, Inc.	Brok		Mem	no Item								
Primary General Other (specify)	Aggregate	Year-to-Date 500.00]									
Swartzbaugh-Farber & Associates, Inc. Receipt For: Primary General	Aggregate	xer Year-to-Date ▼ 500.00		no Item	1542							

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Wilson, Thomas, R., ,	al) or Full O	Organization Name		Date of	f Re	eceipt								
	Mailing Address 701 Lamar				M M / D D / Y Y Y Y 08 06 2018										
	City Wichita Falls	State TX	Zip Code 76301-6824					1231885 Receipt th		d					
	FEC ID number of contributing federal political committee.	С							100	0.00					
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occi Broł	upation (for Individual) ker		M	emo	ttem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1340.00												
в.	Full Name of Individual (Last, First, Middle Initia Serra, Peter, F., ,	al) or Full O	Organization Name		Date of	f Re	eceipt								
	Mailing Address 10751 S. Saginaw St Suite E				08 06 / Y Y Y Y 08 06 2018										
	City Grand Blanc	State MI	Zip Code 48439-8169					1231888 Receipt th		d					
	FEC ID number of contributing federal political committee.	С		1000.00											
	Name of Employer (for Individual) Serra Benefits Group		upation (for Individual) sident		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
C.	Full Name of Individual (Last, First, Middle Initia Burett, Raymond, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt								
	Mailing Address 42 Broadway Suite 1936 City	State	Zip Code		08 08		06		2018	Y					
	New York	NY	10004-3829					1231888 Receipt th		d					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		1000	0.00					
	Name of Employer (for Individual) Brio Benefit Consulting	Occu Brok	upation (for Individual) ker		M	emo	o Item								
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Peterson-Stott, Wendi, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8204 South 109 Street			08 06 / Y Y Y Y Y Y
City Lavista	State NE	Zip Code 68128-5737	Transaction ID : 12318896
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 365.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Bearence Management Group Receipt For: Primary General Others (magnific)		President Year-to-Date ▼ 265.00	1
Full Name of Individual (Last, First, Mide		365.00]
B. Navarro, Joe, , ,			Date of Receipt
Mailing Address 32110 Agoura Rd. School of Success			M M / D D / Y Y Y Y 08 06 2018
City	State	Zip Code	Transaction ID : 12318904
Westlake Village	CA	91361-4026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Warner Pacific Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name of Individual (Last, First, Mide C. Sautter, Robert, E., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 36 South 400 West Suite 201			08 / D D / Y Y Y Y Y 08 07 2018
City Vineyard	State UT	Zip Code 84058-5370	Transaction ID : 12318911
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
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	NAME OF COMMITTEE (In Full)	and and a		bee of any pointed committee	0 10 301		. 001					300				
\	Health Underwriters Political Acti	on Com	ımi	ttee												
	Full Name of Individual (Last, First, Middle Initia Boop, Deborah, R., ,	l) or Full O)rgar	nization Name	C	Date of Receipt										
	Mailing Address 145 North Chestnut Street Suite 202	01-1-		7:- 0- 4-	08 07 2018 Transaction ID : 12318912											
	City Ravenna	State OH		Zip Code 44266-4009										Dorior		
	FEC ID number of contributing federal political committee.	С				-	iount	U	,	acri	net	ceipt t			.00	
	Name of Employer (for Individual) Kaczmarek Insurance Services	Occi Brol	•	tion (for Individual)			Me	emo	o I	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ır-to-Date ▼ 240.00	1											
	Full Name of Individual (Last, First, Middle Initia Pendorf, Paul, , ,	l) or Full O)rgar	nization Name		Da	te of	Re	ece	eipt						
	Mailing Address 31666 W. Nine Dr.					08 / D D / Y Y Y Y Y 07 / 2018										
	City Laguna Niguel	State CA		Transaction ID : 12318913 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		85.00												
	Name of Employer (for Individual) Independent Financial Group LLC	Occ Age			Me	emo	o l	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 680.00]											
	Full Name of Individual (Last, First, Middle Initia Griffin, Mary, , ,	l) or Full O)rgar	nization Name		Da	te of	Re	ece	əipt						
	Mailing Address 14 Commerce Road					M	08 ^M	/	ľ	D 0	D 7	/		018	Y	
	City Newtown	State CT		Zip Code 06470-1607	A							23189 ceipt t		Perioc		
	FEC ID number of contributing federal political committee.	С	_						,				_	30	.00	
	Name of Employer (for Individual) TR Paul, Inc.	Occu Brok		tion (for Individual)			Me	emo	o I	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 240.00]											
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	ımi	ittee										
Α.	Full Name of Individual (Last, First, Middle Initial Bremer, Emily, Black, , Mailing Address 8000 Bonhomme Ave., # 213) or Full O)rga	nization Name	_		ate of	Re	ece	ipt	D	/ Y	Y Y	Y
	City	State		Zip Code		1	08 F rans	acti	ior	07 ו ID :	12	231891	2018 6	
	Saint Louis	MO		63105-3515		An	nount	of	Ea	ach F	lec	eipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С	_			Ļ	_	_	,		_	- J	63	.00
	Name of Employer (for Individual) The Bremer Group, LLC	Occi Brol	•	tion (for Individual)			Me	emo	b It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 504.00										
	Full Name of Individual (Last, First, Middle Initial Deru, Scott, E., ,) or Full O)rga	nization Name		Da	ate of	Re	ece	ipt				
	Mailing Address PO Box 336					ľ	08	/	ľ	07		/ Y	2018	Ŷ
	City Layton	State UT		Zip Code 84041-0336					-			318919 eipt th	9 is Period	1
	FEC ID number of contributing federal political committee.	С	100.00											
	Name of Employer (for Individual) Fringe Benefits Analysts	Occ Pre			Me	emo	b It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 800.00										
	Full Name of Individual (Last, First, Middle Initial, Johnson, Sandra, , ,) or Full O)rga	nization Name		Da	ate of	Re	ece	ipt				
	Mailing Address 12500 Network Blvd, # 403					N	08 ^M	1	ľ	07		/ Y	2018	Y
	City San Antonio	State TX		Zip Code 78249-3310					-			232004	9 is Period	4
	FEC ID number of contributing federal political committee.	С	_						1			,oipt in		.00
	Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occi Brok	•	tion (for Individual)			M	emc	o It	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 210.00										
s	UBTOTAL of Receipts This Page (optional)			•••••					y			9	193	.00
Т	OTAL This Period (last page this line number onl	y)		••••••		[_					

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl Galardini, Richard, F., ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 7000 Stonewood Dr Suite 251			M / D D / Y								
City Wexford	State PA	Zip Code 15090-7376	Transaction ID : 12320144 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		125.00								
Name of Employer (for Individual) JRG Advisors, LLC		upation (for Individual) irman & CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 918.00]								
Full Name of Individual (Last, First, Middl B. Balla, Donald, L., ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 371 Steeplechase Drive			08 08 2018								
City Cranberry Twp	State PA	Zip Code 16066-2239	Transaction ID : 12320145 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) CHS Alera Group	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
Full Name of Individual (Last, First, Middl C. Rice, Russell, Lee, ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 8000 IH-10 West, # 715			08 08 2018								
City San Antonio	State TX	Zip Code 78230-3880	Transaction ID : 12320146 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) AVESIS, Inc.	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 755.00]								
SUBTOTAL of Receipts This Page (optiona	l)		240.00								
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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\	AME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
	ull Name of Individual (Last, First, Middle Initia Sullivan, Ashley, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
M	lailing Address PO Box 99565				08 / D D / Y Y Y Y 08 08 2018									
	ity .ouisville	State KY	Zip Code 40269-0565					1232014 Receipt th		1				
	EC ID number of contributing ederal political committee.	С					-y 1		42	.00				
V	ame of Employer (for Individual) an Zandt Emrich and Cary	Occu Brok	upation (for Individual) ker		М	emo	o Item							
R	eceipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 336.00	1										
	ull Name of Individual (Last, First, Middle Initia Jennings, Julie, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
_	lailing Address 500 Faunce Corner Rd Bldg 100, Suite 120	Otata	7in Oode		08 / 08 / 2018 Transaction ID : 12320148									
	ity Dartmouth	State MA	Zip Code 02747-1255	-				1232014		1				
F	EC ID number of contributing ederal political committee.	С		85.00										
	lame of Employer (for Individual) ylvia & Co. Ins. Agency, Inc.	Occi Brol		M	emo	o Item								
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]										
	ull Name of Individual (Last, First, Middle Initia Matsushita, David, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
M	lailing Address 25B Hanover Road Suite 220				08	/	D D D D D D D D D D D D D D D D D D D		2018	Y				
	ity Florham Park	State NJ	Zip Code 07932-1443					1232014 Receipt th		1				
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S	ame of Employer (for Individual) avoy Associates		upation (for Individual) or Account Executive		М	emo	o Item							
H	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1										
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mid A. Deagle, Michael, P., ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 935 National Parkway Suite 93550			08 08 / Y Y Y Y 2018
City Schaumburg	State IL	Zip Code 60173-5150	Transaction ID : 12320152 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) BenAxis Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2200.00]
Full Name of Individual (Last, First, Mid B. Pendergraft, Ross, W., ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 21820 Burbank Blvd, North Building, Suite 30			M M / D D / Y
City Woodland Hills	State CA	Zip Code 91367-6476	Transaction ID : 12320153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Leavitt Group	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) V		, , 805.00]
Full Name of Individual (Last, First, Mid C. Schwartz, Matt, B., ,		organization Name	Date of Receipt
Mailing Address 2950 Breckenridge Lan	e, Suite 8		M M / D D / Y Y Y Y 08 08 2018
City Louisville	State KY	Zip Code 40220-1462	Transaction ID : 12320156 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Schwartz Insurance Group	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00]
SUBTOTAL of Receipts This Page (option	nal)		370.00
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Fairbairn, Nicole, , ,	al) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 8069 Little Circle Road				08 / D D / Y Y Y Y 08 08 2018									
	City Noblesville	State IN	Zip Code 46060-1071					1232015 eceipt th	57 nis Period					
	FEC ID number of contributing federal political committee.	С					7		30.0	0				
	Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occu Brok	pation (for Individual) er		Me	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
	Full Name of Individual (Last, First, Middle Initia Buyalos, Joseph, W., ,	al) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 9713 Key West Ave, Suite 401			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City Rockville	State MD	Zip Code 20850-4082					1232015 eceipt th	i 9 his Period					
	FEC ID number of contributing federal political committee.	C					7		85.0	0				
	Name of Employer (for Individual) The Insurance Exchange, Inc.	Occu Brok	ipation (for Individual) er		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]										
	Full Name of Individual (Last, First, Middle Initia Buechler, Anthony, C, ,	al) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 1203 Colonial Circle				08	/	09	/ Y	2018	Ŷ				
	City Papillion	State NE	Zip Code 68046-6109					1235998 eceipt th	31 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	- J	30.0	0				
	Name of Employer (for Individual) Buechler Insurance Services	Occu Broke	pation (for Individual) er		Me	∋mo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]										
s	UBTOTAL of Receipts This Page (optional)			•			,		145.0	0				
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	EIMIZED RECEIPTS			Detailed Summary Page	×	11a		1	1b	110	c [12	
						13		1		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the												
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee									
Α.	Full Name of Individual (Last, First, Middle Initia Eserman, Clifton, W., ,	al) or Full O	Orga	nization Name		Date of Receipt							
	Mailing Address 2435 N Dixie Hwy					08	/	′	D D 09	/	Y	2018	Y
	City Wilton Manors	State FL		Zip Code 33305-2239					n ID : ach R			Period	
	FEC ID number of contributing federal political committee.	С						-		,		42.	00
	Name of Employer (for Individual) Incompas Financal, Inc.		upa side	tion (for Individual) nt		N	lemo	o l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 336.00	1								
В.	Full Name of Individual (Last, First, Middle Initia Scholz, Paul, Joseph, ,	al) or Full O	Orga	nization Name		Date c	of Re	ece	eipt				
	Mailing Address 17445 Arbor St Suite 310					M N 08	1	[D D 09	1	Ŷ	y y 2018	Y
	City Omaha	State NE		Zip Code 68130-4645					n ID : ' ach R			Period	
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	Name of Employer (for Individual) OCI	Occ Bro	•	tion (for Individual)		N	lemo	o l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 765.00]								
с.	Full Name of Individual (Last, First, Middle Initia Buffington, Tammy, , ,	al) or Full O	Drga	nization Name		Date c	of Re	ece	eipt				
	Mailing Address 3112 South 13th					08	/	′	D D 09	/		2018	Y
	City Lincoln	State NE		Zip Code 68502-4514					n ID : ach R			Period	
	FEC ID number of contributing federal political committee.	С						7		,		85.	00
	Name of Employer (for Individual) A+ Brokerage	Occi Age	•	tion (for Individual)		N	lemo	o I	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 680.00	1								
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NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle Snowden, Scott, D., ,	Initial) or Full C	rganization Name		Date of	Re	eceip	pt						
Mailing Address 812 Lyndon Lane, Suite 10	01			м м 08	1		09	/ Y	ү ү 2018	Y			
City Louisville	State KY	Zip Code 40222-3844	A					235998 ceipt th	8 his Period				
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Name of Employer (for Individual) Snowden & Associates, Inc.	Occ Brol	upation (for Individual) ker		Me	emo	b Ite	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
Full Name of Individual (Last, First, Middle 3. Blomgren, Laura, , ,	Initial) or Full C	rganization Name		ate of	Re	eceip	pt						
Mailing Address 935 National Parkway Suite 93550				м м 08	/	D	09	/ Y	2018	Y			
City Schaumburg	State IL	Zip Code 60173-5150				-		235998 ceipt th	9 iis Period				
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) BenAxis Inc.	Occ Bro	upation (for Individual) ker		Me	emo) Ite	əm						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
Full Name of Individual (Last, First, Middle C. Rice, Lori, R., ,	Initial) or Full C	rganization Name		Date of	Re	eceip	pt						
Mailing Address 3611 Paesanos Pkwy Ste 100				08 ^M		L	09		2018	Y			
City San Antonio	State TX	Zip Code 78231-1256	A					235999 ceipt th	90 his Period				
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Name of Employer (for Individual) Frost Insurance Agency	Occ Brok	upation (for Individual) ser		M	emo	o Ite	əm						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00											
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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			ay not be sold or used by any p ddress of any political committe				pose of	soliciting	g contribu	itions							
	MITTEE (In Full) derwriters Political	Action Com	mittee														
Full Name of In A. Forshee, Dee	ndividual (Last, First, Middle e, , ,	Initial) or Full O	rganization Name	D	ate of	f Re	eceipt										
Mailing Address	5 203 E Main #B				^M 08	/	D 09		y y 2018	Ŷ							
City Union		State MO	Zip Code 63084-1645					1235999 Receipt th	01 nis Period								
FEC ID number federal political	0	С					-		30.	.00							
Ming Senior Ser	oyer (for Individual) rvices	Occi Broł	upation (for Individual) ker		Μ	emo	o Item										
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 240.00]													
Full Name of In B. Pierce, Mar	ndividual (Last, First, Middle y, Jeannette, ,	Initial) or Full O	rganization Name	D	ate of	f Re	eceipt										
	500 NE Multnomah St. #10							08 / 09 / 2018 Transaction ID : 12359992									
City Portland		State	Zip Code 97232-2031														
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Name of Emplo Kaiser Permane	oyer (for Individual) ente		upation (for Individual) ount Manager		М	emo	o Item										
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 240.00]													
Full Name of In C. Sansevieri	ndividual (Last, First, Middle , Paul, F., ,	Initial) or Full O	rganization Name	D	ate of	f Re	eceipt										
Mailing Address	P O Box 641				^M 08	/	09		2018	Y							
City Corona Del Ma	r	State CA	Zip Code 92625-0641					: 1235999 Receipt th	95 nis Period								
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Sansevieri Insu	oyer (for Individual) rance Services, Inc.	Occu Own	upation (for Individual) er		М	emo	o Item										
Receipt For: Primary Other (sp	General ecify)	Aggregate	Year-to-Date ▼ 750.00]													
SUBTOTAL of Re	eceipts This Page (optional)						9	,	310.	00							
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	RECEIPTS		Detailed Summary Page	×	11a 13		11b		11c		12 16	17					
			l ay not be sold or used by any pe ddress of any political committee		or the		pose		oliciting	con	ntributi	ons					
	COMMITTEE (In Full) Underwriters Political	Action Com	mittee														
	of Individual (Last, First, Middle II, Daniel, J., ,	e Initial) or Full O	rganization Name		Date of	Re	ceip	ot									
Mailing Ad	dress 5080 Spectrum Dr Suite 1200E	State	Zip Code		08 T reese	'	L	10	/ Y	1.00)18	Y					
Addison		TX	75001-4625	A			-		236006 ceipt th	-	eriod						
	imber of contributing itical committee.	С					- -			_	85.0	0					
	mployer (for Individual) Insurance Agency		upation (for Individual) President		M	emo	lter	m									
Receipt Fo		Aggregate	Year-to-Date ▼ 680.00														
Full Name B. Nigro, S	of Individual (Last, First, Middle Samuel, , ,	e Initial) or Full O	rganization Name		Date of	Re	ceip	ot									
	dress 17117 Oak Drive Suite D			M M 08													
City Omaha		State NE	Zip Code 68130-2193	Transaction ID : 12360066 Amount of Each Receipt this Period													
	imber of contributing itical committee.	С			Memo Item					_	85.0	0					
	Employer (for Individual) Benefit Advisors	Occ Bro	upation (for Individual) ker														
Receipt Fo		Aggregate	Year-to-Date ▼ 680.00														
Full Name C. Lee, Ke	of Individual (Last, First, Middle elli, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceip	ot									
Mailing Ad	dress 510 L Street Suite 270				^M 08	/		р 11	/ Y	20 ⁻	18 [°]	Y					
City Anchorage	e	State AK	Zip Code 99501-1949	A			-		236013 ceipt th	-	eriod						
	imber of contributing itical committee.	С			_	nt of Each Receipt this Period 30.00					0						
Moda Heal			upation (for Individual) cutive Director		Memo Item												
Receipt Fc Prim Othe		Aggregate	Year-to-Date ▼ 222.00														
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Comi	mittee														
Α.	Full Name of Individual (Last, First, Middle Initial) of Spinelli, Frank, , , Mailing Address 1100 Superior Avenue Street Suite 1500 City	or Full Or State		Date of Receipt													
	Cleveland	ЭН	44114		Ar	nount	of	Ea	ach R	ece	eipt thi	s Period					
	FEC ID number of contributing federal political committee.							7		_	-	30.	00				
	Name of Employer (for Individual) Oswald Companies Receipt For: Primary General Other (specify) V	VP G	pation (for Individual) Group Benefits Year-to-Date ▼ 290.00			Me	emo	o It	em								
B.	Full Name of Individual (Last, First, Middle Initial) o Kitts, Lawrence, L., , Mailing Address 6500 City West Parkway	or Full Or	ganization Name			ate of	Re	_	ipt			ÝÝ	V				
	Suite 100 City	State		08 11 2018 Transaction ID : 12360137 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С						42.00									
	Name of Employer (for Individual) Horizon Agency	Occupation (for Individual) Broker					Memo Item										
	Receipt For: Ag Primary General Other (specify) ▼	gregate `															
C.	Full Name of Individual (Last, First, Middle Initial) o Jurney, Gary, , ,	or Full Or	ganization Name			ate of	Re	_	·								
	Mailing Address 16545 Village Drive, Bldg B		08 11 2018														
	5	State TX	Zip Code 77040-1158								360139 eipt thi	9 s Period					
	FEC ID number of contributing federal political committee.	С							85.00								
	Name of Employer (for Individual) Kainos Partners Inc	Occupation (for Individual) President						Memo Item									
	Receipt For: Ag Primary General Other (specify) Image: Constraint of the second	gregate `															
	Primary General		680.00			-	-	,	-		5	157.	00				

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions						
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Initi Hemb, Jack, L., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 2801 Coho St Ste 200				08 / D D / Y Y Y Y 08 11 2018											
	City Madison	State WI	Zip Code 53713-4531					1236014 Receipt th								
	FEC ID number of contributing federal political committee.	С			50.00											
	Name of Employer (for Individual) Hemb Insurance Group		upation (for Individual) sident		M	emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate]													
в.	Full Name of Individual (Last, First, Middle Initi Stewart, Diana, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 500 W. 36th Avenue Suite 300		08 / D D / Y Y Y Y Y 2018													
	City Anchorage	State AK	Zip Code 99503-5805	Transaction ID : 12360 Amount of Each Receipt						1						
	FEC ID number of contributing federal political committee.	С			42.0											
	Name of Employer (for Individual) OneDigital		upation (for Individual) Acct Mgr		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.00]												
С.	Full Name of Individual (Last, First, Middle Initi Passe, Emma, M., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 6984 SE Langwood St						08 12 2018									
	City Hillsboro	State OR	Zip Code 97123-6023					1236015 Receipt th								
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	30.	.00						
	Name of Employer (for Individual) EBMS	Occi Brok	upation (for Individual) er		М	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 222.00	1												
s	UBTOTAL of Receipts This Page (optional)			•		l	, .	.,	122.	00						
Т	OTAL This Period (last page this line number of	only)		_ ►	<u> </u>	T										

SCHEDULE A (FEC Form 3X) - DEAEIDTA

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PAGE 34 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl Buza, Raymond, F., ,		rganization Name	Date of Receipt								
Mailing Address 214 East Lakewood Road	1		M M / D D / Y								
City West Palm Beach	State FL	Zip Code 33405-3316	Transaction ID : 12360151 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Receipt For:	Brol		Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
Full Name of Individual (Last, First, Middl B. Van Nest, John, David, ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 145 Dillon Ave Suite B			08 / D D / Y Y Y Y 2018								
City Campbell	State CA	Zip Code 95008-3020	Transaction ID : 12360156 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Van Nest Ventures Inc	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
Full Name of Individual (Last, First, Middl C. Stockstill, Julia Beckie, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 125 E. San Augustine											
City Deer Park	State TX	Zip Code 77536-4160	Transaction ID : 12360160 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Stockstill & Associates	Occi Brok	upation (for Individual) ser	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]								
SUBTOTAL of Receipts This Page (optiona	l)		102.00								
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SCHEDULE A (FEC Form 3X) COLIDITO

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PAGE 35 OF

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			for each category of the Detailed Summary Page		′ 11a 13		11b 11c 14 15 irpose of soliciting corributions from such corributions from such corributions from such corributions from such corributions teceipt / 12 / 12 12 20 ttion ID : 12360161 f Each Receipt this Principal distributions / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 20 ttion ID : 12360163 f Each Receipt this Principal distribution / 12 / 12 / 20 ttion ID : 12360163 f Each Receipt this Principal distribution / 12 / 20 ttion ID : 12360163 f Each Re	12	17							
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g contrib	utions						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comi	mittee													
A.	Full Name of Individual (Last, First, Middle Initia Skinner, Douglas, , ,	l) or Full Or	rganization Name		Date of	f Re	eceipt									
	Mailing Address PO Box 1277															
	City Bloomington	State IN	Zip Code 47402-1277							d						
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer (for Individual) Hoosier Dental Plans	Occu Brok	pation (for Individual) er		M	emc	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]												
в.	Full Name of Individual (Last, First, Middle Initial Poole, Eugene, , ,	l) or Full Or	rganization Name		Date of	f Re	eceipt									
	Mailing Address 14117 Jones Bridge Road	1														
	City Upper Marlboro	State MD	Zip Code 20774-8585	-												
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) Alligned Benefits Group, Inc.	Occupation (for Individual) Senior Account Executive				Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]												
С.	Full Name of Individual (Last, First, Middle Initia Hutson, Stephen, Lawrence, ,	l) or Full Or	rganization Name		Date of	f Re	eceipt									
	Mailing Address 13475 Danielson Street Suite 200				08 ^M	1			2018	Y						
	City Poway	StateZip CodeCA92064-8858			Transaction ID : 12360163 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		<u> </u>		, .		42	2.00							
Name of Employer (for Individual) California Corporate Benefits Insuranc			Occupation (for Individual) Director of Client Services				Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate]													
s	UBTOTAL of Receipts This Page (optional)			•			, ,		102	2.00						
Т	OTAL This Period (last page this line number on	ly)		•			-			-						

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PAGE 36 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	13 14 15 16 on for the purpose of soliciting contributions from such comments solicit contributions from such comments Date of Receipt 08 12 2018 Transaction ID : 12360172 Amount of Each Receipt this Period 8 Memo Item 12 2018 Transaction ID : 12360176 7 2018										
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page			-1 -		12	17						
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NAME OF COMMITTEE (In Full) Health Underwriters Poli	tical Action Com	mittee												
Full Name of Individual (Last, First, Gertz, Josh, , ,	Middle Initial) or Full O	rganization Name	Date	of Re	eceipt									
Mailing Address 353 N Clark Street														
City Chicago	State IL	Zip Code 60654-4704												
FEC ID number of contributing federal political committee.	C				- 1 -		85.0	00						
Name of Employer (for Individual) Alliant/Mesirow Insurance Services		upation (for Individual) npliance Project Specialist	, – –	Memo	o Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]											
Full Name of Individual (Last, First, B. Ramsay, Robert, Gene, ,	Middle Initial) or Full O	rganization Name	Date	of Re	eceipt									
Mailing Address 1836 Harrison Drive)													
City Gardendale	State AL	Zip Code 35071-3468												
FEC ID number of contributing federal political committee.	C						30.0	00						
Name of Employer (for Individual) Your Benefits Advisor		upation (for Individual) efits Advisor	י ב	Vemo	o Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]											
Full Name of Individual (Last, First, C. Johnson, David, S., ,	Middle Initial) or Full O	rganization Name	Date	of Re	eceipt									
Mailing Address 12138 Big Canoe			^M 08		D 12		2018	Y						
City Big Canoe	State GA	Zip Code 30143-5157				1236017 Receipt th	7 iis Period							
FEC ID number of contributing federal political committee.	C				y 1	, ,	100.0	00						
Name of Employer (for Individual) David S. Johnson Insurance	Occu Brok	upation (for Individual) er		Memo	o Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	1											
SUBTOTAL of Receipts This Page (o	ptional)				y .	. ,	215.0	00						
TOTAL This Period (last page this lin	e number only)													

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Green, J. J., , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1219 W. 2nd St.			M = M / D = D / Y = Y = Y Y 08 13 2018
City Grand Island	State NE	Zip Code 68801-5709	Transaction ID : 12360180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Primark, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	1
Full Name of Individual (Last, First, Mide B. Capilla, Danielle, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 200 W Monroe Suite 20	50		M M / D D / Y
City Chicago	State IL	Zip Code 60606-5009	Transaction ID : 12360181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Alera Group		upation (for Individual) npliance	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
Full Name of Individual (Last, First, Mide C. Kiebler, John, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2530 Sir Barton Way, S			08 / D D / Y Y Y Y 2018
City Lexington	State KY	Zip Code 40509-2275	Transaction ID : 12360185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Humana	Occ Broł	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1
SUBTOTAL of Receipts This Page (option	al)		90.00
TOTAL This Period (last page this line nu	mber only)		

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PAGE 38 OF

		-	Use separate schedule(s)	(ch						
	D RECEIPTS		for each category of the Detailed Summary Page	3	× 11a 13		11b 14	11c	12	17
	on copied from such Reports an ercial purposes, other than using				for the		pose of		g contribu	
<hr/>	COMMITTEE (In Full)			0 10 0						
\ \	Underwriters Political	Action Com	mittee							
	e of Individual (Last, First, Middle n, John, P., ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt			
	ldress 8414 N. Wall Street Ste C				08	/	D 13) / Y	ү ү 2018	Y
City Spokane		State WA	Zip Code 99208-6161					1236018 Receipt th	36 nis Period	
	umber of contributing litical committee.	С			<u> </u>				50.	.00
IFS	Employer (for Individual)	Occi Brol	upation (for Individual) Ker		M	emo	ttem			
Receipt Fo		Aggregate	Year-to-Date ▼ 400.00]						
Full Name B. Blakely	of Individual (Last, First, Middle, Russ, , ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt			
	dress 246 E 11th Street Suite 302				08	/	D 13		2018	Y
City Chattanoc	200	State TN	Zip Code 37402-4269					1236018		
FEC ID nu	umber of contributing litical committee.	С	37402-4209		Amoun	t of		leceipt th	nis Period 85.	_
	Employer (for Individual) ely & Associates, LLC	Occ	upation (for Individual) ker		M	emo	ttem			
Receipt Fo		Aggregate	Year-to-Date V							
Othe	er (specify) ▼		680.00							
c. Daugh	e of Individual (Last, First, Middle erty, Cathy, M., ,		rganization Name		Date of	f Re	eceipt			
	ldress 1122 East Lincoln Avenue Suite 203		7.0.00		08		13		2018	Y
City Orange		State CA	Zip Code 92865-1908	_				1236018 Receipt th	nis Period	l
	umber of contributing litical committee.	С			<u> </u>		y	. ,	85.	00
Bridge Por		Occi Part	upation (for Individual) ner		M	emo	o Item			
Receipt Fo		Aggregate	Year-to-Date ▼ 680.00]						
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PAGE 39 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	\square	11k		11c 15	12	17		
Any information copied from such Reports and or for commercial purposes, other than using				for the		pose	e of s	oliciting	contribu	tions		
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle A. Schiebel, Al, C., , Mailing Address 200 Sandy Springs Pl., # 3	,	rganization Name		Date of Receipt								
City	State GA	Zip Code						236018	-			
Atlanta FEC ID number of contributing federal political committee.	C	30328-3854	/	Amount	of	Eac	ch Re	ceipt th	is Period 45.	00		
Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Receipt For: Primary General Other (specify) ▼	Brol	upation (for Individual) ker Year-to-Date ▼ 510.00]	Me	emo) Ite	em					
B. Full Name of Individual (Last, First, Middle Grava, A. Andra, , , Mailing Address 40 E. McDermott	Initial) or Full O	rganization Name		Date of	Re ′) D	/ Y	ÝÝ	Y		
City Allen FEC ID number of contributing federal political committee.	State TX	Zip Code 75002-2802				-		236019 ceipt th	2018 1 is Period 170.	00		
Name of Employer (for Individual) The DI Center	Occ Bro	upation (for Individual) ker		Me	emo) Ite	em					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1360.00	1									
Full Name of Individual (Last, First, Middle C. Evans, Joseph, M., ,	Initial) or Full O	rganization Name		Date of	Re	eceip	pt					
Mailing Address 4920 Pleasant St. 	State	Zip Code		08) /	L	13	/ Y 236019	2018	Y		
West Des Moines	IA	50266-1702							s is Period			
FEC ID number of contributing federal political committee.	С				_	9		y	42.			
Name of Employer (for Individual) Colonial Life	Occu Brok	upation (for Individual) ker		Me	emo) Ite	em					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 465.00	1									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			•		_	9	-	3	257.	00		

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl A. Denton, Jill, W., ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3500 Westgate Drive <u>Suite 602</u>			M M / D D / Y Y Y Y Y 08 13 2018
City Durham	State NC	Zip Code 27707-2540	Transaction ID : 12360215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer (for Individual) Aflac	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]
Full Name of Individual (Last, First, Middl B. Lee, Philip, W., ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 935 Moraga Road Suite 240			08 / D D / Y Y Y Y Y 2018
City _Lafayette	State CA	Zip Code 94549-4542	Transaction ID : 12360222 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		upation (for Individual) sident	Memo Item
Receipt For: Primary General	Aggregate	Year-to-Date V	1
Other (specify) ▼	L	, 240.00	
Full Name of Individual (Last, First, Middl C. Scott, John, Thomas, ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2180 American Flyer Wa			08 / D D / Y Y Y Y 2018
City Brooksville	State FL	Zip Code 34604-6829	Transaction ID : 12360223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) E-TeleQuote	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
SUBTOTAL of Receipts This Page (optiona	l)		425.00
TOTAL This Period (last page this line num	ber only)		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11	1b	11c	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpos	se of s	soliciting	g contribu	tions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
Α.	Full Name of Individual (Last, First, Middle In Trevino, Terrie, L., , Mailing Address 1822 E Townline Way	itial) or Full C	rganization Name	Date of Receipt										
	City Meridian	State ID	Zip Code 83646-6511						1236022					
	FEC ID number of contributing federal political committee.	С			Amou	nt of	r Ea	ach Re	eceipt tr	nis Period 30.				
	Name of Employer (for Individual) PayneWest Insurance Receipt For:	Occ Bro	upation (for Individual) ker		Ν	/lem	o It	em						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
в.	Full Name of Individual (Last, First, Middle In Durand, Tina, , ,	itial) or Full C	organization Name		Date	of Re	ece	ipt						
	Mailing Address 4717 Gollihar Road	08 / D D / Y Y Y Y 2018												
	City Corpus Christi	State TX	Zip Code 78411-1947						236022	25 nis Period				
	FEC ID number of contributing federal political committee.	С			<u>[</u>		-		-	42.	00			
	Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi	Occ Bro	upation (for Individual) ker		Ν	/lem	o It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]										
С.	Full Name of Individual (Last, First, Middle In Sherrod, Jeffrey, , ,	itial) or Full C	organization Name		Date	of Re	ece	ipt						
	Mailing Address 3810 Holly Ridge Drive	1-			M 08		L	D D 14		2018 [°]	Y			
	City Longview	State TX	Zip Code 75605-2500						1236022 eceipt th	26 nis Period				
	FEC ID number of contributing federal political committee.	С			Ē		y		y	30.	00			
	Name of Employer (for Individual) United Healthcare Group Receipt For:	Brok			ľ	Nem	io It	em						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]										
s	UBTOTAL of Receipts This Page (optional)			•			y		,	102.	00			
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SCHEDULE A (FEC Form 3X) -

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11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Smith, Michael, David, ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 233 West Main Street				M M 08	1	D 14) / Y	ү ү 2018	Y			
	City Lewisville	State TX	Zip Code 75057-3863					1236022 Receipt th					
	FEC ID number of contributing federal political committee.	С							30.	.00			
	Name of Employer (for Individual) The Brokerage, Inc.	Occi Broł	upation (for Individual) ker		M	emo	tem Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00	1									
в.	Full Name of Individual (Last, First, Middle Initi Webb, Amy, R., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 7 E. Main Street Suite 200				08	/	D 14		y y 2018	Y			
	City Moorestown	State NJ	Zip Code 08057-3339					1236022 Receipt th	-				
	FEC ID number of contributing federal political committee.	С							30.	_			
	Name of Employer (for Individual) Saratoga Benefit Services, LLC.	Occ	upation (for Individual) ker		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Castellani, Lorelei, G., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address PO Box 905				08	1	D 14		2018	Y			
	City Branchville	State NJ	Zip Code 07826-0905					1236023 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, <u>,</u>	30.	.00			
	Name of Employer (for Individual) Benefit Guidance Systems	Occi Brok	upation (for Individual) ser		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1									
s	UBTOTAL of Receipts This Page (optional)			•		l	y .	. ,	90.	00			
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TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	1							
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or for commercial purposes, other than using	the name and a	address of any political committee	e to sol	ICIT COI	ntrib	ution	s fr	om such	n com	mitte	е.					
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee														
Full Name of Individual (Last, First, Middle A. Selby, John, , ,	Initial) or Full C	organization Name	Date of Receipt													
Mailing Address 25B Hanover Road Suite 220			08 / D D / Y Y Y Y Y 14 2018													
City	State	Zip Code		Transaction ID : 12360231												
Florham Park	NJ	07932-1443	Amount of Each Receipt thi					pt this Period								
FEC ID number of contributing federal political committee.	С		30						30.0	0						
Name of Employer (for Individual) Savoy Associates		upation (for Individual) e President		M	emo	Item	ı									
Receipt For:	Aggregate	Year-to-Date V														
Primary General Other (specify) ▼		240.00														
Full Name of Individual (Last, First, Middle B. Patton, Rhonda, L., ,	Initial) or Full C	Organization Name		Date of	Re	ceipt										
Mailing Address PO Box 751180			08 / 14 / 2018													
City	State	Zip Code	Transaction ID : 12360235													
Petaluma	CA	94975-1180	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С					- y		-95		30.0	0					
Name of Employer (for Individual) Patton & Spahr Insurance Services		upation (for Individual) urance Agent		M	emo	lterr	I									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00														
Full Name of Individual (Last, First, Middle C. Denz, Stephanie, , ,	Initial) or Full C	Prganization Name		Date of	Re	ceipt										
Mailing Address 1100 Wild Ginger Lane				м м 08	/		D 14	/ Y	2018		Y					
City	State	Zip Code		Trans	acti	ion II) :1	236023	7							
Fleming Island	FL	32003-3224	A	mount	t of	Each	Re	ceipt th	is Per	iod						
FEC ID number of contributing federal political committee.	С			_		y		. y		85.0	0					
Name of Employer (for Individual) Aetna		upation (for Individual) keting Director	Memo Item													
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 680.00]													
SUBTOTAL of Receipts This Page (optional).				-		9		9	1,	45.00	0					

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mic A. Jacquet, Tara, , ,	· · ·	organization Name	Date of Receipt
Mailing Address 4584 North Rancho Dr	-		08 / D D / Y Y Y Y 2018
City Las Vegas	State NV	Zip Code 89130-3478	Transaction ID : 12360239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Branch Benefits Consultants		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
Full Name of Individual (Last, First, Mic B. Powers, Jason, A., ,	Idle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 8346 Redbird St			08 / D D / Y Y Y Y 08 14 2018
City Shawnee	State KS	Zip Code 66227-8701	Transaction ID : 12360240
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 34.00
Name of Employer (for Individual) Legacy Brokers, LLC		upation (for Individual) ployee Benefits Specialist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 272.00	
Full Name of Individual (Last, First, Mic Jones, Cynthia, M., ,	Idle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 24223 English Rose P			08 / D D / Y Y Y Y 2018
City Valencia	State CA	Zip Code 91354-4921	Transaction ID : 12360241 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Dickerson Employee Benefits Receipt For:	Mar	upation (for Individual) keting Director	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1
SUBTOTAL of Receipts This Page (optio	nal)		94.00
TOTAL This Period (last page this line n	umber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	eck only	у оі				
			for each category of the Detailed Summary Page		1 1a		11b	11c	12	<u> </u>
	rmation copied from such Reports and Sta ommercial purposes, other than using the									
	E OF COMMITTEE (In Full) alth Underwriters Political Act									
	Name of Individual (Last, First, Middle Initiation State) (Last, First, Middle Initiation State) (Name and State) (Last, State)	al) or Full O	rganization Name		Date of	Re	eceipt			
Mailir	ng Address 431 Bloomfield Court				м м 08	1	D 14		y y 2018	Y
City Bren	twood	State CA	Zip Code 94513-2423					1236024 Receipt th	12 nis Period	
	ID number of contributing al political committee.	С			<u> </u>			-	85.0	00
Deale	e of Employer (for Individual) ey, Renton & Associates	Occu Brok	upation (for Individual) ser		Me	emo	ttem			
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]						
	Name of Individual (Last, First, Middle Initian, Erica, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	ng Address 409 Hemlock Lane				M M 08	/	D 15		y y 2018	Y
City	tor Springe	State PA	Zip Code 19425-3633					1236081		
FEC	ter Springs ID number of contributing al political committee.	C	19420-3033		Amount	t of	Each F	Receipt th	nis Period 100.0	00
	e of Employer (for Individual) one Ins. & Benefits Group, LLC	Occi Brol	upation (for Individual) ker		Me	emo	b Item			
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]						
	Name of Individual (Last, First, Middle Initianter, Lori, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	ng Address 27 Locksley Place				08	1	D 15		2018	Y
City Fore	st	State VA	Zip Code 24551-4149					: 1236081 Receipt th	19 nis Period	
	ID number of contributing al political committee.	С			Ē		9	7	42.0	00
Thom	e of Employer (for Individual) npson - Brooks Insurance	Occu Brok	upation (for Individual) er		M	emo	o Item			
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]						
SUBTO	TAL of Receipts This Page (optional)			►			9		227.0	00
TOTAL	This Period (last page this line number o	nly)		•						

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

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			Detailed Summ			1 1a		-	1b 4	11c	;	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the					for the		rpo	se of	solicit		contribu	tions	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Ini Manning, Richard, K., , Mailing Address 10315 Woodley Avenue, #131	,	Date of Receipt											
	City	State	Zip Code			Tran	sact	tio	n ID :	12360	821			
	Granada Hills	CA	91344-6953		_	Amour	nt of	E	ach R	eceipt	this	Period		
	FEC ID number of contributing federal political committee.	С				<u> </u>		-,				85.		
	Name of Employer (for Individual) Accessible Health Insurance Services. Receipt For: Primary General Other (specify) ▼	Brok	upation (for Individ ker Year-to-Date ▼	ual) 680.00		Ν	/lemo	0	tem					
B.	Full Name of Individual (Last, First, Middle Ini Easterling, Sy, , ,	itial) or Full O	rganization Name			Date of	of Re	ece	əipt					
	Mailing Address 213 Porter Ave					M 08	л /	′	D D 15	1		y y 2018	Y	
	City	State	Zip Code			Tran	sact	io	n ID :	12360	822			
	Biloxi	MS	39530-2950		_	Amour	nt of	E	ach R	eceipt	this	Period		
	FEC ID number of contributing federal political committee.	С						,				30.	00	
	Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur		upation (for Indivic President	lual)		N	/lemo	οI	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00										
С.	Full Name of Individual (Last, First, Middle Ini Brummitt, Robert, B., ,	itial) or Full O	rganization Name			Date of	of Re	ece	əipt					
	Mailing Address 755 Falcon Lane Suite 200					^M 08	И /	′	D D D	/		y 2018	Y	
	City Coppell	State TX	Zip Code 75019-4160		_				n ID :			Deried		
	FEC ID number of contributing federal political committee.	С						1	ach R	eceipi	this	Period 12.	00	
	Name of Employer (for Individual) BenefitMall		upation (for Individ aging Partner	ual)		N	/lemo	οI	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	461.00										
s	UBTOTAL of Receipts This Page (optional)							,		,		127.	00	
т	OTAL This Period (last page this line number	only)			-									

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mide Crowgey, Melody, Lynn, ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1540 International Parky Suite 2000	way		08 / D D / Y Y Y Y Y 08 15 2018
City Lake Mary	State FL	Zip Code 32746-5096	Transaction ID : 12360824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Alltrust Insurance		upation (for Individual) ount Executive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1
Full Name of Individual (Last, First, Mide B. Call, Dana, A., ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1603 Roma Lane			08 15 / Y Y Y Y 2018
City Allen	State TX	Zip Code 75013-3038	Transaction ID : 12360825 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) The Brokerage, Inc.	Occ Age	upation (for Individual) ent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Mide C. Coker, Kenneth, Wayne, ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 404 Bryant Street			08 15 2018
City San Francisco	State CA	Zip Code 94107-1303	Transaction ID : 12360826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) CokerWayne & Associates		upation (for Individual) ker Sales	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
SUBTOTAL of Receipts This Page (option	al)		90.00
TOTAL This Period (last page this line nu	mber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mi A. Hynes, Bernard, J., ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2999 N. 44th Street Su	iite 325		08 16 / Y Y Y Y 08 16
City Phoenix	State AZ	Zip Code 85018-7259	Transaction ID : 12360972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Hynes Benefits Consulting, LLC		upation (for Individual) cipal	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
Full Name of Individual (Last, First, Mi B. Sullivan, Audra, I., ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1201 N Watson Rd Ste 287			08 / D D / Y Y Y Y 08 16 2018
City Arlington	State TX	Zip Code 76006-6222	Transaction ID : 12360975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Vogue Insurance Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) V		240.00]
Full Name of Individual (Last, First, Mi C. Powell, Brooks, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 549 Main St, Suite B			08 / D D / Y Y Y Y 16 2018
City Danville	State VA	Zip Code 24541-1317	Transaction ID : 12360983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Marsh & McLennan Agency		upation (for Individual) oloyee Benefits Advisor	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
SUBTOTAL of Receipts This Page (optic	nal)		90.00
TOTAL This Period (last page this line n	umber only)	······	

Use separate schedule(s)

FOR LINE NUMBER:

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ITE	MIZED RECEIPTS		Use separate schedule(s)	(ch	eck onl	у о	ne)			
116			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c	12	17
	information copied from such Reports and S r commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
	AME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
	ull Name of Individual (Last, First, Middle Init Zavala, Tony, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt			
N	lailing Address 4814 Cranbrook Dr E				08	1	16		ү ү 2018	Y
	ity Colleyville	State TX	Zip Code 76034-4359					1236098 Receipt th		t
	EC ID number of contributing deral political committee.	С						-	63	.00
	ame of Employer (for Individual) rost Insurance	Occi Brol	upation (for Individual) ker		M	emo	o Item			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]						
	ull Name of Individual (Last, First, Middle Init Huss, Janine, D., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt			
N	lailing Address 108 Cantina Place				M M 08	/	D 16		ү ү 2018	Y
	ity acksonville	State FL	Zip Code 32259-8016					1236098 Receipt th		ł
	EC ID number of contributing deral political committee.	С					-		30	.00
	lame of Employer (for Individual) ingleCare		upation (for Individual) Sales Executive		M	emo	o Item			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
	ull Name of Individual (Last, First, Middle Init Owens, David, Patrick, ,	tial) or Full O	rganization Name		Date of	f Re	eceipt			
_	lailing Address 101 Eisenhower Parkway Second Floor ity	State	Zip Code		08		16		2018	Y
	Roseland	NJ	07068-1032					Receipt th		b
	EC ID number of contributing ederal political committee.	С			Ľ.		y	, , ,	85	.00
E	ame of Employer (for Individual) .B. Cohen & Co., Inc.		upation (for Individual) cipal		М	emo	o Item			
н	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 755.00	1						
SU	BTOTAL of Receipts This Page (optional)			•			9		178	.00
то	TAL This Period (last page this line number of	only)		→						

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

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			Detailed Summary Page	×	11a] 11	b	1	11c	12	
			, ,		13		14			15	16	17
	y information copied from such Reports and Stateme for commercial purposes, other than using the name											
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Comr	nittee									
A.	Full Name of Individual (Last, First, Middle Initial) or Bergstrom, Christian, , ,	· Full Orę	ganization Name		Date of	Re	ecei	ipt				
	Mailing Address 300 1st Avenue South,#500				м м 08	/	L	16		/ Y	2018	Y
	City St Saint Petersburg F	ate L	Zip Code 33701-4200	A	Trans) s Period	
	FEC ID number of contributing federal political committee.						,			-g	85.	00
	Name of Employer (for Individual) Wallace Welch & Willingham, Inc.	Occup Broke	pation (for Individual) er		Me	emo	o Ite	em				
	Receipt For: Agg Primary General Other (specify) ▼	jregate Y	′ear-to-Date ▼ 680.00									
в.	Full Name of Individual (Last, First, Middle Initial) or Tompkins, Daniel, R., ,	[.] Full Or	ganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1720 Windward Concourse Suite 290				м м 08	1	Ľ	D D 17	1	Y	y y 2018	Y
	5	ate SA	Zip Code 30005-2291	A	Trans mount		-		-		s Period	
	FEC ID number of contributing federal political committee.						,			-y	85.	00
	Name of Employer (for Individual) Admin America, Inc.	Occu Broke	pation (for Individual) er		Me	emo	o Ite	em				
	Receipt For: Agg Primary General Other (specify) ▼	pregate Y	/ear-to-Date ▼ 680.00									
с.	Full Name of Individual (Last, First, Middle Initial) or Fusco, Joan, A., ,	[.] Full Or	ganization Name		Date of	Re	ecei	ipt				
	Mailing Address 25B Hanover Rd., Suite 220		1		08 M	/	L	D D 17			2018 Y	Y
	5	ate IJ	Zip Code 07932-1443	A	Trans) s Period	
	FEC ID number of contributing federal political committee.						<u>y</u>			y	100.	00
	Name of Employer (for Individual) Savoy Associates	Occup Broke	pation (for Individual) r		M	emo	o Ite	em				
	Receipt For: Agg Primary General Other (specify)	regate Y	/ear-to-Date ▼ 800.00									
s	JBTOTAL of Receipts This Page (optional)			. [,			,	270.	00
Т	OTAL This Period (last page this line number only)						7			- j -		

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

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				Detailed Summary Page	×	11a 13] 11b 14		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose		liciting		ntributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee									
A.	Full Name of Individual (Last, First, Middle Initia Wolfe, Rosanne, , ,	al) or Full O	Orga	nization Name	[Date of	f Re	eceip	ot				
	Mailing Address PO Box 17236					M M 08	/	D	D 17	/ Y	ү 20) 018	Y
	City Tucson	State AZ		Zip Code 85731-7236	-					236192 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						-7		- -	_	30.0	0
	Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Brol	•	tion (for Individual)		M	emc	b Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00									
B.	Full Name of Individual (Last, First, Middle Initia Rose, Vincent, J., ,	al) or Full O	Orga	nization Name		Date of	f Re	eceip	ot				
	Mailing Address 620 South Lake Street					м м 08	/	D	р 17	/ Y	ү 20)18	Y
	City Marquette	State MI		Zip Code 49855-5150						36192: eipt th		eriod	
	FEC ID number of contributing federal political committee.	С						- j -		-95-	_	30.0	0
	Name of Employer (for Individual) 44North	Occ Bro		tion (for Individual)		M	emc	b Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00									
С.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Orga	nization Name		Date of	f Re	eceip	ot				
	Mailing Address 4710 4th Street Ste. 300					08 ^M	1	D	л 18	/ Y)18)18	Y
	City La Mesa	State CA		Zip Code 91941-5384	4					236246 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						<u>,</u>		y	_	30.0	0
	Name of Employer (for Individual) Business Choice Insurance Services	Occi Pres	•	tion (for Individual) nt		M	emo	o Itei	m				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00									
s	UBTOTAL of Receipts This Page (optional)			•	·			5		9	-	90.0	0
Т	OTAL This Period (last page this line number of	nly)		••••••	•			-		- 7	_		_

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	▲ 11a 11b 11c 12 13 14 15 16 17
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Scott, Nicole, , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6200 Northwest Pkwy			08 / D D / Y Y Y Y 2018
City San Antonio	State TX	Zip Code 78249-3348	Transaction ID : 12362464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) United Healthcare	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1
B. Full Name of Individual (Last, First, Mide B. Beck, Carolyn, , , Mailing Address 101 Plaza East Blvd	lle Initial) or Full C	rganization Name	Date of Receipt
	State	Zip Code	08 18 2018
City Evansville	IN	47715-2870	Transaction ID : 12362467 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) SIHO Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]
Full Name of Individual (Last, First, Mido Farrell, Jennifer, Liane , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3800 North Central Aver 9th Floor City	State	Zip Code	08 / 18 / 2018 Transaction ID : 12362468
Phoenix	AZ	85012-1979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Black, Gould & Associates Receipt For:	Brok		Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	1
SUBTOTAL of Receipts This Page (option	al)		157.00
TOTAL This Period (last page this line nur	mber only)		

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s) (check only one)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11 14	-	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmit	ttee								
Α.	Full Name of Individual (Last, First, Middle Initia Griffey, Don, R., ,	l) or Full C	Orgar	nization Name		Date	of Re	ecei	pt			
	Mailing Address 56294 Prim Rose Circle			7. 0. 1		08	M /	L	18	/ Y	ү ү 2018	Y
	City Elkhart	State IN		Zip Code 46516-1509						236246 eceipt th	i 9 Iis Perioc	1
	FEC ID number of contributing federal political committee.	C						-		- 41-	30	.00
	Name of Employer (for Individual) Hailey-Campbell, Inc	Occ Brol	•	ion (for Individual)			Vemo	o Ite	əm			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 390.00								
в.	Full Name of Individual (Last, First, Middle Initia Kelley, Dianne, M., ,	l) or Full C	Orgar	nization Name		Date	of Re	ecei	pt			
	Mailing Address 7320 N La Cholla Blvd. Suite 154-219			1		[™] 08			18	/ Y	2018	Y
	City Tucson	State AZ		Zip Code 85741-2309						236247 eceipt th	5 iis Perioc	1
	FEC ID number of contributing federal political committee.	С						-		- 45-	63	.00
	Name of Employer (for Individual) Sandbrook Benefits Group, LLC		cupat oker	ion (for Individual)		N	Memo	o Ite	əm			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 439.00								
с.	Full Name of Individual (Last, First, Middle Initia	ll) or Full C	Orgar	nization Name		Date	of Re	ecei	pt			
	Mailing Address PO Box 5125					^M 08		/	19	/ Y	2018	Y
	City Culver City	State CA		Zip Code 90231-5125						236247	'9 iis Perioc	1
	FEC ID number of contributing federal political committee.	С						y			85	.00
	Name of Employer (for Individual) Friedman & Associates	Occ Brok	•	ion (for Individual)		ľ	Memo	o Ite	əm			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 680.00	1							
s	UBTOTAL of Receipts This Page (optional)			•••••	•			9		,	178	.00
т	OTAL This Period (last page this line number or	1ly)						-		- 40-		

Use separate schedule(s)

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11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Niederman, Tammy, Lyn, ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 10042 Silver Maple Circle				м м 08	/	D 19) / Y	ү ү 2018	Ŷ
	City Highlands Ranch	State CO	Zip Code 80129-5420					1236248 Receipt th		
	FEC ID number of contributing federal political committee.	С					-		30.	00
	Name of Employer (for Individual) Niederman Insurance Agency	Occi Brol	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00]						
в.	Full Name of Individual (Last, First, Middle Initia McKittrick, Kristin, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 4020 Danley Drive				M M 08	1	D 19) / Y	у у 2018	Y
	City Denid City	State SD	Zip Code 57702-6893	_				1236248	-	
	Rapid City FEC ID number of contributing federal political committee.	C	31102-0093		Amoun	t of		Receipt th	is Period	_
	Name of Employer (for Individual) Mountain Plains Insurance	Occ Bro	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
С.	Full Name of Individual (Last, First, Middle Initia Brooks, Mark, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address P.O. Box 10876				08	1	D 19		2018	Y
	City Lynchburg	State VA	Zip Code 24506-0876					1236248 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,	30.	00
	Name of Employer (for Individual) Personal Design Financial Services, In	Occu Brok	upation (for Individual) ker		M	em	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]						
s	UBTOTAL of Receipts This Page (optional)			•			9	. ,	90.	00
т	OTAL This Period (last page this line number or	nly)		•						

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle A. Ward, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3219 E. Camelback Road #569			08 / D D / Y Y Y Y 2018
City Phoenix	State AZ	Zip Code 85018-2307	Transaction ID : 12362487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Emerging Benefits Consultants, LLC	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
Full Name of Individual (Last, First, Middle B. <u>Stewart, Rachel</u> , , , Mailing Address 1119 E Blackhawk Dr	e Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	08 19 2018
Phoenix	AZ	85024-4178	Transaction ID : 12362488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) RS Assurance	Occ Age	upation (for Individual) ent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
Full Name of Individual (Last, First, Middle C. Matznick, Michael, E., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3150 N. Elm Street Suite 201			08 / D D / Y Y Y Y 2018
City Greensboro	State NC	Zip Code 27408-3840	Transaction ID : 12362489 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) EbenConcepts Company	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		 114.00 114.00

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			Use separate schedule(s)	(C	heck onl	у ог	ne)				
			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c 15	12		17
	nformation copied from such Reports and Sta commercial purposes, other than using the r				for the		pose of	soliciting	g contrib		s
\ \	AME OF COMMITTEE (In Full) lealth Underwriters Political Acti	on Com	mittee								
	II Name of Individual (Last, First, Middle Initia Carmichael, Stacy, Anne, ,	l) or Full O	rganization Name		Date o	f Re	eceipt				
Ma	ailing Address 601 SW 2nd Ave				м м 08	/	D 20	D / Y	ү ү 2018	Y	
Cit	ty ortland	State OR	Zip Code 97204-3153					1236249 Receipt th		d	
	EC ID number of contributing deral political committee.	С					-		30	0.00	
Mo	ame of Employer (for Individual) oda Health, Inc		upation (for Individual) ector of Sales		М	emo	ttem				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
	II Name of Individual (Last, First, Middle Initia Gadinas, Kathy, M., ,	l) or Full O	rganization Name		Date o	f Re	eceipt				
	ailing Address 16325 Boones Ferry Rd., #204				M M 08	/	20		2018	Y	
Cit La	ty ake Oswego	State OR	Zip Code 97035-4297					1236249 Receipt th		d	
	EC ID number of contributing deral political committee.	С					-		30	0.00	
	ame of Employer (for Individual) olumbia Benefit Solutions, Inc.	Occu Broł	upation (for Individual) ker		М	emo	ttem				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00								
	III Name of Individual (Last, First, Middle Initia Stubbs, Clifton, , ,	l) or Full O	rganization Name		Date o	f Re	eceipt				
	ailing Address 10401 Cablis Lane	1			M M 08	1	20		2018 [°]	Y	
Cit	ty risco	State TX	Zip Code 75035-6100					1236249 Receipt th		d	
	EC ID number of contributing deral political committee.	С			<u> </u>		y .		30	0.00	
Se	ame of Employer (for Individual) elf-Employed	Occu Ager	upation (for Individual) nt		M	emo	o Item				
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
SUB	STOTAL of Receipts This Page (optional)			▶			y .		90	0.00	
тот	AL This Period (last page this line number or	ıly)		►				-			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b 14	11c 15	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the		pose of	soliciting	contribut	ions
NAME OF COMMITTEE (In Full)								
> Health Underwriters Political A	Action Com	mittee						
Full Name of Individual (Last, First, Middle Bartholomew, Rhonda, , ,	Initial) or Full O	rganization Name	Date o	of Re	eceipt			
Mailing Address PO Box 5099			08	VI /	D 10	D / Y	ү ү 2018	Y
City Twin Falls	State ID	Zip Code 83303-5099				1236250 Receipt th		
FEC ID number of contributing federal political committee.	C				-y 1		30.0	00
Name of Employer (for Individual) HUB International		upation (for Individual) up Division Manager		/lemo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1					
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name		<i>(</i> D				
B. <u>Ritter, William, L., ,</u> Mailing Address 138 W. Main Street, Suite 2	200		Date of 08		21) / Y	2018	Y
City	State	Zip Code				1236337		
Williamston	NC	27892-2490	Amour	nt of	Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				-		50.0	00
Name of Employer (for Individual) Triangle Planning Services, Inc.	Occ Bro	upation (for Individual) ker		/lemo	o Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		400.00	1					
Full Name of Individual (Last, First, Middle C. Combs, Susan, L., ,	Initial) or Full O	rganization Name	Date o	of Re	eceipt			
Mailing Address 234 Fifth Ave Ste 308			M 08	И /	D 21		2018	Y
City New York	State NY	Zip Code 10001-7607				1236337 Receipt th		
FEC ID number of contributing federal political committee.	С				,		42.(00
Name of Employer (for Individual) Combs & Company, LLC	Occi Brok	upation (for Individual) :er	N	/lemo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]					
SUBTOTAL of Receipts This Page (optional).							122.0	00
TOTAL This Period (last page this line numb	er only)					, , ,		

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mic A. Pittman, Joseph, E., ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address P O Box 24133			M M / D D / Y Y Y Y 08 21 2018
City Omaha	State NE	Zip Code 68124-0133	Transaction ID : 12363378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Creative Association Management	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	1
Full Name of Individual (Last, First, Mic B. Kane, Karen, T., ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3342 NE 156th Ave			M M / D / Y
City Portland	State OR	Zip Code 97230-4409	Transaction ID : 12363384 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Insurance Solutions NW, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Mic C. Singleton, Terry, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1773 Owasco Street			M M / D D / Y Y Y Y 2018
City Winter Springs	State FL	Zip Code 32708-5614	Transaction ID : 12367202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) The Enterprise Team	Occ Part	upation (for Individual) ner	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	1
SUBTOTAL of Receipts This Page (optio	nal)		420.00
TOTAL This Period (last page this line no	umber only)		

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	у ог	ne)			
11			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Leavitt, Scott, A., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 12988 W. Paint Dr.				08	/	D 10 22) / Y	ү ү 2018	Y
	City Boise	State ID	Zip Code 83713-1947					1236720 Receipt th		d
	FEC ID number of contributing federal political committee.	С					-			.00
	Name of Employer (for Individual) Scott Leavitt Insurance	Occi Brol	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1						
в.	Full Name of Individual (Last, First, Middle Init Bergsma, Lori, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address Balanced Rock Insurance 643 Canyon Drive		1		08	/	D 1 22		2018	Y
	City Twin Falls	State ID	Zip Code 83301-3014					1236720 Receipt th		d
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Cagliola, David, A., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1550 Liberty Ridge Drive Suite 250	State	Zin Codo		08		22		2018	Y
	City Chesterbrook	PA	Zip Code 19087-5567					1236720 Receipt th		d
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		85	.00
	Name of Employer (for Individual) Radnor Benefits Group	Occu Brok	upation (for Individual) ker		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1680.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	145	.00
Т	OTAL This Period (last page this line number of	only)		→	Γ.	T				

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ידו			Use separate schedule(s)	(ch	eck only	у ог	ne)			
			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Henry, Thomas, L., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 430 W NAPA ST. SUITE F				м м 08	/	D [22) / Y	ү ү 2018	Y
	City SONOMA	State CA	Zip Code 95476-6545					1236720 Receipt th		1
	FEC ID number of contributing federal political committee.	С					-y		85	.00
	Name of Employer (for Individual) RealCare Insurance Marketing, Inc.	Occu Broł	upation (for Individual) ker		M	emo	tem Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Wild, Trei, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 3724 Hearst Castle Way				м м 08	/	22) / Y	y y 2018	Y
	City Plano	State TX	Zip Code 75025-3719					1236721 Receipt th	-	1
	FEC ID number of contributing federal political committee.	С							85	.00
	Name of Employer (for Individual) Protect Plans	Occi Brol	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]						
C.	Full Name of Individual (Last, First, Middle Initi Cunningham, Jerilyn, B., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 6570 N 130th Lane				08 ^M		22		ү ү 2018	Y
	City Glendale	State AZ	Zip Code 85307-4506					1236721 Receipt th		1
	FEC ID number of contributing federal political committee.	С			Ē		,	,	30	.00
	Name of Employer (for Individual) Humana		upation (for Individual) ager of Engagement		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			, .	.,	200	.00
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	EIVITZED RECEIPTS		Dotailed Summary Page		×	11a		11b		11c		12	
			Detailed Summary Page			13		14		15		16	17
	y information copied from such Reports and for commercial purposes, other than using th												
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee										
A.	Full Name of Individual (Last, First, Middle Ir Eckard, Brenda, A., ,	nitial) or Full C	rganization Name			Date of	Re	eceipt	t				
	Mailing Address 130 North 25th Street					м м 08	1		D 22	/ Y		018	Y
	City Fort Dodge	State IA	Zip Code 50501-4338			Trans Amount				236721 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С						-		-9-	_	30.0	00
	Name of Employer (for Individual) KHI Solutions	Occ Brol	upation (for Individual) ker			M	emo	lten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
B.	Full Name of Individual (Last, First, Middle Ir Boaz, Daniel, J., ,	nitial) or Full C	rganization Name			Date of	Re	ceipt	t				
	Mailing Address 5565 Roberts Drive Suite 100					м м 08	/		D 22	/ Y) 18	Y
	City Atlanta	State GA	Zip Code 30338-3350			Trans Amount				236721 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						7		-9-	_	30.0	00
	Name of Employer (for Individual) HealthLife Group, LLC	Occ Bro	upation (for Individual) ker			M	emo	lten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
C.	Full Name of Individual (Last, First, Middle Ir Coburn, Richard, P., ,	nitial) or Full C	rganization Name			Date of	Re	eceipt	t				
	Mailing Address 19 Minor Court					08 ^M	1		22 D		20)18 [°]	Y
	City San Rafael	State CA	Zip Code 94903-3716			Trans Amount				236721 ceipt th		^v eriod	
	FEC ID number of contributing federal political committee.	С						y		y	_	30.0	00
	Name of Employer (for Individual) The Word and Brown Receipt For:	Occ Brok	upation (for Individual) ker			M	emc) Iten	n				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00										
s	UBTOTAL of Receipts This Page (optional)			▶				,		,		90.0	0
т	OTAL This Period (last page this line number	r only)		▶				_		-			

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	EWIZED RECEIPTS			ed Summary Page	×	11a]11b		11c		12	
						13		14		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittor										
A.	Full Name of Individual (Last, First, Middle Initi Gualtieri, Peter, L., ,	al) or Full O	rganizatio	n Name		Date of	Re	eceip	t				
	Mailing Address 1600 JFK Boulevard, Suite 122					^M M 08	/		22	/ Y)18	Y
	City	State	Zip (-		236721	-		
	Philadelphia	PA	19	103-2810	/	Amount	t of	Each	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-7-		10.0	0
	Name of Employer (for Individual) Savoy Associates	Occu Brok	•	or Individual)		M	emo	b Iter	n				
	Receipt For:	Aggregate	Year-to-D	ate 🔻									
	Primary General Other (specify) ▼			1080.00									
			7		-								
B.	Full Name of Individual (Last, First, Middle Initi Lindsay, Robert, , ,	al) or Full O	rganizatio	n Name	[Date of	Re	eceip	t	_	-	_	_
	Mailing Address 220 Emerson Place					м м 08	1		D 22	/ Y		18	Y
	City	State	Zip (Trans	acti	ion II	D : 1	236722	1		
	Davenport	IA	528	01-1624	A	Amount	t of	Each	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						- J -		-95		85.0	0
	Name of Employer (for Individual) Arthur J. Gallagher & Company	Occu Brok	•	or Individual)		M	emo	b Iter	n				
	Receipt For:	Aggregate	Year-to-D	ate V									
	Primary General Other (specify) ▼		,	680.00]								
	Full Name of Individual (Last, First, Middle Initi Lindstrom, Betty, J., ,	al) or Full O	rganizatio	n Name		Date of	Re	eceip	t				
	Mailing Address PO Box 4026					^M 08	1		22	/ Y		18	Y
	City	State		Code		Trans	act	ion I	D : 1	236722	22		
	Felton	CA	950	18-0349	/	Amount	t of	Each	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		9		30.0	0
	Name of Employer (for Individual) Lindstrom Insurance	Occu Brok	• •	or Individual)		M	emc	o Iter	n				
	Receipt For:	Aggregate		ate 🔻									
	Primary General				1								
	Other (specify)			240.00	1								
s	UBTOTAL of Receipts This Page (optional)				•			,				125.0	0
т	OTAL This Period (last page this line number o	nly)		h				-					

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			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of		g contrib	butio	
<u> </u>	NAME OF COMMITTEE (In Full)										-
\rangle	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Olson, Charles, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 17445 Arbor St Ste 310				м м 08	1	D 22	D / Y	2018		
	City Omaha	State NE	Zip Code 68130-4645					1236722			
			00130-4043	_	Amoun	t of	Each F	Receipt th	is Peric	bd	
	FEC ID number of contributing federal political committee.	С			Ľ.	_			1	5.00	
	Name of Employer (for Individual) OCI	Occi Broł	upation (for Individual) ker		М	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		270.00	11.							
	Other (specify)			1							
B.	Full Name of Individual (Last, First, Middle Initia Bennett, James, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 106-2 St. James Ct. P O Box 573				08	1	22		2018	Y	
	City	State	Zip Code					1236762			
	Frankfort	KY	40601-5601		Amoun	t of	Each F	Receipt th	is Perio	bc	
	FEC ID number of contributing federal political committee.	С					-		36	5.00	
	Name of Employer (for Individual) Bennett & Bays Insurance Services LLC	Occi Brol	upation (for Individual) ker		М	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		365.00]							
<u></u>	Full Name of Individual (Last, First, Middle Initia Theesfeld, Angela, A., ,	al) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 403 Toyah Brk				08	/	22		2018	Y	1
	City San Antonio	State TX	Zip Code 78258-2564					1236763 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .			0.00	
	Name of Employer (for Individual) United HealthCare		upation (for Individual) punt Executive		М	em	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 290.00								
s	UBTOTAL of Receipts This Page (optional)			•			y	,	41	0.00	
т	OTAL This Period (last page this line number o	nly)		•			45	-		-	

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			Use separate schedule(s)	(check only one)	
			for each category of the Detailed Summary Page	X 11a 11b 11c 12	<u> </u>
	y information copied from such Reports and Sta for commercial purposes, other than using the n				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee		
A.	Full Name of Individual (Last, First, Middle Initia Wilcox, David, V., ,	l) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 195 River Vista Place Suite 206			08 / D D / Y Y Y Y 22 2018	Y
	City Twin Falls	State ID	Zip Code 83301-3189	Transaction ID : 12367635 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.0	0
	Name of Employer (for Individual) Magic Valley Insurance, Inc.	Occu Brok	pation (for Individual) er	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 1000.00]	
B.	Full Name of Individual (Last, First, Middle Initia Wilson, Thomas, R., , Mailing Address 701 Lamar	l) or Full Or	ganization Name	Date of Receipt	Ŷ
	City	State	Zip Code	08 23 2018 Transaction ID : 12367636	
	Wichita Falls FEC ID number of contributing federal political committee.	С	76301-6824	Amount of Each Receipt this Period	0
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occu Brok	upation (for Individual) ter	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 1510.00]	
с.	Full Name of Individual (Last, First, Middle Initia Knight, Ronald David, , ,	l) or Full Or	ganization Name	Date of Receipt	
	Mailing Address PO Box 507			08 / D D / Y Y Y Y 23 2018	Y
	City Carrollton	State GA	Zip Code 30112-0009	Transaction ID : 12367637 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		85.0	0
	Name of Employer (for Individual) J. Smith Lanier & Co., Inc. Receipt For:	Broke		Memo Item	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	Monthly Contribution	
	UBTOTAL of Receipts This Page (optional)			1255.00	0
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			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17	
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\ \	ME OF COMMITTEE (In Full)										
	ealth Underwriters Political A	Action Com	mittee								
	I Name of Individual (Last, First, Middle ohlsdorf, Eric, , ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt				
	iling Address 1501 Ingersoll Ave Suite 200				08	1	23) / Y	Y Y 2018	Y	
City De	y es Moines	State IA	Zip Code 50309-3102					1236763 Receipt th	is Perioc		
	C ID number of contributing eral political committee.	С							85	_	
Pris	me of Employer (for Individual) sma Strategies	Occi Broł	upation (for Individual) ker		M	emo	tem				
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	I Name of Individual (Last, First, Middle odd, Richard, H., ,	Initial) or Full O	rganization Name		Date of	f Re	ceint				
	iling Address PO Box 56166					1 /	23) / Y	2018	Y	
City	y tle Rock	State AR	Zip Code 72215-6166	_				1236764			
FE	C ID number of contributing eral political committee.	C	12213-0100		Amoun	t of	Each H	eceipt th	nis Perioc 30	_	
	me of Employer (for Individual) Todd Agency, Inc.	Occ Bro	upation (for Individual) ker		M	emo	tem				
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
	I Name of Individual (Last, First, Middle odd, David, , ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt				
Ma	iling Address PO Box 56166				м м 08	/	23		2018	Y	
City	y tle Rock	State AR	Zip Code 72215-6166					1236764	15 his Perioc		
	C ID number of contributing eral political committee.	С					,	J		00	
The	me of Employer (for Individual) e Todd Agency, Inc.	Occi Brok	upation (for Individual) ker		М	emo	tem Item				
	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
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PAGE 66 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions eto solicit contributions from such committee. 10
NAME OF COMMITTEE (In Full) Health Underwriters Politica	-		
Full Name of Individual (Last, First, Midd A. Ackerman, Mark, K., ,	le Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 3700 Forest Drive Suite 300			08 23 2018
City	State SC	Zip Code	Transaction ID : 12367646
Columbia	00	29204-4010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Insurance Management Group, Inc.	Occu Brok	pation (for Individual) er	Memo Item
Receipt For:	Aggregate V	Year-to-Date 🔻	-
Primary General Other (specify) ▼		680.00	1
Full Name of Individual (Last, First, Midd B. Whang, Victor, , ,	le Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 33970 23 Mile Rd.			08 23 2018
City	State	Zip Code	Transaction ID : 12367647
Chesterfield	MI	48047-4005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Insurance Warehouse		pation (for Individual) er/Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
Full Name of Individual (Last, First, Midd C. Berger, Stephanie, , ,	le Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 79 Daily Dr #276			08 23 2018
City	State	Zip Code	Transaction ID : 12367650
Camarillo	CA	93010-5807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Collaborative Insurance Solutions	Occu Broke	pation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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	NAME OF COMMITTEE (In Full)										
	Health Underwriters Political A	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle I Blain, Bradford, H., ,	nitial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 343 Waller Avenue Suite 101				м м 08	1	23	р / Ү	у у 2018	Y	
	City	State	Zip Code		Trans	act	ion ID :	1236765			1
-	Lexington	KY	40504-2912		Amount	t of	Each F	Receipt th	nis Perio	d	
	FEC ID number of contributing rederal political committee.	С								0.00	
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occi Brol	upation (for Individual) ker		M	emo	o Item				
i	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		240.00	11							
	Other (specify) V			1							
	Full Name of Individual (Last, First, Middle I Gennaro, Jeffrey, Wm., ,	nitial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 3820 W Happy Valley Rd Ste 141, PMB 606				08	1	23		2018	Y	
	City	State AZ	Zip Code					1236765			
-		AL	85310-3292		Amount	t of	Each F	Receipt th	ns Perio	d	_
	FEC ID number of contributing rederal political committee.	С			Ľ.			-	85	5.00	
	Name of Employer (for Individual) Capitol Insurance Brokers, Inc.	Occ Bro	upation (for Individual) ker		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		680.00]							
	Full Name of Individual (Last, First, Middle I Hebert, Hedy, S., ,	nitial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 390 Plaza Loop.				08 M	/	23		2018	Y	
	City Bossier City	State LA	Zip Code 71111-4390					1236765			
-	,		71111-4390		Amount	t of	Each F	Receipt th	nis Perio	d	_
	FEC ID number of contributing ederal political committee.	C			Ļ.	-	y	y	85	5.00	
	Name of Employer (for Individual) Benefit Consulting Services	Occi Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00]							
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi LaFay, Stacey, S., ,	al) or Full O	rganization Name	[Date of	f Re	eceipt			
	Mailing Address 2444 East Hill Rd.				08	1	D 23		2018	Y
	City Grand Blanc	State MI	Zip Code 48439-5098					1236765 Receipt th	i5 his Period	
	FEC ID number of contributing federal political committee.	С					-y		100.	.00
	Name of Employer (for Individual) Franklin Benefit Solutions	Occi Broł	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
в.	Full Name of Individual (Last, First, Middle Initi McClaskey, Barbara, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1965 Pine Street				M M 08	/	23		2018	Y
	City Redding	State CA	Zip Code 96001-1921					1236765 Receipt th	6 nis Period	
	FEC ID number of contributing federal political committee.	С							42.	_
	Name of Employer (for Individual) Barbara McClaskey Insurance Services	Occu Brol	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]						
с.	Full Name of Individual (Last, First, Middle Initi Ming, James, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address P.O. Box 621				M M 08	1	23		2018	Y
	City Union	State MO	Zip Code 63084-0621					: 1236765 Receipt th	57 nis Period	
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	Name of Employer (for Individual) Ming Senior Services	Occu Brok	upation (for Individual) ker		M	emo	o Item			
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar					fo	r the		ро	se		solici	iting	con	tribut	ions
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A.	Full Name of Individual (Last, First, Middle Initial) Rash, Susan, Maley, ,	or Full C	Drga	nization Name			ate of	Re	ece	eipt						
	Mailing Address 460 Bel Bridge Circle	State		Zip Code		L	08 Trans	/			23	/	L	20	18 18	Ŷ
	-	VA		23113-6493			mount								Priod	
	FEC ID number of contributing federal political committee.	C					liount	UI .	,	uon				-	120.0	0
	Name of Employer (for Individual) Retired	Occ Brol	•	tion (for Individual)			Me	emo	o l	tem	I					
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 1310.00												
В.	Full Name of Individual (Last, First, Middle Initial) Reeves, Valerie, , ,	or Full C	Drga	nization Name		Da	ate of	Re	ece	əipt						
	Mailing Address 3702 Brownsboro Rd					Γ	08	1	ľ	D 2	2 <u>3</u>	1	Y	ү 201	ү 18	Y
	City Euler State S	State KY		Zip Code 40207-1820			Frans mount		-						eriod	
	FEC ID number of contributing federal political committee.	0						_	,				, ,		42.0	0
	Name of Employer (for Individual) Preferred Benefits, LLC	Occ Bro		ation (for Individual)			Me	emo	o l	tem	I					
	Receipt For: Age Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 336.00												
C.	Full Name of Individual (Last, First, Middle Initial) Renkar, Christopher, J., ,	or Full C	Drga	nization Name		Da	ate of	Re	ece	əipt						
	Mailing Address 4136 Inslake Dr. # B					Ľ	08 ^M	/	l		23	1	Y	201	18 [°]	Y
	City Glen Allen	State VA		Zip Code 23060-3344			Trans mount								eriod	
	FEC ID number of contributing federal political committee.	C	Ì			Ľ			,				y		30.0	0
	Name of Employer (for Individual) Independent Benefits LLC	Occ Brok	•	tion (for Individual)			Me	emc	5 I	ltem	1					
	Receipt For: Ag Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 204.00												
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Any information copied from such Reports	and Statements ma	y not be sold or used by any ne	erson fo	13 or the	purr	14 pose of s	15 solicitina	16 contribu	17 tions
or for commercial purposes, other than usi									
NAME OF COMMITTEE (In Full)			_	_					
Health Underwriters Politica	al Action Com								
Full Name of Individual (Last, First, Mid Tandrow, Tara, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 2600 Rose Hill, #101			_ [м м 08	1	D D 23	/ Y	2018	Y
City	State	Zip Code		Trans	acti	ion ID : 1	236766	1	
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Name of Employer (for Individual) HUB International	Occu Brok	upation (for Individual) ker		Me	emo	ttem			
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Primary General Other (specify) ▼		240.00							
Full Name of Individual (Last, First, Mid 3. Tellesbo-Kembel, Marsha, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 1001 4th Avenue, Suite	1][м м 08	1	D D 23	/ Y	2018	Y
City	State	Zip Code		Trans	acti	ion ID : 1	2367662	2	
Seattle	WA	98154-1003	A	mount	of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	-		170.	00
Name of Employer (for Individual) Tellesbo & Company	Occi Brol	upation (for Individual) ker		Me	emo	o Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		1360.00							
Full Name of Individual (Last, First, Mid C. Todd, Helen, M., ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address PO Box 56166][м м 08	Ŀ.	D D 23		2018	Y
City	State	Zip Code				ion ID : 1			
Little Rock	AR	72215-6166	A	mount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	y .	,	30.	00
Name of Employer (for Individual) The Todd Agency, Inc.	Occu Brok	upation (for Individual) ker		M	emc	o Item			
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Primary General									
Other (specify)		240.00							
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NAME OF COMMITTEE			uuress or any pointear committee		UNCIL CO	i i u IC	10110115	TOTT SUC	COMM	mee.
Health Underwrite	. ,	on Com	mittee							
Full Name of Individual (I A. Thal, Harry, P., ,	ast, First, Middle Initial.) or Full O	rganization Name		Date o	f Re	eceipt			
Mailing Address 11006 K	ernville Rd. #1				м м 08	/	23) / Y	ү ү 2018	Y
City Kernville		State CA	Zip Code 93238-9765	_				1236766 Receipt th		d
FEC ID number of contrib federal political committee	0	С			<u> </u>				85	5.00
Name of Employer (for In Harry P. Thal Insurance A	,	Occi Broł	upation (for Individual) ker		М	emo	tem			
Receipt For: Primary G Other (specify) ▼	eneral	Aggregate	Year-to-Date ▼ 680.00							
Full Name of Individual (I B. Munger, David, , ,	ast, First, Middle Initial) or Full O	rganization Name		Date o	f Re	eceipt			
Mailing Address 3312 W.	Magistrate Loop	1			08	/	23) / Y	2018	Y
City		State	Zip Code					1236767	-	
Hayden		ID	83835-5019	_	Amoun	t of	Each F	Receipt th	nis Perio	d
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Receipt For:		Aggregate	Year-to-Date ▼							
Other (specify) ▼	eneral		775.00							
Full Name of Individual (I C. Moore, David, A.,	9) or Full O	rganization Name		Date o	f Re	eceipt			
Mailing Address 204 Rive	ergate Pkwy				м м 08	1	23		2018 [°]	Ŷ
City Goodlettsville		State TN	Zip Code 37072-2033					1236767 Receipt th		d
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Name of Employer (for Ir Benefit Brokers, LLC	dividual)	Occu Brok	upation (for Individual) er		М	emo	o Item			
Receipt For: Primary G Other (specify)	eneral	Aggregate	Year-to-Date ▼ 240.00							
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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	y information copied from such Reports and Stat for commercial purposes, other than using the na												outions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	imi	ttee									
Α.	Full Name of Individual (Last, First, Middle Initial Baskett, John, , ,) or Full O	rga	nization Name		Date	e of	Re	cei	pt			
	Mailing Address 2601C Blanding Ave #222	State		Zip Code		0		/		23	/ Y	2018	Y
	Alameda	CA		94501-1507							236767	nis Perio	d
	FEC ID number of contributing federal political committee.	С							-				0.00
	Name of Employer (for Individual) John Baskett Insurance Services	Occi Broł	•	tion (for Individual)			Me	emo) Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00									
в.	Full Name of Individual (Last, First, Middle Initial Braner, Jodie, E., ,) or Full O	rga	nization Name		Date	e of	Re	cei	pt			
	Mailing Address 5 Concourse Parkway 18th Floor			1		[™] 0		/		23	/ Y	2018	Y
	City Atlanta	State GA		Zip Code 30328-5350					-		236767 eceipt th	'4 nis Perio	d
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	Name of Employer (for Individual) Willis	Occi Brol		tion (for Individual)			Me	emo) Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 240.00	1								
С.	Full Name of Individual (Last, First, Middle Initial Copeland, Bob, , ,) or Full O)rgai	nization Name		Date	e of	Re	cei	pt			
	Mailing Address 700 Larkspur Landing Circle, Su					^м 0	8 ^M	/		23	/ Y	2018	Y
	City Larkspur	State CA		Zip Code 94939-1755	-						236767	76 nis Perio	d
	FEC ID number of contributing federal political committee.	С	Ì				unt		<u> </u>				5.00
	Name of Employer (for Individual) Copeland Insurance Services	Occu Brok	•	tion (for Individual)			Me	emo) Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 680.00									
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mid A. Goodwin, Carolyn, L., ,	dle Initial) or Full C	rganization Name		Date of	Re	eceip	t				
Mailing Address 12740 Hillcrest Road Suite 275				M M 08	/		23	/ Y)18)18	Ŷ
City Dallas	State TX	Zip Code 75230-7129						236767 ceipt th		eriod	
FEC ID number of contributing federal political committee.	C					- J -		- 45-	_	30.0	0
Name of Employer (for Individual) Goodwin Benefits Group, LLC	Occ Bro	upation (for Individual) ker		M	emo) Iter	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
Full Name of Individual (Last, First, Mide B. Griffey, Patricia, A., ,	dle Initial) or Full C	rganization Name		Date of	Re	eceip	t				
Mailing Address 56294 Primrose Circle				м м 08	/		23	/ Y	20	ү 18	Y
City Elkhart	State IN	Zip Code 46516-1509						236768	-	oriod	
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Name of Employer (for Individual) Page 1 Medicare	Occ Bro	upation (for Individual) ker		M	emo) Iter	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]								
Full Name of Individual (Last, First, Mide C. Howard, Michelle, S., ,	dle Initial) or Full C	rganization Name		Date of	Re	eceip	t				
Mailing Address 2850 West Grand Boule	evard			^M 08	/		23	/ Y		18 [°]	Ŷ
City Detroit	State MI	Zip Code 48202-2643						236768 ceipt th		eriod	
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Name of Employer (for Individual) Health Alliance Plan	Occ Brol	upation (for Individual) ter		M	emo	b Iter	m				
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	y information copied from such Reports and Sta for commercial purposes, other than using the r											olicitin			ons
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A.	Full Name of Individual (Last, First, Middle Initia Embry, Michael, A., ,	al) or Full C)rganizati	on Name			Date	of F	Rec	ceij	ot				
	Mailing Address 26555 Evergreen Road Suite 535			0.1			M 08		/		23	/ Y	201	Y 18	Y
	City Southfield	State MI	· · ·	Code 8076-4213						-		236768 ceipt th	-	riod	
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	Name of Employer (for Individual) Comprehensive Benefits	Occ Bro	•	for Individual)				Mer	no	lte	m				
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В.	Full Name of Individual (Last, First, Middle Initia Embry, Jeanne, A., ,	al) or Full C	Organizati	on Name			Date	of F	Rec	ceij	pt				
	Mailing Address 26240 Wacker Drive						M 08	™ 3	/		23	/ Y	201	8 8	Y
	City Chesterfield	State MI		Code 051-3306						-		236768 ceipt th		riod	
	FEC ID number of contributing federal political committee.	С					Ē	_	_	,		-		30.0	0
	Name of Employer (for Individual) Comprehensive Benefits		upation (ker	for Individual)			Ц	Men	no	lte	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I		10.00										
С.	Full Name of Individual (Last, First, Middle Initia Stubbs, Guy, , ,	al) or Full C	Organizati	on Name			Date	of F	Rec	ceij	pt				
	Mailing Address PO Box 337						M 08	в ^м	/		23	/ Y	y 201	8 8	Y
	City Jerome	State ID	·	Code 338-0337	-	-						236768 ceipt th		riod	
	FEC ID number of contributing federal political committee.	С]		Ē			<u>y</u>	_	7		30.0	0
	Name of Employer (for Individual) Hall and Associates Receipt For:	Age	nt	for Individual)				Mer	no	lte	ŧm				
	Primary General Other (specify)	Aggregate	Year-to-I		10.00										
s	UBTOTAL of Receipts This Page (optional)				····· ►			_		,	_		4	175.0	0
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Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	sing the name and a	doress of any political committee									
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Minimum A, Thrash, Rachel, B., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 214 Milam Street			M = M / D = D / Y = Y = Y = Y Y O								
City Shreveport	State LA	Zip Code 71101-3226	Transaction ID : 12367685 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) Querbes & Nelson A Partnership	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1								
Full Name of Individual (Last, First, Min 3. Perry, Jeff , , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address P O Box 51019			08 / D D / Y Y Y Y 2018								
City	State	Zip Code	Transaction ID : 12367687								
Idaho Falls	ID	83405-1019	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) The Hartwell Corporation	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		, 240.00]								
Full Name of Individual (Last, First, Mic. Rock, Deidre, Dover, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address P.O. Box 151			08 / D D / Y Y Y Y 08 23 2018								
City Camilla	State GA	Zip Code 31730-0151	Transaction ID : 12367688 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		10.00								
Name of Employer (for Individual) Dover Insurance Agency	Occi Brok	upation (for Individual) xer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00]								
SUBTOTAL of Receipts This Page (optic	nal)		70.00								
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SCHEDULE A (FEC Form 3X) -

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mitt	ee											
A.	Full Name of Individual (Last, First, Middle Initia Stacy, Dustin, , ,	al) or Full O	rgani	zation Name		Date of Receipt									
	Mailing Address 1151 Red Mile Road					08 / D D / Y Y Y Y 2018									
	City Lexington	State KY	2	Zip Code 40504-2649	_	Transaction ID : 12367690 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C									30.0	0			
	Name of Employer (for Individual) BIM Group	Occu Brok	•	n (for Individual)		М	emo	b Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 240.00											
в.	Full Name of Individual (Last, First, Middle Initia Sterner, Heidi, J., , Mailing Address 7881 W Charleston Blvd Suite 1	·	Irgani	zation Name		Date o	f Re								
	City	State		Zip Code		08 23 2018 Transaction ID : 12367692									
	Las Vegas	NV				: 123676 Receipt		eriod							
	FEC ID number of contributing federal political committee.	NV 89117-8326						-		_	30.0	0			
	Name of Employer (for Individual) Leavitt Group Benefits Services		•	on (for Individual) e Consultant		М	emo	o Item							
	Receipt For:	Aggregate	Year-	to-Date ▼ 390.00											
с.	Full Name of Individual (Last, First, Middle Initia Franke, Gary, , ,	al) or Full O	rgani	zation Name		Date of	f Re	eceipt							
	Mailing Address 227 Bellevue Way NE Suite 715		1 -			08		23	3	20)18)	Y			
	City Bellevue	State WA	4	Zip Code 98004-5721					: 12367 Receipt		'eriod				
	FEC ID number of contributing federal political committee.	С				Ľ.		9	. ,		30.0	0			
	Name of Employer (for Individual) Achieve Alpha Insurance, LLC		Occupation (for Individual) Health Insurance Broker					o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 236.00											
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$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	Health Underwriters Political Act	tion Com	imittee							
A.	Full Name of Individual (Last, First, Middle Initi Mackin, Martin, John, ,	ial) or Full O	Organization Name		Date of	Re	eceipt			
	Mailing Address P O Box 29607				м м 08	1	23		2018	Y
	City San Francisco	State CA	Zip Code 94129-0607					: 1236769 Receipt ti	97 his Period	
	FEC ID number of contributing federal political committee.	С							63.0	00
	Name of Employer (for Individual) Foresight Benefits, Inc.	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 302.00	1						
B.	Full Name of Individual (Last, First, Middle Initi Patton, Jesse, A., ,	ial) or Full O	Organization Name		Date of	Re	eceipt			
	Mailing Address 1112 Maple Street				M M 08	1	23		2018	Y
	City West Des Moines	State IA	Zip Code 50265-4420					123677(Receipt t)1 his Period	_
	FEC ID number of contributing federal political committee.	С			415.0	00				
	Name of Employer (for Individual) Associations Marketing Group, Inc.	Occi Brol	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1245.00]						
C.	Full Name of Individual (Last, First, Middle Initi Siino, Thomas, , ,	ial) or Full O	Organization Name		Date of	Re	eceipt			
	Mailing Address 1126 Clifton Avenue				08 M	1	23		2018	Y
	City Clifton	State NJ	Zip Code 07013-3622					: 123677 Receipt ti	03 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :		30.0	00
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
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1	COMMITTEE (In Full) Underwriters Political A	ction Com	mittee												
	of Individual (Last, First, Middle Ir ts, Jennifer, , ,	iitial) or Full O	rganization Name		Date of Receipt										
	dress 6366 Fitzhugh Dr.				08 / D D / Y Y Y Y 23 2018										
City Corpus Ch	nristi	State TX	Zip Code 78414-3006					1236770 eceipt th	4 is Period						
	imber of contributing itical committee.	С					y		30.0	00					
UnitedHea	Employer (for Individual) Ithcare Employer & Individual		upation (for Individual) ount Executive		M	emo	Item								
Receipt Fo		Aggregate	Year-to-Date ▼ 240.00	1											
	of Individual (Last, First, Middle Ir , Robert, J., ,	iitial) or Full O	rganization Name		Date of	Re	ceipt								
	dress 830 N Main St STE 200	State	Zip Code		08 / D D / Y Y Y Y 2018										
City Meridian		State ID					1236770	5 is Period							
FEC ID nu	imber of contributing itical committee.	С	83642-2611		85.00										
	Employer (for Individual) Benefit Advisors	Occu Brol	upation (for Individual) ker		M	emo	ltem								
Receipt Fo		Aggregate	Year-to-Date ▼ 429.00]											
	of Individual (Last, First, Middle Ir y, Rufus, B., ,	iitial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Ad	dress 2720 Branston Way				^M 08	1	D D D 23	/ Y	үүү 2018	Y					
City Apex		State NC	Zip Code 27539-6213					1236770 eceipt th	9 is Period						
	umber of contributing itical committee.	С			<u> </u>		y .	9	10.0	00					
Langley In	Employer (for Individual) surance Services, Inc.	Occu Brok	upation (for Individual) er		M	emo	ltem								
Receipt Fo		Aggregate	Year-to-Date ▼ 230.00	1											
SUBTOTAL	of Receipts This Page (optional)			•			, .		125.(00					
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Ir Brown, Carey, H., ,	nitial) or Full O	rganization Name	[Date of	Re	ceip	ot					
	Mailing Address Six Concourse Parkway Suite 2750				м м 08	/		24	/ Y	20)18	Y	
	City Atlanta	State GA	Zip Code 30328-6243						236829 ceipt th		eriod		
	FEC ID number of contributing federal political committee.	С				0	7				50.0		
	Name of Employer (for Individual) The Benefit Company	Occi Brol	upation (for Individual) ker		Me	emo	lter	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]									
В.	Full Name of Individual (Last, First, Middle Ir McConnaughey, John, R., ,	nitial) or Full O	rganization Name		Date of	Re	ceip	t					
	Mailing Address PO Box 805				м м 08	/	D	D 24	/ Y	ү 20	ү 18	Y	
	City West Chester	State OH	Zip Code 45071-0805						236829 ceipt th	-	eriod		
	FEC ID number of contributing federal political committee.	С			42.00								
	Name of Employer (for Individual) JRM & Associates Agency, Inc	Occ Bro	upation (for Individual) ker		Me	emo	lter	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Ir Helms, John, S., ,	itial) or Full O	rganization Name		Date of	Re	ceip	t					
	Mailing Address 2940 Camino Diablo # 205				08 ^M	/	D	24	/ Y	20	18 [°]	Y	
	City Walnut Creek	State CA	Zip Code 94597-3992	-					236830 ceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					y		,		30.0	0	
	Name of Employer (for Individual) John Helms Associates	Occi Brok	upation (for Individual) ker		M	ema) Itei	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00										
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			Detailed Summary Page	×	11a 13		11b 14	11c	\mid	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting		ntributi	ons
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle In Wright, Dennis, E., ,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1111 Chestnut Hills Pky	01-1-	7:0.0		08 ^M	/	D D 24	/ Y	1.00	18	Y
	City Fort Wayne	State IN	Zip Code 46814-8934	A			i on ID : ' Each Re		-	eriod	
	FEC ID number of contributing federal political committee.	С						- 49-		85.0	0
	Name of Employer (for Individual) Employee Plans, LLC	Occi Broł	upation (for Individual) ser		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	1							
B.	Full Name of Individual (Last, First, Middle In Barrera, Rolando, G., ,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2621 Camargo				м м 08	1	D D 24	/ Y	ү 20	18 18	Y
	Corpus Christi	State TX	Zip Code 78415-5678	A			on ID : 1 Each Re			eriod	
	FEC ID number of contributing federal political committee.	С			_			y -		50.0	0
	Name of Employer (for Individual) Roland Barrera Insurance	Occi Age	upation (for Individual) nt		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1							
с.	Full Name of Individual (Last, First, Middle In Hart, Daniel, R, ,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2137 E. 32nd Street				м м 08	/	D D 24	/ Y	ү 20	Ү 18	Y
	City Tulsa	State OK	Zip Code 74105-2213	A			ion ID : Each Re			eriod	
	FEC ID number of contributing federal political committee.	С					y .	,		30.0	0
	Name of Employer (for Individual) Guardian Life	Occu Brok	upation (for Individual) er		M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1							
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mitte	96										
Α.	Full Name of Individual (Last, First, Middle Initia Weinstein, Joshua, , ,	al) or Full O	rganiza	ation Name		Date of	f Re	eceipt						
	Mailing Address 3111 C St. Suite 500					08	1	24) / Y	y 201	18	ſ		
	City Anchorage	State AK		p Code 99503-3973					1236831 leceipt th		riod			
	FEC ID number of contributing federal political committee.	С									30.00)		
	Name of Employer (for Individual) RISQ Consulting	Occu Brok		(for Individual)		М	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	240.00										
в.	Full Name of Individual (Last, First, Middle Initia Fugitt-Hetrick, Pamela, Leigh, ,	al) or Full O	rganiza	ation Name		Date of	f Re	eceipt						
	Mailing Address 1123 Soquel Avenue				08 24 2018									
	City Santa Cruz	State CA		p Code 95062-2105					1236831 leceipt th		riod	_		
	FEC ID number of contributing federal political committee.	C					30.00							
	Name of Employer (for Individual) DCD Financial & Insurance Services	Occu Brol	•	n (for Individual)		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	D-Date ▼ 240.00										
С.	Full Name of Individual (Last, First, Middle Initia Diaz Del Valle, Daniel, G., ,	al) or Full O	rganiza	ation Name		Date of	f Re	eceipt						
	Mailing Address People's United Insurance Age 1 Financial Plaza 755 Main Stre	et				08	/	24		201		ſ		
	City Hartford	State CT		p Code 06103					1236831 leceipt th		riod			
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .	, ,	_	30.00)		
	Name of Employer (for Individual) People's United Insurance AgencyRC Kno Receipt For:	Insu	rance (n (for Individual) Consultant		М	emo	ttem						
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Clark, Jonathan, S., ,		rganization Name	Date of Receipt								
Mailing Address 6084 South 900 East, So	uite 102		M M / D D / Y Y Y Y Y 08 24 2018								
City Murray	State UT	Zip Code 84121-1743	Transaction ID : 12368314 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		15.00								
Name of Employer (for Individual) Fringe Benefits Analysts	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1								
Full Name of Individual (Last, First, Mido B. Willard, Angelique, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 825 NE 20th Avenue, Su	1		08 / 24 / 2018								
City Portland	State OR	Zip Code 97232-2275	Transaction ID : 12368323 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Kunrath & Willard Insurance Services,		upation (for Individual) tner	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
Full Name of Individual (Last, First, Mido C. Chornak, Shelley, A., ,		rganization Name	Date of Receipt								
Mailing Address 7251 Engle Rd. Suite 1	03		08 24 2018								
City Cleveland	State OH	Zip Code 44130-3400	Transaction ID : 12368325 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Sage Partners, LLC	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]								
SUBTOTAL of Receipts This Page (option	al)		99.00								
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	NAME OF COMMITTEE (In Full)									
\rangle	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Riley, Amanda, Danielle, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 22706 SE 279th ST.				м м 08	1	D D D 24	/ Y	2018	Y
	City Maple Valley	State WA	Zip Code 98038-5112					1236832 eceipt th	29 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>			· ·	200.0	00
	Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) ional Sales Director		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00]						
в.	Full Name of Individual (Last, First, Middle Initi Seifert, Gregory, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address P.O. Box 189 916 Main Street				08	/	24	/ Y	2018	Y
	City Vancouver	State WA	Zip Code 98666-0189					1236833	is Period	
	FEC ID number of contributing federal political committee.	С				U			300.0	00
	Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins	Occi Bro	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 995.00]						
С.	Full Name of Individual (Last, First, Middle Initi Wallace, Keith, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1400 Broadway				08 ^M	1	24		Y Y 2018	Y
	City Bellingham	State WA	Zip Code 98225-3036					1236833	35 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	,	550.0	00
	Name of Employer (for Individual) Wallace-Rice Benefits, LLC	Occu Brok	upation (for Individual) er		Me	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1550.00]						
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111			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	contribu	tions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initial Winson, Shelly, K., ,) or Full Or	rganization Name		Date of Receipt							
	Mailing Address PO Box 1914				08 25 2018							
	City Chandler	State AZ	Zip Code 85244-1914					1236845 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.			
	Name of Employer (for Individual) True Choice Benefits LLC	Occu Brok	upation (for Individual) er		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
B	Full Name of Individual (Last, First, Middle Initial Pedersen, Jill, L., ,) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 16325 Boones Ferry Rd #204				08	1	D 1 25		2018	Y		
	City Lake Oswego	State OR	Zip Code 97035-4297					1236845 Receipt th				
	FEC ID number of contributing federal political committee.	С	42.00									
	Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occu Brok		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 436.00									
C.	Full Name of Individual (Last, First, Middle Initial Reents, Joni, Robin, ,) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 5760 W. 120th Avenue Suite 260	04-4-	7		08	1	25		2018	Y		
	City Broomfield	State CO	Zip Code 80020-6939					1236845 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :		85.	00		
Name of Employer (for Individual) Reents Insurance Agency			ipation (for Individual) er		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00									
s	UBTOTAL of Receipts This Page (optional)		•				y 1	. ,	157.(00		
т	OTAL This Period (last page this line number on	ly)	•	-			-	-				

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			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17		
	v information copied from such Reports and Sta or commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions		
1	NAME OF COMMITTEE (In Full)											
	Health Underwriters Political Act	ion Com	mittee									
A .	Full Name of Individual (Last, First, Middle Initia Feldman, Jeremy, , ,	al) or Full O	rganization Name	Date of Receipt								
ſ	Mailing Address 1803 Research Blvd Suite 400				08	1	D 25) / Y	2018	Y		
	City Rockville	State MD	Zip Code 20850-6118					1236845		4		
	FEC ID number of contributing ederal political committee.	С			Amount of Each Receipt this Period							
,	Name of Employer (for Individual) Aflac		upation (for Individual) ker Sales Manager		M	emo	o Item					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00									
	Full Name of Individual (Last, First, Middle Initia Sokol, David, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
-	Mailing Address 901 Wilshire Drive Suite 300	Otata	Zie Oede		M M 08	/	D 25		2018	Y		
	City Troy	State MI	Zip Code 48084-5611	-				1236845 Receipt th		4		
F	FEC ID number of contributing rederal political committee.	С							170	_		
	Name of Employer (for Individual) Wilshire Benefits Group Inc	Occ Bro	upation (for Individual) ker		M	emo	o Item					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1360.00									
	Full Name of Individual (Last, First, Middle Initia Age, Jill, Snead, ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
I	Mailing Address 301 Bendix Road				08 N	/	26		2018	Y		
	City Virginia Beach	State VA	Zip Code 23452-1385					1236846 Receipt th				
	FEC ID number of contributing rederal political committee.	С					,	,		.00		
-	Name of Employer (for Individual)	Occi Brok	upation (for Individual) ker		М	emo	o Item					
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00									
รเ	JBTOTAL of Receipts This Page (optional)		••••••	•			y	. ,	242	.00		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17							
Any information copied from such Reports a or for commercial purposes, other than usir			erson for the purpose of soliciting contribu	tions							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd A. Riedl, Alycia, , ,	le Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1600 Utica Ave S			08 26 Y Y Y Y	Ŷ							
City Saint Louis Park	State MN	Zip Code 55416-1443	Transaction ID : 12368464 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.	00							
Name of Employer (for Individual) Willis Towers Watson	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
Full Name of Individual (Last, First, Midd B. (Wooden) Lovincey, Rebecca, I		organization Name	Date of Receipt								
Mailing Address 201 NE Park Plaza Dr #2			08 / D D / Y Y Y Y 26 2018	Y							
City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : 12368465 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri			_							
Name of Employer (for Individual) AIMEA Insurance, Inc.	Occ Age	upation (for Individual) ent	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]								
Full Name of Individual (Last, First, Midd C. Morrison, James, M., ,	le Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 6096 Innovation Way			08 / D D / Y Y Y 08 26 2018	Y							
City Carlsbad	State CA	Zip Code 92009-1741	Transaction ID : 12368467 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85	00							
Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00]								
SUBTOTAL of Receipts This Page (option	al)		145.	00							
TOTAL This Period (last page this line nur	nber only)										

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mic A. Phillips, Stephanie, A., ,	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 11100 Mead Rd, Ste 30	00		08 26 / Y Y Y Y 08 26 2018								
City Baton Rouge	State LA	Zip Code 70816-2260	Transaction ID : 12368468 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) HUB International		upation (for Individual) efit Consultant	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 386.00]								
Full Name of Individual (Last, First, Mic B. Dinkel, Matthew, Kim, ,	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 13700 Six Mile Cypress	Mailing Address 13700 Six Mile Cypress										
City Fort Myers	State FL	Zip Code 33912-4324	Transaction ID : 12368472 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Alan Williams & Associates Insurance A	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]								
Full Name of Individual (Last, First, Mic C. Washko, Carla, D., ,	ldle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 7251 Engle Rd. Suite 103			08 / D D / Y Y Y Y Y 26 2018								
City Middlebrg Hts	State OH	Zip Code 44130-3400	Transaction ID : 12368473 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Sage Partners, LLC	Occi Age	upation (for Individual) nt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 292.00]								
SUBTOTAL of Receipts This Page (option	nal)		169.00								
TOTAL This Period (last page this line nu	umber only)										

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

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				Detailed Summary Page	×	11a 13] 11 14		11c		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pos	se of s	oliciting		ntribut	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee												
A.	Full Name of Individual (Last, First, Middle Ini Wilson, Steven, L., , Mailing Address 1151 Red Mile Road	tial) or Full C	Drga	nization Name		Date of Receipt										
	City	State KY		Zip Code		08	acti	L	26	236847	2	018				
	Eexington FEC ID number of contributing federal political committee.	С		40504-2649	/	Amount	t of	Ea	ich Re	ceipt th	nis F	Period 85.0	00			
	Name of Employer (for Individual) BIM Group	Occ Bro	•	tion (for Individual)		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 680.00												
в.	Full Name of Individual (Last, First, Middle Ini Wolff, DianaLou, , ,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 70 Maiden Lane 2nd Floor				08 / D D / Y Y 26 201							018	Y			
	City Kingston	State NY		Zip Code 12401-4508		Transaction ID : 12368476 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00								00			
	Name of Employer (for Individual) Benefit Counseling Associates		upa ker	tion (for Individual)		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00												
C.	Full Name of Individual (Last, First, Middle Ini Mann, William, D., ,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address PO Box 691967					08		L	26	ΙL	20	018	Y			
	City Houston	State TX		Zip Code 77269-1967						236847		Period				
	FEC ID number of contributing federal political committee.	С						9			_	42.0	00			
	Name of Employer (for Individual) The Compliance Office Receipt For:	CEC	ว่	tion (for Individual)		M	emo	o Ite	em							
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 336.00												
s	UBTOTAL of Receipts This Page (optional)							7		, j		157.0	0			
т	OTAL This Period (last page this line number	only)			.			-		-7-						

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Midd A. Buffum, Ronald, S., ,	lle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 106 South Harris Street # 237			M M / D D / Y							
City Round Rock	State TX	Zip Code 78664-6081	Transaction ID : 12368479 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) The Buffum Group LLC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]							
Full Name of Individual (Last, First, Midd B. Venditto, Michael, , ,	lle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 609 New Road, #D										
City Linwood	State NJ	Zip Code 08221-1250	Transaction ID : 12368481 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Hafetz & Associates	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]							
Full Name of Individual (Last, First, Midd C. Crouch, Deborah, A., ,	lle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 901 Lodi Street			08 / D D / Y Y Y Y 2018							
City Syracuse	State NY	Zip Code 13203-2826	Transaction ID : 12368482 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Falcone Associates, Inc.	Occ Broł	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1							
SUBTOTAL of Receipts This Page (option	al)		114.00							
TOTAL This Period (last page this line nur	nber only)									

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	EWIZED RECEIF 15			Detailed Summary Page	×			11	- H	11c		12		
A	u information conied from such Departs and Ot	tomorte		the cold or used by service		13		14		15		16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full)													
\sum	Health Underwriters Political Act	ion Com	mit	tee										
Α.	Full Name of Individual (Last, First, Middle Initia Jurkus, Charles, , ,	al) or Full O	rgan	ization Name		Date of Receipt								
	Mailing Address 823 Commerce Drive, Suite 350					^M 08	1		D D 26	1		018	Y	
	City	State		Zip Code		Trans	act	ion	ID :	123684	83			
	Oak Brook	IL		60523-8855	/	Amount	t of	Ea	ach R	eceipt	this F	Period		
	FEC ID number of contributing federal political committee.	С						-				30.0	00	
	Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services	Occi Broł	•	on (for Individual)		M	emc	o Ite	em					
	Receipt For:	Aggregate	Year	r-to-Date ▼										
	Primary General Other (specify) ▼		-	240.00										
	Full Name of Individual (Last, First, Middle Initia Kahan, Stacy, , ,	al) or Full O	rgan	ization Name		Date of	f Re	ecei	ipt					
	Mailing Address 8707 Skokie Blvd., Ste 206				08 26 2018								Y	
	City	State		Zip Code		Trans	acti	ion	ID : 1	123684	85			
	Skokie	IL		60077-2272	/			-		eceipt		Period		
	FEC ID number of contributing federal political committee.	С	50.00											
	Name of Employer (for Individual) Lang Financial Group, Chicago LTD		upati sider	ion (for Individual) nt		M	emc	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 550.00										
	Full Name of Individual (Last, First, Middle Initia Furr, Kenneth, , ,	al) or Full O	rgan	ization Name		Date of	f Re	ecei	ipt					
	Mailing Address 2786 Danbury Ct					^M 08	1		26	/		018 [°]	Y	
	City	State		Zip Code		Trans	act	ion	ו ID :	123684	86			
	Reno	NV		89523-2259	/	Amount	t of	Ea	ach R	eceipt	this F	Period		
	FEC ID number of contributing federal political committee.	С				_		y		, y		30.0	00	
	Name of Employer (for Individual) Menath Insurance Agency	Occi Brok		on (for Individual)		М	emo	o Ite	em					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify)		540.00											
S	UBTOTAL of Receipts This Page (optional)			•••••	•			,		.,		110.0	0	
т	OTAL This Period (last page this line number o	nly)						-						

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Midd A. Sale, Raymer, M., ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2905 Premiere Parkway Suite 285			08 26 2018							
City Duluth	State GA	Zip Code 30097-5246	Transaction ID : 12368488 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) E2E Benefits Services, Inc.	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]							
Full Name of Individual (Last, First, Midd B. Ledgerwood, Michael, , ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 12022 FOREST MOON I			M M / D D / Y							
City CYPRESS	State TX	Zip Code 77433-3834	Transaction ID : 12368489 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Senior Health Plans of Texas	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
Full Name of Individual (Last, First, Midd C. Hamilton, Brett, Michelle, ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address PO Box 6398			08 / D D / Y Y Y Y 08 26 2018							
City Charleston	State WV	Zip Code 25362-0398	Transaction ID : 12368490 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Black Horse Financial Advisors	Occ Broł	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1							
SUBTOTAL of Receipts This Page (optional	al)		160.00							
TOTAL This Period (last page this line nur	nber only)									

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11			for each category of the Detailed Summary Page		× 11a		11b	11c	12			
	y information copied from such Reports and St for commercial purposes, other than using the											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Grant, Staci, R., ,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 74 Glendale Ave				08 / D D / Y Y Y Y 08 26 2018							
	City Livingston	State NJ	Zip Code 07039-2310					: 1236849 Receipt th	91 nis Period			
	FEC ID number of contributing federal political committee.	С		<u> </u>			1.7	30.0	00			
	Name of Employer (for Individual) Henry O. Baker Insurance Group		upation (for Individual) President		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1								
в.	Full Name of Individual (Last, First, Middle Initi Davis, Kelly, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2638 Knoww St East				08	1	26		2018	Y		
	City Palm Harbor	State FL	Zip Code 34683		Transaction ID : 12368492 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					-yr - 1		63.0	00		
	Name of Employer (for Individual) Bouchard Insurance	Occi Brol	upation (for Individual) ker		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.00]								
C.	Full Name of Individual (Last, First, Middle Initi Hatfield, Matthew, F., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2207 Springfield Avenue				08 ^M	1	D 26		ү ү 2018	Y		
	City Fort Wayne	State IN	Zip Code 46805-1541					: 1236849 Receipt th	94 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	30.0	00		
	Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occu Brok	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Primary General										
	UBTOTAL of Receipts This Page (optional)						,		123.0	00		
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17			Use separate schedule(s)	(ch	eck only	y or	ne)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	1 1a		11b	11c	12			
	y information copied from such Reports and St											
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	Dicit cor	ntric	outions	from suc	n committ	ee.		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Watson, Craig, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address P O Box 879				08 26 Y Y Y Y 08 26 2018							
	City Gastonia	State NC	Zip Code 28053-0879	Transaction ID : 123684 Amount of Each Receipt t								
	FEC ID number of contributing federal political committee.	С					-		85.	00		
	Name of Employer (for Individual) Watson Insurance Agency, Inc		upation (for Individual) rance		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]								
в.	Full Name of Individual (Last, First, Middle Init Kite, Karen, D., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1414 Franklin Road SW, Suite		м м 08	/	26		2018	Y				
	City Roanoke	State VA	Zip Code 24016-5233		Transaction ID : 12368496 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					7		100.0	00		
	Name of Employer (for Individual) D&S Agency		upation (for Individual) rier Liaison Manager	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	1								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O		-								
C.	Goldmann, Donald, W., ,				Date of	Re	eceipt					
	Mailing Address 8502 East Chapman Ave. Suite 168 City	State	Zip Code		08	/ act	26		2018	Y		
	Orange	CA	92869-2461						nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, y	415.	00		
	Name of Employer (for Individual) Self-Employed	Occu Retir	upation (for Individual) red	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2905.00]								
s	UBTOTAL of Receipts This Page (optional)			•			9	,	600.0	00		
т	OTAL This Period (last page this line number of	only)		•								

SCHEDULE A (FEC Form 3X) DEAEIDTA

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	-	Use separate schedule(s)	(check o	only c	one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	. [11b	11c	12			
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)					bationio					
> Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Mi Barhorst, Timothy, N., ,		rganization Name	Date of Receipt							
Mailing Address 5222 Double Eagle Dr	ive			M M / D D / Y Y Y Y 08 26 2018						
City Westerville	State OH	Zip Code 43081-4821				1236849 Receipt th	18 nis Period			
FEC ID number of contributing federal political committee.	C					- 7	42.0	00		
Name of Employer (for Individual) Business Partners, Inc.	Occ Brol	upation (for Individual) ker		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	1							
Full Name of Individual (Last, First, Mi B. Wright, Geoffrey, , ,	ddle Initial) or Full C	rganization Name	Date	of R	eceipt					
Mailing Address 408 N Tioga Street			M 08		26		2018	Y		
City Ithaca	State NY	Zip Code 14850-4275				1236850				
FEC ID number of contributing federal political committee.	C						nis Period 30.0)0		
Name of Employer (for Individual) New York Life	Occ Age	upation (for Individual) ent		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
Full Name of Individual (Last, First, Mi C. Murphy, Kevin, R., ,	ddle Initial) or Full C	rganization Name	Date	of R	eceipt					
Mailing Address 1744 Victoria Way			M 08		/ 26		2018	Y		
City San Marcos	State CA	Zip Code 92069-9401				: 1236850 Receipt th)5 nis Period			
FEC ID number of contributing federal political committee.	C			_	y 1	7	50.0)0		
Name of Employer (for Individual) Murphy Insurance Solutions		upation (for Individual) sident		Mem	io Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]							
SUBTOTAL of Receipts This Page (option	onal))			y	9	122.0	10		
TOTAL This Period (last page this line r	umber only)				-					

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	,	Use separate schedule(s)	(check	only	one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1 ¹	1a 3	11b	11c	12	17			
Any information copied from such Re or for commercial purposes, other th			erson for	the p	urpose	of solicitin	g contribu	tions			
NAME OF COMMITTEE (In Full)											
ightarrow Health Underwriters Pc	ilitical Action Com	mittee									
Full Name of Individual (Last, Firs A. Frisch, Jonathan, , ,	it, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6000 Poplar Ave Suite 300				08 26 / Y Y Y Y 08 26 2018							
City Memphis	State TN	Zip Code 38119-0928		Transaction ID : 123 Amount of Each Rece							
FEC ID number of contributing federal political committee.	C			_	4		12.	00			
Name of Employer (for Individual) Regions Insurance	Occu Brok	upation (for Individual) ker		Mei	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.00	1								
Full Name of Individual (Last, Firs B. Gilbert, Debra, E., ,	it, Middle Initial) or Full O	rganization Name	Dat	e of	Receipt						
Mailing Address 2331 Mustang Dr Suite 200				08	/ 2	26 / Y	2018	Ŷ			
City Grapevine	State TX	Zip Code 76051-1014				: 1236850	-	1			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Perio					00			
Name of Employer (for Individual) Innovative Insurance Solutions	Name of Employer (for Individual) Occupation (for Individual) Innovative Insurance Solutions President										
Receipt For: Primary General Other (specify) ▼	eipt For: Primary General Aggregate Year-to-Date ▼										
Full Name of Individual (Last, Firs C. Cartier, Fred, , ,	t, Middle Initial) or Full O	rganization Name	Dat	e of	Receipt						
Mailing Address 11920 White Rive	er Drive			08 ^M	/ 2	27 / Y	2018	Y			
City San Antonio	State TX	Zip Code 78254-6369				123685 Receipt tl					
FEC ID number of contributing federal political committee.	C				,	, , , , , , , , , , , , , , , , , , ,	42.	00			
Name of Employer (for Individual) United Health Group		upation (for Individual) punt Executive		Me	no Item	I					
Receipt For: Primary General Other (specify)	Aggregate	1									
SUBTOTAL of Receipts This Page	(optional)				,	, , , , , , , , , , , , , , , , , , ,	84.	00			
TOTAL This Period (last page this	ine number only)										

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

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TEWIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	1	2	
				13		14		15		6	17
Any information copied from such Reports a or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl A. Underhill, Elizabeth, J., ,	le Initial) or Full O	rganization Name	[Date of	Re	eceipt					
Mailing Address 5951 Canoga Avenue				м м 08	1	D 2		/ Y	201	8	Y
City	State	Zip Code		Trans	act	ion ID	: 1	236851	4		
Woodland Hills	CA	91367-5010	A	mount	of	Each	Re	ceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	C			_		-9-		-95-	_	85.0	0
Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) Irance agent		Me	emc) Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		570.00									
Full Name of Individual (Last, First, Middl B. Reddy, Michael, S., ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt					
Mailing Address 330 River Pointe Drive				м м 08	1	2	D 7	/ Y	201	ү 8	Y
City	State	Zip Code						236851			
Elkhart	IN	46514-1457	A	Mount	of	Each	Re	ceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	C					-9-		-	_	85.0	0
Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occ Bro	upation (for Individual) ker		Me	emc	ltem					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		680.00									
Full Name of Individual (Last, First, Middl C. Bechtold, Annette, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt					
Mailing Address 148 Stone Cliff Trace				м м 08	1	2	7 7	/ Y	ý 201		Y
City	State GA	Zip Code						236851			
Cleveland	GA	30528-5397	A	Amount	of	Each	Re	ceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	C			_	_	y		9		47.0	0
Name of Employer (for Individual) OneDigital	Occi Brok	upation (for Individual) er		M	emo	b Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		571.00									
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line nun				-		ş		9	2	217.0	0

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mide A. Hill, Donna, D., ,	dle Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 2905 Premiere Parkway Suite 285			08 27 2018									
City Duluth	State GA	Zip Code 30097-5246	Transaction ID : 12368520 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) E2E Benefits Services Inc	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 755.00]									
Full Name of Individual (Last, First, Mide B. Mordo, David, , ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 15 West Main St, Route			08 27 2018									
City Holmdel	State NJ	Zip Code 07733-2105	Transaction ID : 12368523 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) BenefitMall		upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 786.00										
Full Name of Individual (Last, First, Mide C. Severo, Daniel, , ,	dle Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 231 Chestnut St. #410			M M / D D / Y Y Y Y Y 08 27 2018									
City Meadville	State PA	Zip Code 16335-3458	Transaction ID : 12368525 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) The DJB Group, Inc.	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]									
SUBTOTAL of Receipts This Page (option	al)		157.00									
TOTAL This Period (last page this line nu	mber only)											

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171			Use separate schedule(s)	(ch	eck only	у ог	ne)	(check only one)								
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Initi Witt, Kelly, J., ,	al) or Full O	rganization Name		Date of Receipt											
	Mailing Address 1017 Pine Hill Way				м м 08	1	D 27) / Y	y y 2018]					
	City Carmel	State IN	Zip Code 46032-7701		Transaction ID : 12368526 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		31	0.00						
	Name of Employer (for Individual) American Health and Wellness Group		upation (for Individual) ef Operating Officer		M	emo	ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]												
в.	Full Name of Individual (Last, First, Middle Initi Booth, Neil, A., ,	al) or Full O	rganization Name	Date of Receipt												
	Mailing Address 23901 Calabasas Road, Suite 2				08 / D D / Y Y Y Y 08 27 2018											
	City Calabasas	State CA	Zip Code 91302-3307					1236852 Receipt th		od						
	FEC ID number of contributing federal political committee.	С						-	6	3.00						
	Name of Employer (for Individual) American Marketing Administrators INC		upation (for Individual) ker & CEO		M	emo	ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 748.00]												
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Johnson, Suzanne, K., ,	al) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 5955 Carnegie Blvd Suite 150				08	/	D 10 27		2018	Y	1					
	City Charlotte	State NC	Zip Code 28209-4664					1236852 Receipt th		bd	_					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	8	5.00						
	Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occi Brok	upation (for Individual) ker		М	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00]												
s	UBTOTAL of Receipts This Page (optional)			•			, .	.,	178	8.00						
Т	OTAL This Period (last page this line number o	nly)		→	Γ.	T					П					

SCHEDULE A (FEC Form 3X) DEAEIDTA

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116			for each category of the Detailed Summary Page	3	4 11a		11b	11c	12	
	r information copied from such Reports and St or commercial purposes, other than using the									
	VAME OF COMMITTEE (In Full)	name anu a	duress of any political committee				JULIONS			ee.
\	Health Underwriters Political Act	tion Com	mittee							
A	Full Name of Individual (Last, First, Middle Init Johnson, Judy, Anne, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
_	Mailing Address 5581 N Barrasca Ave				м м 08	1	D 1	D / Y	2018	Y
	Dity Tucson	State AZ	Zip Code 85750-6495					123685 Receipt tl	30 his Period	
	FEC ID number of contributing ederal political committee.	С			<u> </u>			-	30.	00
ι	Name of Employer (for Individual) JnitedHealthcare	Occi Brol	upation (for Individual) ker		Me	emo	tem			
ł	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]						
	Full Name of Individual (Last, First, Middle Initi Jackson, Jerry, D., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
-	Mailing Address 5113 N. Executive Drive Suite 102		Zip Code		M M 08	/	27		y y 2018	Y
	City Peoria	State IL					1236853			
F	FEC ID number of contributing ederal political committee.	С	61614-4893			OT		receipt ti	his Period 42.0	00
	Name of Employer (for Individual) lackson Financial Services	Occ	upation (for Individual) ker		Me	emo				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]						
	Full Name of Individual (Last, First, Middle Initi Jaques, Kevin, K., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
-	Mailing Address 1250 S Capital of TX Hwy. Bldg. 1, Ste. 360	State	Zin Onda		08 	1	27	1 L	2018	Y
	City West Lake Hills	TX	Zip Code 78746-6446					: 123685 : Receipt tl	35 his Period	
	FEC ID number of contributing ederal political committee.	С			<u> </u>		y	, y	30.	00
l	Name of Employer (for Individual) UHC	Occu Brok	upation (for Individual) er		Me	emo	o Item			
ł	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
su	BTOTAL of Receipts This Page (optional)			•			y .	. ,	102.0	00
то	TAL This Period (last page this line number of	only)		•				-		

SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVIIZED REGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mic A. Meredith, Griffin, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 550 S 5th St Unit 303			08 27 2018								
City Louisville	State KY	Zip Code 40202-4309	Transaction ID : 12368539 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Commonwealth Insurance Partners		upation (for Individual) sident	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]								
Full Name of Individual (Last, First, Mic B. Pearson, E.J., , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 369 Stone Falls Ave SE Apt 201	1		08 / D / Y Y Y Y 2018								
City Ada	State MI	Zip Code 49301-7923	Transaction ID : 12368540 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Varipro		upation (for Individual) gional Sales Executive	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		, 290.00]								
Full Name of Individual (Last, First, Mic Starr, Gwyn, M., ,		rganization Name	Date of Receipt								
Mailing Address 27777 Franklin Rd, Ste	1300		M M / D D / Y Y Y Y 08 27 2018								
City Southfield	State MI	Zip Code 48034-8282	Transaction ID : 12368541 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) PriorityHealth		upation (for Individual) es Manager	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]								
SUBTOTAL of Receipts This Page (option	nal)		145.00								
TOTAL This Period (last page this line nu	Imber only)										

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12		17			
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	L ay not be sold or used by any pe ddress of any political committee	erson e to s	for the	pur ntrib	pose of	f soliciting	g contril	butio	ns			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Nezat, Ron, J., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address PO Box 91180				м м 08	/	D 27	D / Y	2018		1			
	City Lafayette	State LA	Zip Code 70509-1180		Transaction ID : 12368545 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						7	8	5.00				
	Name of Employer (for Individual) Global Financial Resources, Inc.	Occu Age	upation (for Individual) nt		М	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00											
в.	Full Name of Individual (Last, First, Middle Initi Mosby, Vinara, , , Mailing Address 7049 Lake Caroline Dr	ial) or Full O	rganization Name	Date of Receipt										
	City	State	Zip Code	_	08 27 2018 Transaction ID : 12368547									
	Chesterfield	VA	23832-8057					1236854 Receipt th		od				
	FEC ID number of contributing federal political committee.	С					-		3	0.00				
	Name of Employer (for Individual) Maxamus Insurance Services LLC		upation (for Individual) sident		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00											
<u> </u>	Full Name of Individual (Last, First, Middle Initi Hairgrove, Andrew, E., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1501 S Lemay Ave Suite 200				08		27		2018					
	City Fort Collins	State CO	Zip Code 80524-4253	_				: 1236855 Receipt th		od				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	3	0.00				
	Name of Employer (for Individual) Sage Benefit Avisors		upation (for Individual) rance Producer		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00											
s	UBTOTAL of Receipts This Page (optional)		•	•			y	9	14	5.00				
т	OTAL This Period (last page this line number of	only)		-						-				

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	for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittoo													
/																
	Full Name of Individual (Last, First, Middle Initi Olson, Trenton, M., ,	al) or Full O	rganizati	on Name		Date o	f Re	ece	ipt							
I	Mailing Address 9980 S. 300 W. Suite 140					м м	/	Γ	D D 27	/		018	Y			
ĺ	City	State	Zip	Code		Trans	act	ior	ו ID :	123685	57					
-	Sandy	UT	84	070-3641	A	moun	t of	Ea	ach R	eceipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С						-			_	30.0	00			
	Name of Employer (for Individual) Senior Benefits Insurance Services	Occi Brol		for Individual)		М	emc	o It	em							
	Receipt For:	Aggregate	Year-to-[Date 🔻												
	Primary General Other (specify) ▼			240.00]											
	Full Name of Individual (Last, First, Middle Initi Hagen, David, P., ,	al) or Full O	rganizati	on Name		Date o	f Re	ece	ipt							
-	Mailing Address 1045 Wykoff Way					м м 08	/	ſ	27	/)18	Y			
(City	State	Zip	Code		Trans	acti	ion	ID : 1	123685	60					
-	Laguna Beach	CA	92	651-3036	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.00												
ŀ	Name of Employer (for Individual) Hagen Insurance & Financial Services	Occ Bro	• •	for Individual)		М	emc	o It	em							
Ī	Receipt For:	Aggregate	Year-to-I	Date 🔻												
	Other (specify) ▼		,	240.00												
	Full Name of Individual (Last, First, Middle Initi Fisher, Erin, B., ,	al) or Full O	rganizati	on Name		Date o	f Re	ece	ipt							
	Mailing Address 131-6 Courtland Avenue					м м 08	/	l	D D 27) 18	Y			
(City Stamford	State CT	·	Code 902-3443						123685		Devied				
-	FEC ID number of contributing					Amoun		Ea		eceipt t	nis F					
	federal political committee.	С				-		9		y	_	170.0	0			
	Name of Employer (for Individual) Find Medicare Plans	Occi Brok	•	for Individual)		M	emo	o It	em							
Ī	Receipt For:	Aggregate	Year-to-[Date 🔻												
	Other (specify)			1570.00]											
รเ	JBTOTAL of Receipts This Page (optional)							9		9		230.0	0			
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or fo	ar commercial purposes, other than using the IAME OF COMMITTEE (In Full) Health Underwriters Political Ac ull Name of Individual (Last, First, Middle In Calhoun, Phil, , ,	e name and a	ddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
) H	Health Underwriters Political Adult Name of Individual (Last, First, Middle In Calhoun, Phil, , ,		mittee											
F	Calhoun, Phil, , ,	itial) or Full O												
			rganization Name	Date of Receipt										
_	lailing Address 14771 Plaza Drive Ste. C			08 / D D / Y Y Y Y Y 27 2018										
	ity Fustin	State CA	Zip Code 92780-2779	Transaction ID : 12368565										
			32100-2113	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		365.00										
	ame of Employer (for Individual) ntegrity Advisors		upation (for Individual) bloyee Benefits Sales Manage	Memo Item										
	leceipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		365.00]										
	ull Name of Individual (Last, First, Middle In Meyers, Sean, , ,	itial) or Full O	rganization Name	Date of Receipt										
N	lailing Address 2345 North Route 9			08 28 2018										
C	ity	State	Zip Code	Transaction ID : 12368588										
_	Cape May Court House	NJ	08210-1170	Amount of Each Receipt this Period										
	EC ID number of contributing deral political committee.	С		42.00										
	lame of Employer (for Individual) afetz and Associates	Occ	upation (for Individual) ker	Memo Item										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.00	Monthly Contribution										
	ull Name of Individual (Last, First, Middle In Selinsky, Steven, , ,	itial) or Full O	rganization Name	Date of Receipt										
N	lailing Address 28638 Oak Point Drive			M M / D D / Y Y Y Y 08 28 2018										
		State	Zip Code	Transaction ID : 12368589										
-	Farmington Hills	MI	48331-2706	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		85.00										
F	lame of Employer (for Individual) lealth Alliance Plan		upation (for Individual) ctor of Sales	Memo Item										
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 755.00]										
	BTOTAL of Receipts This Page (optional)			492.00										

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee	9										
Α.	Full Name of Individual (Last, First, Middle Init Martin, Ingrid, L., ,	ial) or Full O	organizati	ion Name		Date	of F	Rec	cei	pt				
	Mailing Address 3857 Grand Oak Drive					M 08		/	Ľ	28	2	/ Y	үүү 2018	Y
	City Brunswick	State OH	· ·	Code 4212-3594					-			36859	-	
	FEC ID number of contributing federal political committee.	С				Amou	int c	ot E	⊦a	ch R	lece	eipt th	is Perio 42	d 2.00
	Name of Employer (for Individual) Ameritas	Occi Brol		(for Individual)			Men	no	lte	эm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 312.00]									
B.	Full Name of Individual (Last, First, Middle Init Hazelbaker, Jay, , ,	ial) or Full O	organizati	on Name		Date	of F	Rec	cei	pt				
	Mailing Address 5007 Pine Creek Drive					M 08		/	ľ	28		/ Y	y y 2018	Y
	City Westerville	State OH	Zip 43					-			36859 [.] eipt thi	1 is Perio	d	
	FEC ID number of contributing federal political committee.	С		Ē			,	_	_	-7-	42	2.00		
	Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc.		upation sident	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 336.00]									
с.	Full Name of Individual (Last, First, Middle Init Lawson, Tonda, , ,	ial) or Full O	organizati	on Name		Date	of F	Rec	cei	pt				
	Mailing Address 6611 Orion Drive Suite 201					M 08		/	Ľ	28		/ Y	2018 [°]	Y
	City Fort Myers	State FL		Code 912-4329	_							36859 eipt thi	3 is Perio	d
	FEC ID number of contributing federal political committee.	С				Ē			,	_	-	7		3.00
	Name of Employer (for Individual) Brown & Brown, Inc.		•	(for Individual) e Benefits			Mer	no	lte	эm				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 504.00	1									
s	UBTOTAL of Receipts This Page (optional)					Ē	_		9	-	+	9	147	7.00
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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171			Use separate schedule(s)	(che	eck only	y or	ne)							
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Underhill, Charles, E., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address PO Box 626				08	/	28) / Y	y y 2018	Y				
	City Woodland Hills	State CA	Zip Code 91365-0626		Transaction ID : 12368595 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-		85.	00				
	Name of Employer (for Individual) Underhill Insurance Agency	Occu Brok	upation (for Individual) ker		M	emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]										
в.	Full Name of Individual (Last, First, Middle Initia Childers, Russell, B., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address PO Box 1547			08 / D D / Y Y Y Y Y 2018										
	City Americus	State Zip Code GA 31709-1547						1236859	7 is Period					
	FEC ID number of contributing federal political committee.	С			Amouni				90.	00				
	Name of Employer (for Individual) Russ Childers, CLU	Occi Brol	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]										
С.	Full Name of Individual (Last, First, Middle Initia Duffy, Daniel, T., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 9700 Ormsby				08 ^M	/	28		ү 2018	Y				
	City Louisville	State KY	Zip Code 40223-4038					1236859 Receipt th	8 is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	30.	00				
	Name of Employer (for Individual) Epic Insurance Solutions	Occu Brok	upation (for Individual) er		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1										
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Hoffman, Crystal, , ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address P.O. Box 709				м м 08	/	D 28) / Y	ү ү 2018	Y				
	City Sugar Land	State TX	Zip Code 77487-0709					1236859 Receipt th		d				
	FEC ID number of contributing federal political committee.	С					-		100	0.00				
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occi Broł	upation (for Individual) ker		M	emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 835.00	1										
в.	Full Name of Individual (Last, First, Middle Initi Shively, Kevin, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 4055 Hogan Dr			M M / D D / Y										
	City	State TX	Zip Code 75709-6930					1236860		-1				
	Tyler FEC ID number of contributing federal political committee.	C			Amoun	t ot		Receipt th		a 0.00				
	Name of Employer (for Individual) Blue Cross Blue Shield		upation (for Individual) rier Sales Rep		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
с.	Full Name of Individual (Last, First, Middle Initi Stearns, Candius, Michelle, ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 3290 W Big Beaver Rd Ste 503 City	State	Zip Code		08		28		2018	Ŷ				
	Тгоу	MI	48084-2917	_				Receipt th		d				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, <u>,</u>	85	.00				
	Name of Employer (for Individual) Mason-McBride/DFB Receipt For:	Occi Brok	upation (for Individual) er		M	emo	o Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	1										
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	y information copied from such Reports and St for commercial purposes, other than using the													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Init Hall, Dwight, , ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 6107 Hazelwood Ave.				M M 08	1	28		2018	Y				
	City Indianapolis	State IN	Zip Code 46228-1316		Transaction ID : 12368605 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) D Hall & Associates	Occu Brok	upation (for Individual) ker		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	1										
в.	Full Name of Individual (Last, First, Middle Init Kirk, Stephanie, S., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 18887 State Highway 305 Suite 300				08 / D D / Y Y Y Y 08 28 2018									
	City Poulsbo	State WA	Zip Code 98370-7461					1236860 Receipt th	16 his Period					
	FEC ID number of contributing federal political committee.	С							30.0	00				
	Name of Employer (for Individual) J.C. Madison Inc		upation (for Individual) ency President & Licensed Produc	cer	Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
c.	Full Name of Individual (Last, First, Middle Init Fear, David, L., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 400 Sunrise Avenue, #150				M M 08	1	D 28	3	2018	Y				
	City Roseville	State CA	Zip Code 95661-4106					: 1236860 Receipt th	08 nis Period					
	FEC ID number of contributing federal political committee.	С			Ē		y .	,	30.0	00				
	Name of Employer (for Individual) Shepler & Fear General Agency	Occu Brok	upation (for Individual) xer		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1										
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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	EMIZED RECEIPTS		for each catego Detailed Summ		✗ 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mittee				
Α.					Date of Receipt		
	Mailing Address 2738 Cody Circle #101				08 / 28 / 2018		
	Bellingham	WA	98225-8283		Transaction ID : 12368609 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			30.00		
	Name of Employer (for Individual) Q4intelligence, LLC	Occ Par	upation (for Individ tner	lual)	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00	-		
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Paxton, Pauline, , ,				Date of Receipt		
	Mailing Address 194 S Grandean Way				08 / D D / Y Y Y Y 08 28 2018		
	City Eagle	State ID	Zip Code 83616-4993		Transaction ID : 12368610 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			30.00		
	Name of Employer (for Individual) Blue Cross of Idaho	Occupation (for Individual) Account Leader			Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kross, David, R., ,				Date of Receipt		
	Mailing Address 5556 Cheviot Rd.				08 / D D / Y Y Y Y 2018		
	City Cincinnati	State OH	Zip Code 45247-5202		Transaction ID : 12368612 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			30.00		
	Name of Employer (for Individual) United Benefits Agency, Inc.	Occupation (for Individual) Broker			Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00					
s	UBTOTAL of Receipts This Page (optional)				90.00		
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PAGE 109 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)									
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	f soliciting	g contribut	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Smith, Kelly, M., ,	al) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 386 Main St. 2nd Floor			08 28 2018									
	City Middletown	State CT	Zip Code 06457-3360					: 123686 Receipt tl	16 his Period				
	FEC ID number of contributing federal political committee.	С					-		50.0	00			
	Name of Employer (for Individual) NFP Corporate Benefits	Occu Brok	pation (for Individual) er		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
B.	Full Name of Individual (Last, First, Middle Initia Smith, Paul, E., ,	al) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 100 Queen Street				м м 08	1	28		2018	Y			
	City Southington	State CT	Zip Code 06489-2052					123686 1 Receipt tl	17 his Period	_			
	FEC ID number of contributing federal political committee.	С					-		200.0	00			
	Name of Employer (for Individual) Paul E Smith Insurance, LLC	Occu Brok	upation (for Individual) ser		Me	emc	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00										
с.	Full Name of Individual (Last, First, Middle Initia Lubenow, Douglas, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 214 West Main Street Suite 203				08	/	D 28		y y 2018	Y			
	City Moorestown	State NJ	Zip Code 08057-2345				-	: 123686 Receipt tl	18 his Period				
	FEC ID number of contributing federal political committee.	С			Ē		y	,	42.0	00			
	Name of Employer (for Individual) Lubenow Agency	Occu Brok		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00										
	UBTOTAL of Receipts This Page (optional)			_			, . , .	· ·	292.0	00			

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PAGE 110 OF

	WIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
			Dotailou Ourinnary i ayo	13 14 15 16 17							
or fo	or commercial purposes, other than using th			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
1	IAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
	ull Name of Individual (Last, First, Middle Ir Flowers, Jeannette, , ,	iitial) or Full O	rganization Name	Date of Receipt							
_	Aailing Address 601 Hickory Street			08 / D D / Y Y Y Y 08 28 2018							
	City Liverpool	State NY	Zip Code 13088-4416	Transaction ID : 12368621 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		30.00							
	lame of Employer (for Individual) Pomco	Occi Brol	upation (for Individual) ker	Memo Item							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
	ull Name of Individual (Last, First, Middle Ir Barta, James, , ,	iitial) or Full O	rganization Name	Date of Receipt							
_	Aailing Address 331 TownePark Circle Suite 200			M M / D D / Y							
	City COUISVILLE	State KY	Zip Code 40243-2351	Transaction ID : 12368624 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		30.00							
	Name of Employer (for Individual) The Legacy Benefits Group	Occ Sale	upation (for Individual) es	Memo Item							
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
	ull Name of Individual (Last, First, Middle Ir Blackford, Stephen, I, ,	l hitial) or Full O	rganization Name	Date of Receipt							
N	Aailing Address 11481 Old St. Augustine Rd.	, # 201		08 28 2018							
	Dity Jacksonville	State FL	Zip Code 32258-1475	Transaction ID : 12368635 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		30.00							
٦	lame of Employer (for Individual) The Blackford Group		upation (for Individual) rance Agent	Memo Item							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 740.00]							
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ITEMIZED RECEIPTS for each category of Detailed Summary Pa		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Com	mittee								
Full Name of Individual (Last, First, N Cohen, Jerod, S., ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 617 Oberlin Road			M M / D D / Y Y Y Y 08 28 2018							
City Raleigh	State NC	Zip Code 27605-1126	Transaction ID : 12368797 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		365.00							
Name of Employer (for Individual) Snipes Insurance Service, Inc.A Divisi Receipt For:	Ben	upation (for Individual) efits Consultant	Memo Item							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]							
Full Name of Individual (Last, First, N Gehrki, A., Allen, ,	Niddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 105 Decker Court Suite 530	State	Zin Codo	08 / D D / Y Y Y Y Y 2018							
City Irving	TX	Zip Code 75062-2312	Transaction ID : 12368860 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual) UnifyHR		upation (for Individual) cutive Vice President	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
Full Name of Individual (Last, First, N C. Waren, M. Hughes, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address P.O. Box 7661			08 / D D / Y Y Y Y 2018							
City Wilmington	State NC	Zip Code 28406-7661	Transaction ID : 12370605 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Ebenconcepts, Inc.	Occi Brok	upation (for Individual) xer	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 290.00]							
SUBTOTAL of Receipts This Page (op	ional)		1395.00							
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ny information copied from such Reports an	nd Statements ma	I ay not be sold or used by any	person for the purpose of soliciting contribution	ns						
	the name and a	address of any political commi	tee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	Action Com	mittaa								
> Health Underwriters Political	Action Com	imiliee								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	Organization Name								
Perez, Anthony, , ,	,	C C C C C C C C C C C C C C C C C C C	Date of Receipt							
Mailing Address 1212 New York Ave, NW		1								
Suite 1100			08 16 2018							
City Washington	State DC	Zip Code 20005-3987	Transaction ID : 12430528							
_		20003-3907	Amount of Each Receipt this Period							
FEC ID number of contributing	С		0.00							
federal political committee.										
Name of Employer (for Individual)	Occ	upation (for Individual)	X Memo Item							
NAHU										
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		96.00	Refund(s) on Schedule B Totaling \$20.00 the YTD Total to \$96.00	This ch						
Full Name of Individual (Last, First, Middle	+ Initial) or Full C	Proanization Name								
Trutanich, MaryAnna, , ,			Date of Receipt							
Mailing Address 1851 E. First St., Ste. 1100	0		M M / D D / Y Y Y Y	1						
			08 21 2018							
City	State	Zip Code	Transaction ID : 12430530							
Santa Ana	CA	92705-4051	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		0.00							
Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) Sales Executive	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General		400.00	Refund(s) on Schedule B Totaling \$100.00 This							
Other (specify)		100.00	changes the YTD Total to \$100.00							
Full Name of Individual (Last, First, Middle	• Initial) or Full C	Organization Name								
. McDougall, Heather, Lee, ,			Date of Receipt							
Mailing Address 1312 W Kiva Ave			08 / D D / Y Y Y Y Y 2018	1						
City	State	Zip Code	Transaction ID : PR433059219143	<u></u>						
Mesa	AZ	85202-6633	Amount of Each Receipt this Period							
FEC ID number of contributing	C		30.00							
federal political committee.	С		30.00							
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item							
Affiliated Insurance Solutions	Brok	1 ()								
Receipt For:		Year-to-Date ▼								
Primary General	, .99,09410		P/R Deduction (\$30.00 Monthly)							
Other (specify)		240.00								
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmi	ttee												
Α.	Villagran, Denise, S., ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name agran, Denise, S., ,														
	Mailing Address 1016 Santa Fe, #205	Otata		Zin Oode		-	[™]	1	L	31		Y	2018			
	City Corpus Christi	State TX		Zip Code 78404-2343									121914 s Peric			
	FEC ID number of contributing federal political committee.	С					Junt	U	1		ecei	pt this		0.00		
	Name of Employer (for Individual) Entrust, Inc.	Occi Brol	•	tion (for Individual)			Me	emo	o Ite	əm						
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00								P/R Deduction (\$30.00 Monthly)							
	Full Name of Individual (Last, First, Middle Initia Schreder, Lynn, M., ,	l) or Full O	Orga	nization Name		Date	e of	Re	ecei	pt						
	Mailing Address 130 North 25th Street						08 / D D / Y Y Y Y 2018]	
	City Fort Dodge	State Zip Code IA 50501-4338							-				611914 s Peric			
	FEC ID number of contributing federal political committee.	C							-		_	- 7 -	10	0.00		
	Name of Employer (for Individual) KHI Solutions	Occupation (for Individual) Broker						emo) Ite	əm						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00						P/R Deduction (\$100.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Adams, Carla, , ,	l) or Full O	Orga	nization Name		Date	e of	Re	ecei	pt						
	Mailing Address PO Box 7630			1		MC	08 [™]	1	Ľ	31	1	Y	2018	Y]	
	City Horseshoe Bay	State TX		Zip Code 78657-7630									501914			
	FEC ID number of contributing federal political committee.	C						Amount of Each Receipt this Period								
	Name of Employer (for Individual) TASC	Occupation (for Individual) Broker						emo	o Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00	P/	/R [Dedu	uctio	on	(\$30.0	00 N	Month	ly)			
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ITEMIZED RECEIPTS	·	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Poli	tical Action Com	mittee							
Full Name of Individual (Last, First, Brown, Madeleine, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address P.O. Box 1490,			08 / D D / Y Y Y Y Y 08 31 2018						
City Jackson	State MS	Zip Code 39215-1490	Transaction ID : PR433118919143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) Fisher Brown Bottrell Insurance, Inc	Occu Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, B. Deacon , Joseph, H., ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 221 1/2 Hale Street PO Box 2831			08 / D D / Y Y Y Y 2018						
City Charleston	State WV	Zip Code 25301-2207	Transaction ID : PR433129319143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Deacon & Deacon Insurance Agency	Occu Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, McFerrin, Dwane, C., ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 8420 West Dodge I Suite 510			08 / D D / Y Y Y Y Y 2018						
City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168119143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1080.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (o	otional)		200.00						
TOTAL This Period (last page this line	e number only)								

Use separate schedule(s)

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17	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the r							oliciting	contrib	utions	
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Barrett, William, J., ,	ll) or Full O	rganization Name	Date	e of F	Receip	ot				
	Mailing Address 7400 West Campus Road				8	/ D	31	/ Y	2018	Y	
	City New Albany	State OH	Zip Code 43054-8725						8 061914 iis Perio		
	FEC ID number of contributing federal political committee.	C				- J -		-g-	30	0.00	
	Name of Employer (for Individual) Aetna	Occu Brok	upation (for Individual) ker		Men	no Ite	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	 P/R [Deduc	ction (\$30.0	0 Montl	nly)		
в.	Full Name of Individual (Last, First, Middle Initia Christensen, H Elizabeth, , ,	l) or Full O	rganization Name	Date	e of F	Receip	ot				
	Mailing Address 3013 Sonora Canyon Rd			™ 8	/ D	а 31	/ Y	2018	Y		
	City Weatherford	State TX	Zip Code 76087-8215						3771914 iis Perio	-	
	FEC ID number of contributing federal political committee.	С								0.00	
	Name of Employer (for Individual) United Senior Services of Texas	Occu Brok	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R [educ	tion (S	\$30.0	0 Month	nly)		
С.	Full Name of Individual (Last, First, Middle Initia Comins, Jeannie, L., ,	l) or Full O	rganization Name	Date	e of F	Receip	ot				
	Mailing Address 105 Turnpike Street				8	/ D	31	/ Y	2018 [°]	Ŷ	
	City Liverpool	State NY	Zip Code 13088-5227						9071914 iis Perio		
	FEC ID number of contributing federal political committee.	С				JI Lac		, seipt ti		0.00	
	Name of Employer (for Individual) MVP Healthcare	Occu Brok	upation (for Individual) er		Mer	no Ite	m				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	P/R [Deduo	ction (\$10.0	0 Mont	hly)		
s	UBTOTAL of Receipts This Page (optional)					y			70	0.00	
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	ımi	ttee												
١.	Full Name of Individual (Last, First, Middle Ir Rifkin, Robert, L., ,	nitial) or Full O)rgar	nization Name		Date o	f Re	cei	ipt							
	Mailing Address 7 Stonewall Lane					м м 08	/	E	31		/ Y	ү ү 2018	Y			
	City Mamaroneck	State NY		Zip Code 10543-1025								681914 is Period				
	FEC ID number of contributing federal political committee.	С									-		.00			
	Name of Employer (for Individual) Insurance & Financial Services	Occi Brol	•	tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 336.00] P.	/R Ded	uctio	on	(\$42	2.00) Month	ıly)				
	Full Name of Individual (Last, First, Middle Ir Dorman, Harry, , ,	nitial) or Full O)rgar	nization Name		Date o	f Re	cei	ipt							
	Mailing Address 1500 N Casaloma Dr Suite 4								08 / D D / Y Y Y Y 2018							
	City Appleton	State WI		Zip Code 54913-8219				-				741914 is Period				
	FEC ID number of contributing federal political committee.	C		30.00							.00					
	Name of Employer (for Individual) Medicare Masters, LLC	Occ Age		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00	P/	R Ded	uctic	on	(\$30	.00	Month	ly)				
	Full Name of Individual (Last, First, Middle Ir Long, Scott, W., ,	nitial) or Full O)rgar	nization Name		Date o	f Re	cei	ipt							
	Mailing Address 1715 Greenway Village Dr.					м м 08	/	E	31		/ Y	2018	Y			
	City Katy	State TX		Zip Code 77494-2175								0681914 is Period				
	FEC ID number of contributing federal political committee.	С	_					,		_	y		.00			
	Name of Employer (for Individual) Beazley Group	Occu Sale		Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00	P	/R Dec	luctio	on	(\$30).00) Month	nly)				

Use separate schedule(s)

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Any information copied from such Reports and 3 or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Health Underwriters Political Ad Full Name of Individual (Last, First, Middle In Brittain, Jennifer, , ,	e name and ad	ddress of any political committee								
Full Name of Individual (Last, First, Middle In	e name and ad	ddress of any political committee	erson for the purpose of soliciting contribution							
Health Underwriters Political A		mittee								
Delitate la selfan	iitial) or Full Or									
		rganization Name	Date of Receipt							
Mailing Address 208 N. Mill			08 31 Y Y Y Y Y 08 31 2018							
City Pryor	State OK	Zip Code 74361-2422	Transaction ID : PR433214319143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Brown & Brown, Inc.	Occu Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify) $ earrow$	Aggregate	Year-to-Date ▼ 386.00	P/R Deduction (\$42.00 Monthly)							
Full Name of Individual (Last, First, Middle In Gerken, Barbara, Ann, ,	iitial) or Full Or	rganization Name	Date of Receipt							
Mailing Address 1775 Indian Wood Circle			08 / D D / Y Y Y Y Y 2018							
City Maumee	State OH	Zip Code 43537-4010	Transaction ID : PR433268319143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) First Insurance Group	Occu Dire	upation (for Individual) ctor	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle In Shooshanian, Barbara, , ,	itial) or Full Or	rganization Name	Date of Receipt							
Mailing Address 39500 High Pointe Blvd Ste 400			08 / D D / Y Y Y Y 08 31 2018							
City Novi	State MI	Zip Code 48375-5517	Transaction ID : PR433298719143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Health Alliance Administrators	Occu Brok	ipation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)			. 102.00							

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name and ad	ddress of any political committee	X 11a 11b 11c 12 13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt					
ion Comi al) or Full Or	ddress of any political committee	Date of Receipt	าร				
ion Com	mittee ganization Name	Date of Receipt					
al) or Full Or	ganization Name	M M / D D / Y Y Y Y Y					
State		M M / D D / Y Y Y Y Y					
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	Zin Code	08 31 2018					
	68114-3721	Transaction ID : PR433302719143 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Occupation (for Individual) Arthur J. Gallagher Broker Receipt For: Aggregate Veer to Date Veer							
Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Monthly)					
al) or Full Or	ganization Name	Date of Receipt					
		08 / D D / Y Y Y Y Y 2018					
		Transaction ID : PR433308319143					
C		85.00					
	,	Memo Item					
Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)					
al) or Full Or	ganization Name	Date of Receipt					
		08 / D D / Y Y Y Y Y 2018]				
State MI	Zip Code 48439-5098	Transaction ID : PR433316619143 Amount of Each Receipt this Period					
С		100.00					
	· · · · · ·	Memo Item					
Aggregate	Year-to-Date ▼ 770.00	P/R Deduction (\$100.00 Monthly)					
		215.00					
	Aggregate V ial) or Full Or State IA C Occu Brok Aggregate V ial) or Full Or State MI C Occu Brok Aggregate V C Occu Brok Aggregate V C Occu Brok	Occupation (for Individual) Broker Aggregate Year-to-Date 390.00 ial) or Full Organization Name State Zip Code 51442-2632 C Occupation (for Individual) Broker Aggregate Year-to-Date Aggregate Year-to-Date 680.00 ial) or Full Organization Name State Zip Code 48439-5098 C Occupation (for Individual) Broker State Zip Code 48439-5098 C Occupation (for Individual) Broker Aggregate Year-to-Date Tro.00	Occupation (for Individual) Broker Memo Item Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly) ial) or Full Organization Name Date of Receipt 08 1 2018 Transaction ID : PR433308319143 Amount of Each Receipt this Period 0 0 0 0 0 85.00 0 0 85.00 0 0 85.00 0 0 85.00 0 0 85.00 0 0 9/R Deduction (\$85.00 Monthly) ial) or Full Organization Name 0 9/R Deduction (\$85.00 Monthly) ial) or Full Organization Name Date of Receipt 10.0 0 0 31 2018 1al) or Full Organization Name Date of Receipt 10.0 0 10 10 10.00 0 10 100.00 100.00 0 100.00 100.00 100.00 0 100.00 100.00 Monthly) 215.00				

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		erson for the purpose of soliciting contributions to solicit contributions from such committee.								
tion Com	mittee									
Name of Individual (Last, First, Middle Initial) or Full Organization Name atts, Jessica, J., , ing Address 401 Congress Ave										
		08 / D D / Y Y Y Y 2018								
State TX	Zip Code 78701-4071	Transaction ID : PR433425119143 Amount of Each Receipt this Period								
С		85.00								
	,	Memo Item								
Aggregate	Year-to-Date ▼ 710.00	P/R Deduction (\$85.00 Monthly)								
itial) or Full Or	rganization Name	Date of Receipt								
		08 31 / Y Y Y Y 2018								
State CA	Zip Code 95695-3080	Transaction ID : PR433463219143 Amount of Each Receipt this Period								
С		42.00								
	,	Memo Item								
Aggregate	Year-to-Date ▼ , 204.00	P/R Deduction (\$42.00 Monthly)								
itial) or Full Or	rganization Name	Date of Receipt								
		08 / D D / Y Y Y Y Y 08 31 2018								
State CA	Zip Code 95542-3110	Transaction ID : PR433468619143 Amount of Each Receipt this Period								
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		Memo Item								
Aggregate	Year-to-Date ▼ 800.00	P/R Deduction (\$100.00 Monthly)								
i	tial) or Full O	tial) or Full Organization Name State Zip Code TX 78701-4071 C Occupation (for Individual) VP, Benefits Compliance Aggregate Year-to-Date T10.00 tial) or Full Organization Name State C Occupation (for Individual) Doccupation (for Individual) Broker Aggregate Year-to-Date Occupation (for Individual) Broker Aggregate Year-to-Date State C Occupation Name State Zip Code 95695-3080 C Occupation (for Individual) Broker Aggregate Year-to-Date State Zip Code 95542-3110 C Occupation (for Individual) Broker Aggregate Year-to-Date								

Use separate schedule(s)

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Mailing Address 401 Gooding St N #106 City State Zip Code Twin Falls ID 83301-6177 FEC ID number of contributing C C rederal political committee. C C Name of Employer (for Individual) Occupation (for Individual) Laura Drake Insurance Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coogan, Michael, , , Mailing Address 118 North Bedford Road State Zip Code Nount Kisco NY 10549-2555 FEC ID number of contributing C C Mae of Employer (for Individual) Occupation (for Individual)	y Page 11a 11b 11c 12 13 14 15 16 17 ed by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Drake, Laura, , , Mailing Address 401 Gooding St N #106 City Twin Falls City Twin Falls C Name of Employer (for Individual) Laura Drake Insurance Receipt For: Primary General Other (specify) General Other (specify) C State Suite 100 City Mount Kisco FEC ID number of contributing federal political committee. Name of Individual (Last, First, Middle Initial) or Full Organization Name Coogan, Michael, , , Mailing Address 118 North Bedford Road Suite 100 City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Cocupation (for Individual) City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) City Mount Kisco FEC ID number of contributing federal political committee.	Date of Receipt
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 State Twin Falls ID FEC ID number of contributing federal political committee. Name of Employer (for Individual) Laura Drake Insurance Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coogan, Michael, , , Mailing Address 118 North Bedford Road Suite 100 City Mailing Address 118 North Bedford Road Suite 100 City Mount Kisco Name of Employer (for Individual) Question (for Individual) Name of Employer (for Individual)	08 / D D / Y Y Y Y 2018
A. Drake, Laura, , , Mailing Address 401 Gooding St N #106 City State Zip Code Twin Falls ID 83301-6177 FEC ID number of contributing federal political committee. C 0 Name of Employer (for Individual) Occupation (for Individual) Laura Drake Insurance Agent Receipt For: Primary General Other (specify) ✓ 2 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 2 B. Coogan, Michael, , , Mailing Address 118 North Bedford Road 2 State Zip Code Nount Kisco NY 10549-2555 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual)	08 / D D / Y Y Y Y 2018
City State Zip Code Twin Falls ID 83301-6177 FEC ID number of contributing C C Name of Employer (for Individual) Occupation (for Individual) Laura Drake Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coogan, Michael, , , Mailing Address 118 North Bedford Road State Zip Code Nount Kisco NY FEC ID number of contributing C Ideral political committee. C Name of Employer (for Individual) Occupation (for Individual)	08 31 2018
Twin Falls ID 83301-6177 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) Agent Agent Laura Drake Insurance Aggregate Year-to-Date ▼ 2 Primary General Other (specify) ▼ 2 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 2 B. Coogan, Michael, , , Mailing Address 118 North Bedford Road State Zip Code Mount Kisco NY 10549-2555 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual)	Transaction ID : PR433504419143
federal political committee. V Name of Employer (for Individual) Occupation (for Individual) Laura Drake Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coogan, Michael, , , Mailing Address 118 North Bedford Road Suite 100 City State Mount Kisco NY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)	Amount of Each Receipt this Period
Laura Drake Insurance Agent Receipt For: Primary Other (specify) General Other (specify) 2 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 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)	30.00
Primary General Other (specify) ▼ 2 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 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)	I) Memo Item
B. Coogan, Michael, , , Mailing Address 118 North Bedford Road Suite 100 City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)	P/R Deduction (\$30.00 Monthly)
Suite 100 City State Mount Kisco NY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)	Date of Receipt
Mount Kisco NY 10549-2555 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual)	08 31 Y Y Y Y Y 2018
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)	Transaction ID : PR433548019143 Amount of Each Receipt this Period
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Coogan FX Insurance LLC Agency Founder	I) Memo Item
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. VanDuine, Dustin, , ,	Date of Receipt
Mailing Address 2850 W Grand Blvd	08 / D / Y Y Y Y 2018
CityStateZip CodeDetroitMI48202-2643	Transaction ID : PR433572619143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	30.00
Name of Employer (for Individual) Occupation (for Individual) Health Alliance Plan Account Executive	I) Memo Item
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2	·/
SUBTOTAL of Receipts This Page (optional)	240.00 P/R Deduction (\$30.00 Monthly)

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11	MIZED RECEIPTS Use separate schedule(s) for each category of the			(check only one)						
			for each category of the Detailed Summary Page	¥ 11a 13		11b 14	11c 15	12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the									
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Golden, Johnna, , ,	al) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 3800 Centerpoint Dr., Ste 940			08	л /	D D 31	/ Y	ү 2018	Y	
	City Anchorage	State AK	Zip Code 99503-5825					92819143 is Period		
	FEC ID number of contributing federal political committee.	С					-90-	30.	00	
	Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas		upation (for Individual) ount Manager		/lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Dec	ductio	on (\$30.0	0 Month	nly)		
в.	Full Name of Individual (Last, First, Middle Initi Butler, Allison, , ,	al) or Full O	rganization Name	Date c	of Re	ceipt				
	Mailing Address 2800 Civic Circle Suite 200		08	/	D D D 31	/ Y	2018	Y		
	City Amarillo	State TX					4519143 is Period			
	FEC ID number of contributing federal political committee.	С			.	- 49-	30.	00		
Name of E	Name of Employer (for Individual) Butler Benefits & Consulting, LLC	Occi Brol	upation (for Individual) ker		/lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	ggregate Year-to-Date ▼ , 240.00			P/R Deduction (\$30.00 Monthly)				
с.	Full Name of Individual (Last, First, Middle Initi Schneider, JoEllen, , ,	al) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 2807 W Taft St			08		D D D 31		ү 2018		
	City Boise	State ID	Zip Code 83703-5015					91819143 is Period	•	
	FEC ID number of contributing federal political committee.	С				9	,	42.	00	
	Name of Employer (for Individual) 1967	Occu Own	upation (for Individual) er		/lemc	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	P/R De	ducti	on (\$42.0	0 Montl	hly)		
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т	OTAL This Period (last page this line number o	nly)	····· •			, , , , , , , , , , , , , , , , , , ,	- 7 - 7			

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	y information copied from such Reports and Statement for commercial purposes, other than using the name a							se of s				
	NAME OF COMMITTEE (In Full)		rece of any pointed committee	.0 301			Jun		5.11 3	3011		
\rangle	Health Underwriters Political Action C	omm	ittee									
A.	Full Name of Individual (Last, First, Middle Initial) or Fi Skinner, Roger, W., ,	ull Orga	anization Name	Date of Receipt								
	Mailing Address 5518 Hammock Glen Drive				м м 08	1	Γ	D D 31	/	Y	y y 2018	Y
	City State Indianapolis IN	e	Zip Code 46235-9779	Transaction ID : PR436789419143 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.						-9-				30.5	
	Argus Dental & Vision	Occupa Broker	ation (for Individual)		Me	emo	o Ite	em				
	Receipt For: Aggree Primary General Other (specify) ▼	gate Ye	ar-to-Date ▼ 244.00	P/R Deduction (\$30.50 Monthly)								
B.	Full Name of Individual (Last, First, Middle Initial) or Finishing Rippinger, John, F., ,	ull Orga	anization Name		Date of	Re	ecei	ipt				
	Mailing Address 11047 E Verbena Lane				™ 08	/	Г	31	/	Y	y y 2018	Y
	City State Scottsdale AZ	9	Zip Code 85255-2411	Transaction ID : PR436793519143 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.			_		-				30.0	00	
	Insurance Look LLC	Occupation (for Individual) Broker					o Ite	em				
	Receipt For: Aggree Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00					P/R Deduction (\$30.00 Monthly)					
C.	Full Name of Individual (Last, First, Middle Initial) or Final Hartman, Gerald, G, ,	ull Orga	anization Name		Date of	Re	ecei	ipt				
	Mailing Address PO Box 5716				м м 08	/	L	D D D	/		2018	Y
	City State Boise ID	e	Zip Code 83705-0716	A							9019143 Period	
	FEC ID number of contributing federal political committee.	Ŭ							. ,		50.0	00
		Occupation (for Individual) Broker					o Ite	em				
	Receipt For: Aggreg Primary General Other (specify)	gate Ye	ar-to-Date V 400.00	P/R Deduction (\$50.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)		••••••				9				110.5	50
т	OTAL This Period (last page this line number only)		••••••				-					

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

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 13 14	11c	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
Full Name of Individual (Last, First, Middle In A. Trautwein, Janet, , ,	nitial) or Full O	rganization Name	Date of Receipt	t						
Mailing Address 1212 New York Ave. NW, St	e 1100			31 / Y	2018	Y				
City Washington	State DC	Zip Code 20005-3987	Transaction I Amount of Each							
FEC ID number of contributing federal political committee.	С		· · · ·		170.0	0				
Name of Employer (for Individual) NAHU	Occ	upation (for Individual) D	Memo Iter	n						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1360.00	P/R Deduction (\$	3170.00 Mon	thly)					
Full Name of Individual (Last, First, Middle In 3. Rios-Carl, Elizabeth, E., ,	nitial) or Full O	rganization Name	Date of Receipt	t						
Mailing Address 210 North Campbell		31 / Y	y y 2018	Ŷ						
City El Paso	State TX	Zip Code 79901-1406	Transaction ID : PR436824519143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С				50.0	0				
Name of Employer (for Individual) Self-Employed	Occ Bro	upation (for Individual) ker	Memo Iter	n						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Monthly)							
Full Name of Individual (Last, First, Middle In C. Berman, David, A, ,	nitial) or Full O	rganization Name	Date of Receipt	t						
Mailing Address 8805 Sawleaf Road				31 [/] Y	2018	Ŷ				
City Indianapolis	State IN	Zip Code 46260-1534	Transaction I Amount of Each							
FEC ID number of contributing federal political committee.	С		,	,	85.0	0				
Name of Employer (for Individual) Neace Lukens Holding Company, Inc.	Occi Brok	upation (for Individual) ker	Memo Iter	n						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$	\$85.00 Month	nly)					
SUBTOTAL of Receipts This Page (optional)					305.0	D				
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116	WILLED RECEIPIS		for each category of the Detailed Summary Page	× 11a		11b	11c	12	
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	tements ma ame and a	y not be sold or used by any p ddress of any political committee	erson for the to solicit of	e pur	14 rpose of putions fi	15 soliciting rom such	16 contribut n committe	17 ions ee.
\	IAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee						
	ull Name of Individual (Last, First, Middle Initia Ashmore, Elizabeth, , ,	l) or Full O	rganization Name	Date	of Re	eceipt			
N	lailing Address 6102 82nd St, Bldg #6			M 08		D D 31	/ Y	2018	Y
	ity _ubbock	State TX	Zip Code 79424-0803					30319143 is Period	
	EC ID number of contributing ederal political committee.	С			_	ар. I		170.0	0
A	lame of Employer (for Individual) shmore/Arthur J. Gallagher, Inc.	Occu Brok	ipation (for Individual) er		Memo	o Item			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/R De	əducti	ion (\$170).00 Mon	thly)	
B	Kramer, Mary, B., ,	-							
_	Iailing Address 13810 National Bank Parkway, S		Zin Code	M 08		D D D 31	/ Y	2018	Y
	iity Dmaha	State NE	Zip Code 68154					6219143 is Period	
Omaha FEC ID number of contribu federal political committee.	EC ID number of contributing	С						42.0)0
	lame of Employer (for Individual) olmes Murphy & Associates	Occu Broł	upation (for Individual) ker	Memo Item					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 336.00	P/R Deduction (\$42.00 Monthly)					
	ull Name of Individual (Last, First, Middle Initia Grundman, Robert, A., ,	l) or Full O	rganization Name	Date	of R	eceipt			
_	lailing Address 7412 Karl Drive	-		M 08		31	/ Y	2018	Y
	ity Lincoln	State NE	Zip Code 68516-4368					38919143 is Period	
	EC ID number of contributing ederal political committee.	С				,	,	50.0	0
S	lame of Employer (for Individual) Senior Benefit Strategies	Occu Brok	ipation (for Individual) er		Mem	o Item			
н	Acceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R D	educt	ion (\$50.	00 Montl	nly)	
SU	BTOTAL of Receipts This Page (optional)					, .		262.0	0
	BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number or				÷	, .	<u> </u>	262.0	C

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ITEMIZED RECEIPTS	MIZED RECEIPTS for each category of the Detailed Summary Page										
or for commercial purposes, other than usin			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd Cociu, Dorothy, M., ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address P.O. Box 6677	State	Zip Code	08 / D D / Y Y Y Y 2018								
Fullerton	CA	92834-6677	Transaction ID : PR436844619143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$85.00 Monthly)										
Full Name of Individual (Last, First, Midd B. Wright, Keith, L., ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 401 W Front St Ste 4		08 / D D / Y Y Y Y Y 2018									
City Traverse City	State MI	Zip Code 49684-2259	Transaction ID : PR436848519143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Wright Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 436.00	P/R Deduction (\$42.00 Monthly)								
Full Name of Individual (Last, First, Midd C. Fortenberry, H. Larry, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 16566	1-		08 / D D / Y Y Y Y 2018								
City Jackson	State MS	Zip Code 39236-6566	Transaction ID : PR436852619143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Executive Planning Group, P.A.	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	P/R Deduction (\$42.00 Monthly)								
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nur			169.00								

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EMIZED RECEIPTS Use separate schedule(s) for each category of the	(check only one)								
I LIVILLU KEULIPIS		for each category of the Detailed Summary Page							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middle Bean, Darrald, T., ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3922 Rampart ST			M M / D D / Y Y Y Y 08 31 2018						
City Boise	State ID	Zip Code 83704-4557	Transaction ID : PR436853319143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Bean Insurance	Occi Brol	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middle B. Trebing, C. Louanne, , , Mailing Address 1806 Patton Drive	Initial) or Full O	rganization Name	Date of Receipt						
City	State	08 31 2018 Transaction ID : PR436856919143							
Garland	ТХ	75042-8205	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	30.00							
Name of Employer (for Individual) Trebing Insurance Services	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Freeman, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2333 Camino Del Rio Sour	th State	7.0.0	M / D / Y						
City San Diego	CA	Zip Code 92108-3600	Transaction ID : PR436861819143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Countywide Health Ins. Services, Inc. Receipt For:	Age		Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date 240.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		,	90.00						

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			Detailed Summary Page	×	11a] 11	b	11c	12		
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	y information copied from such Reports and Stat for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	imittee									
A.	Full Name of Individual (Last, First, Middle Initial Mobley, Sandra, V., ,	l) or Full O	Organization Name	[Date of	Re	ecei	ipt				
	Mailing Address 137 Executive Dr. Suite D			08 / D D / Y Y Y Y 08 31 2018								
	City Madison	State MS	Zip Code 39110-8456		Transaction ID : PR436869319143 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) Mobley Insurance Agency LLC	Occi Brol	upation (for Individual) ker		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/	/R Dedu	uctio	on	(\$50.0	00 Mon	ithly)		
	Full Name of Individual (Last, First, Middle Initia Wilson, Paula, L., ,	l) or Full O	Organization Name		Date of	Re	ecei	ipt				
	Mailing Address 31930 Daniel Way	1-		08 / D D / Y Y Y Y 2018								
	City Temecula	State CA	Zip Code 92591-2129	<i>F</i>			-			373519143 this Period		
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Paula Wilson, Inc.	Occ Bro	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$85.00 Monthly)								
c.	Full Name of Individual (Last, First, Middle Initia Trahin, Cindy, K., ,	l) or Full O	Organization Name		Date of	Re	ecei	ipt				
	Mailing Address 7127 Homestead Road Suite B	Otata	Zu Osta		08	/	L	31	L	2018		
	City Fort Wayne	State IN	Zip Code 46814-4601	<i>A</i>						875619143 this Period		
	FEC ID number of contributing federal political committee.	С					,		, y	30.	00	
	Name of Employer (for Individual) Trahin Insurance Services LLC	Occi Brok	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)		•••••	.			,		,	165.	00	
т	OTAL This Period (last page this line number on	ly)	•				-					

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	IZED RECEIPTS Use separate schedule(s) for each category of the	(check only one)								
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	nformation copied from such Reports and Sta commercial purposes, other than using the r									
\ NA	ME OF COMMITTEE (In Full) ealth Underwriters Political Acti									
	ll Name of Individual (Last, First, Middle Initia tuart, Rodney, , ,	ll) or Full Or	ganization Name		Date of	f Re	eceipt			
	iling Address 484 E Carmel Dr Suite 358				м м 08	/	31		ү ү 2018	Y
Cit Ci	y armel	State IN	Zip Code 46032-2812						83319143 nis Period	
FEC ID number of contributing federal political committee.							-		50.	00
	me of Employer (for Individual) rategic Insurance Inc.	Occu Brok		M	emo) Item				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00] 「	P/R Ded	ucti	on (\$50).00 Mont	hly)	
	II Name of Individual (Last, First, Middle Initia pragins, Jackie, L., ,	ll) or Full Or	ganization Name		Date of	f Re	eceipt			
	ailing Address P O Box 2073				м м 08	/	D 31		2018	Y
	City Wichita Falls	StateZip CodeTX76307-2073					-		95319143 his Period	
	C ID number of contributing leral political committee.	C					-		50.	00
	ame of Employer (for Individual) red-Thompson-Mason-Daugherty Insura	Occupation (for Individual) Producer				emo	tem			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$50.00 Monthly)							
	II Name of Individual (Last, First, Middle Initia anway, Leah-Anne, , ,	ll) or Full Or	ganization Name		Date of	f Re	eceipt			
	ailing Address 2225 SW 96				08	/	D 31	_ L	2018	
Cit	y klahoma City	State OK	Zip Code 73159-6861				-		01519143 nis Period	
	C ID number of contributing leral political committee.	С				30.	00			
Se		Occupation (for Individual) Broker			Memo Item					
Re	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
SUB	TOTAL of Receipts This Page (optional)			<u> </u>			,		130.	00
тот	AL This Period (last page this line number or	ıly)		•						

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			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
An or	for commercial purposes, other than using	d Statements mathe name and a	y not be sold or used by any p ddress of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee							
۹.	Full Name of Individual (Last, First, Middle Morrow, Todd, , ,	ame of Individual (Last, First, Middle Initial) or Full Organization Name ow, Todd, , ,								
	Mailing Address 453 CLEAR WATER TRAIL	-		08 31 / Y Y Y Y 08 31 2018						
	City	State	Zip Code	Transaction ID : PR436903719143						
	HOLLY LAKE RANCH	TX	75765-7313	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) Kilpatrick Companies LLC	Occu Brok	upation (for Individual) ser	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	P/R Deduction (\$42.00 Monthly)						
 3.	Full Name of Individual (Last, First, Middle Booth, Tonya, S., ,	Initial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 275 W Campbell Suite 215			M M / D D / Y						
	City	State	Zip Code	Transaction ID : PR436911019143						
	Richardson	ТХ	75080-8001	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) Upshaw Insurance Agency	Occu Brol	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 386.00	P/R Deduction (\$42.00 Monthly)						
<u> </u>	Full Name of Individual (Last, First, Middle Shaffer, Annette, , ,	Initial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 418 South Main Street			08 / D D / Y Y Y Y 08 31 2018						
	City	State	Zip Code	Transaction ID : PR436917219143						
	Findlay	OH	45840-3273	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item						
	Group Benefit Consultants	Brok	er							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify)		P/R Deduction (\$30.00 Monthly)							
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IEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Comn	nittee							
Full Name of Individual (Last, First, Middle Recker, Dennis, J., ,									
Mailing Address 971 North Perry Street P.O. Box 276	01-14	7. 0.1	08 / D D / Y Y Y Y Y Y 2018						
City Ottawa	State OH	Zip Code 45875-1218	Transaction ID : PR436919019143						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 30.00						
Name of Employer (for Individual) Fawcett, Lammon, Recker & Associates	Occup Broke	ation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middle Kaczmarek, Lawrence, , ,	e Initial) or Full Org	anization Name	Date of Receipt						
Mailing Address 145 N. Chestnut St., Ste. 202		- 1	08 / Y Y Y Y Y 2018						
City Ravenna	State OH	Zip Code 44266-4009	Transaction ID : PR436923419143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		31.00						
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occup Broke	pation (for Individual) pr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 248.00	P/R Deduction (\$31.00 Monthly)						
Full Name of Individual (Last, First, Middle Cason, Louie, L., ,	e Initial) or Full Org	anization Name	Date of Receipt						
Mailing Address PO Box 11229			M M / D D / Y						
City Columbia	State SC	Zip Code 29211-1229	Transaction ID : PR436934819143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) The Cason Group, Inc.	Occup Broke	nation (for Individual)	Memo Item						
Receipt For: Primary Other (specify)		ear-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)						
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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)						
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	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Stenger, James, R., ,	ial) or Full O	rganization Name	Da	ate o	f Re	eceipt					
	Mailing Address 8926 Crown Colony Boulevard				08	/	D D D 31	/ Y	201]	
	City Fort Myers	State FL	Zip Code 33908-5627				ion ID : Each R					
	FEC ID number of contributing federal political committee.	С					-	-	1	70.00	_	
	Name of Employer (for Individual) MVS Consulting	Occu Broł	upation (for Individual) ker	7 0	М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1360.00	P/R	2 Ded	lucti	on (\$17().00 Mor	nthly)			
в.	Full Name of Individual (Last, First, Middle Initi Seifert, Gregory, J., ,	ial) or Full O	rganization Name	Da	ate o	f Re	eceipt					
	Mailing Address P.O. Box 189 916 Main Street				08	/	31	/ Y	2018]	
	City Vancouver	State WA	Zip Code 98666-0189	Transaction ID : PR436941619143 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00					_			
	Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins	Occu Brol	upation (for Individual) ker	7 0	М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	P/R	Ded	uctio	on (\$85.)	00 Mont	hly)			
С.	Full Name of Individual (Last, First, Middle Initi Woods, John, T., ,	ial) or Full O	rganization Name	Da	ate o	f Re	eceipt					
	Mailing Address 9400 East Market Street			4 6	08 / D D / Y Y Y Y 2018							
	City Warren	State OH	Zip Code 44484-5514				i on ID : Each R					
	FEC ID number of contributing federal political committee.	С			30.00							
	Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occu Brok	upation (for Individual) er		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/F	R Dec	lucti	on (\$30.	00 Mont	:hly)			
s	UBTOTAL of Receipts This Page (optional)						, .		2	85.00		
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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Midd Holland, Robert, V., ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 698			08 / D D / Y Y Y Y 08 31 2018							
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961719143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Centralia General Agencies	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Midd Schneider, John, E, , Mailing Address 4701 Trousdale Dr. Ste 2		rganization Name	Date of Receipt							
City	State	Zip Code	08 31 2018 Transaction ID : PR436963519143							
Nashville	TN	37220-1386	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Colonial Life	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Midd C. Parker, John, C., ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 38 Hope St Unit 1312			08 / D D / Y Y Y Y 2018							
City Niantic	State CT	Zip Code 06357-2454	Transaction ID : PR436986819143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) Parker Agency	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 875.00	P/R Deduction (\$100.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		160.00							

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle Splawn, William, Craig, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 800 Avenue C			08 31 2018							
City Katy	State TX	Zip Code 77493-2302	Transaction ID : PR436992819143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) Splawn & Associates	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Monthly)							
Full Name of Individual (Last, First, Middle B. Phillips, Paige, W., , Mailing Address 1434 Hwy 301	Initial) or Full O	rganization Name	Date of Receipt							
City	State	08 31 2018								
Calera	AL	Zip Code 35040-5466	Transaction ID : PR436993019143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	100.00								
Name of Employer (for Individual) Anderson, Williams, McKinnis Co.	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	P/R Deduction (\$100.00 Monthly)							
Full Name of Individual (Last, First, Middle Fristoe, Kelly, Don , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 807 8th Street, Suite 300			08 / D D / Y Y Y Y 2018							
City Wichita Falls	State TX	Zip Code 76301-3317	Transaction ID : PR437002319143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Financial Partners	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 465.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		•	180.00							

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			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any poddress of any political committee	13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Thorn, Ryan, P., ,	l) or Full Oi	rganization Name	Date of Receipt						
	Mailing Address 10342 South Springcrest Lane			08 31 / Y Y Y Y 08 31 2018						
	City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004019143 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occu Brok	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$40.00 Monthly)							
B.	Full Name of Individual (Last, First, Middle Initia $Doyle, Betty, R., ,$	l) or Full Oi	rganization Name	Date of Receipt						
	Mailing Address 108 SE 3rd, Suite A		08 / D D / Y Y Y Y 08 31 2018							
	City Moore	State OK	Zip Code 73160-5234	Transaction ID : PR437006919143 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Doyle-Crow & Associates	Occu Brok	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼								
C.	Full Name of Individual (Last, First, Middle Initia Buie, Scott, T., ,	l) or Full Oi	rganization Name	Date of Receipt						
	Mailing Address 4525 S 2300 E Ste 201 City	State	Zip Code	08 / D D / Y Y Y Y 08 / 31 / 2018						
	Salt Lake City	UT	84117-4639	Transaction ID : PR437010519143 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) Buie Insurance Services	Occu Brok	upation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Monthly)						
S	JBTOTAL of Receipts This Page (optional)			120.00						
	JBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number or									

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			Detailed Summary Page		13		14	- F	15	16	17		
	information copied from such Reports and r commercial purposes, other than using th												
1	AME OF COMMITTEE (In Full) lealth Underwriters Political A	ction Com	mittee										
Fi	ull Name of Individual (Last, First, Middle I Gray, Michael, D., ,	nitial) or Full O	rganization Name		Date of Receipt								
M	ailing Address 233 South 13th Street, Suite	9 1650			м м 08	/		31	1	Y Y Y 2018	Y		
Ci	ty incoln	State NE	Zip Code 68508-2036	A						01671914 this Perio			
	EC ID number of contributing deral political committee.	С					- -			100	.00		
Tł	ame of Employer (for Individual) ne Harry A. Koch Co	Occi Brol	upation (for Individual) ker		M	emo) Ite	em					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/	R Ded	uctic	on ((\$100).00 Mc	onthly)			
8. <u> </u>	ull Name of Individual (Last, First, Middle I Duhon, Keith, M., ,		Date of	Re	cei	pt							
M	ailing Address PO Box 80158				08 31 2018								
Ci La	ty afayette	State LA	Zip Code 70598-0158				-			01711914 this Period			
	EC ID number of contributing deral political committee.	С		30.00									
Na Th	ame of Employer (for Individual) ne Family Insurance Center, Inc.	Occ Bro	upation (for Individual) ker		Memo Item								
Re	eceipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 240.00	P/1	P/R Deduction (\$30.00 Monthly)									
:. <u> </u>	III Name of Individual (Last, First, Middle I Kaczmarek, T. Darlene, , ,		rganization Name		Date of	Re	cei	pt					
_	ailing Address 145 N. Chestnut St., Suite 2	1		_ [^M 08	/	L	31	ЬL	2018 2018	_		
Ci	ty tavenna	State OH	Zip Code 44266-4009	A						02631914 this Period			
	EC ID number of contributing deral political committee.	С			31.00								
Ka	ame of Employer (for Individual) aczmarek Ins. Services Agency, Inc.	Occi Brok		Memo Item									
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 248.00	P/	R Ded	uctio	on ((\$31.	00 Mor	nthly)			
L													

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such F or for commercial purposes, other t	eports and Statements ma nan using the name and a	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters P	olitical Action Com	mittee								
Full Name of Individual (Last, Fi	st, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1939 Racimo D			08 31 2018							
City Sarasota	State FL	Zip Code 34240-9426	Transaction ID : PR437031519143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individua Employee Benefits Marketing Gro	,	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, Finder Moore, Wesley, P., ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address P O Box 604	State	Zip Code	08 / D D / Y Y Y Y 2018							
Darlington	SC	29540-0604	Transaction ID : PR437039419143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individua Moore Insurance Agency, LLC) Occu Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, Fi C. Hayes, Leesa, Kay, ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 812 Lyndon Lar			08 / D D / Y Y Y Y Y 2018							
City Louisville	State KY	Zip Code 40222-3844	Transaction ID : PR437043319143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individua Snowden & Associates, Inc.) Occu Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page		•	90.00							

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

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				Detailed Summary Page	×	11a		-	1b		11c	12		
An	y information copied from such Reports and Sta	temente ma	<u>av n</u>	at he sold or used by any or		13 or the		14			15 liciting	16	17	
	for commercial purposes, other than using the r													
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmi	ttee										
A.	Full Name of Individual (Last, First, Middle Initia Ellingson, Susan, Katherine, ,	l) or Full O	Drgar	nization Name	[Date of	Re	ece	eipt					
	Mailing Address 4100 Victoria St				08 31 2018									
	City Minnetonka	State MN		Zip Code 55345-1963	A							8719143 s Period		
	FEC ID number of contributing federal political committee.	С						-				30.		
	Name of Employer (for Individual) Above & Beyond Benefits	Occu Brok	•	ion (for Individual)		M	emo	o It	tem					
	Receipt For: Primary General Other (specify) ▼	eipt For: Primary General Aggregate Year-to-Date ▼						ion	(\$30.	00	Month	ly)		
B.	Full Name of Individual (Last, First, Middle Initia Clark, Jonathan, S., ,	l) or Full O	Drgar	ization Name	Date of Receipt									
	Mailing Address 6084 South 900 East, Suite 102													
	City Murray	StateZip CodeUT84121-1743				Transaction ID : PR437051519143 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Fringe Benefits Analysts	Occi Brol	cupat oker		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Yea	r-to-Date ▼ 300.00	P/R Deduction (\$30.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Initia Brockhurst, Eleanor, M., ,		Drgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 1212 East Osborn Road, Suite					м м 08	J.		D D 31		/ Y	2018 ^Y		
	City Phoenix	State AZ		Zip Code 85014-5537	A							2819143 s Period		
	FEC ID number of contributing federal political committee.	С				_		7			J	30.	00	
	Name of Employer (for Individual) Brockhurst & Associates, Inc.	Occu Brok	•	ion (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 240.00	P	/R Ded	ucti	ion	(\$30.	00	Month	ıly)		
s	UBTOTAL of Receipts This Page (optional)							7		l	,	90.	00	
Т	OTAL This Period (last page this line number or	ıly)		•••••				7		Ì	7			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED REGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
			person for the purpose of soliciting contributions te to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl A. Martin, Kimberly, C., ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1027 S Pendleton Street Suite B-217			08 31 2018							
City Easley	State SC	Zip Code 29642-1046	Transaction ID : PR437058219143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		40.00							
Name of Employer (for Individual) Ebenconcepts	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Monthly)							
Full Name of Individual (Last, First, Midd B. Olson, Terri, M., ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address P. O. Box 21479			08 / D D / Y Y Y Y 2018							
City Keizer	State OR	Zip Code 97307-1479	Transaction ID : PR437070219143 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		65.00							
Name of Employer (for Individual) Olson Insurance	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$65.00 Monthly)							
Full Name of Individual (Last, First, Middl c. Alberts, Suzetta, E., ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 26555 Evergreen Drive Ste 535 City	State	Zip Code	08 / 31 / 2018 Transaction ID : PR437076119143							
Southfield	MI	48076-4213	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	S (-									
Name of Employer (for Individual) Comprehensive Benefits, Inc.	Occ Brok	upation (for Individual) xer	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 847.00	P/R Deduction (\$84.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona	al)		189.00							
TOTAL This Period (last page this line nun	nber only)									

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	Detailed Summary Page	
or for commercial purposes, other than usi		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Committee	
Full Name of Individual (Last, First, Mid Smith, Kevin, W., ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2000 RiverEdge Parkwa Suite 1010		08 / D D / Y Y Y Y 08 31 2018
City Sandy Springs	State Zip Code GA 30328-4657	Transaction ID : PR437077219143
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer (for Individual)	Occupation (for Individual) Broker	Memo Item
KSA Insurance Agency, LLC Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	0 P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mid _ Lopez, Juan, R., ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 22431 Antonio Pkwy Suite B160-420		08 31 2018
City Rancho Santa Margarita	StateZip CodeCA92688-2804	Transaction ID : PR437079019143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Self	Occupation (for Individual) Consultant	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.0	0 P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Mid Douglas, Paul, L., ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Independence Plac	ce, Suite S-21	08 / D D / Y Y Y Y 2018
City Tyler	StateZip CodeTX75703-1310	Transaction ID : PR437080219143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Douglas & Associates Insurance	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.0	0 P/R Deduction (\$30.00 Monthly)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Polit	cal Action Com	mittee							
Full Name of Individual (Last, First, I Koehler, Linda Rose, , ,	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 516 Shelley St			08 31 Y Y Y Y Y						
City Livermore	State CA	Zip Code 94550-2368	Transaction ID : PR437090119143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Herzog Insurance Agency, Inc.	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Mennedy-Simington, Dierdre Mailing Address 1000 E Walnut Stree	, , ,	rganization Name	Date of Receipt						
City	State	Zip Code	08 31 2018 Transaction ID : PR437094119143						
Pasadena	CA	91106-5332	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual) BenAssist Health Insurance Services,		upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, I C. Henehan, Joseph, E., ,	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 685 Carnegie Dr., S		08 / D D / Y Y Y Y 2018							
City San Bernardino	State CA	Zip Code 92408-3550	Transaction ID : PR437097919143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) The Henehan Company	Occu Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 755.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (op	tional)		► 212.00						
TOTAL This Period (last page this line	number only)		•						

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page											
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle Krueger, Linda, E., ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 5753 Houseman Ave			M / D / Y										
City Pueblo	State CO	Zip Code 81004-9708											
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) Erickson Financial Services, Inc	Occi Brok	upation (for Individual) er											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle B. Roiz, Mario, , ,	Date of Receipt												
City	Mailing Address 10446 NW 31st Terrace												
Doral	FL	33172-1200	Transaction ID : PR437104919143 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) HR Benefit Services, Inc.	Occ	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	P/R Deduction (\$42.00 Monthly)										
Full Name of Individual (Last, First, Middle C. Stephens, James, R., ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 100 Mansell Ct East Suite 400 City	State	Zip Code	08 / 31 / 2018 Transaction ID : PR437110719143										
Roswell	GA	30076-4859	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Humana	Occi Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		,	102.00										

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		Detailed Summary Page	×	11a		11b	11c	12						
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Any information copied from such Reports a or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full) Health Underwriters Political	I Action Com	mittee												
Full Name of Individual (Last, First, Midd	Date of Receipt													
Mailing Address 1308 Murraywood Drive				м м 08	/	D 31		y y 2018	Ŷ					
City	State	Zip Code		Transaction ID : PR437113219143 Amount of Each Receipt this Period 30.00										
Columbia	SC	29212-1159	/											
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) G. Russell Garner LLC	Occ Brol	upation (for Individual) ker		M	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Middle, MCEVILLY, BRIAN, J., ,	le Initial) or Full C	rganization Name	[Date of	Re	ceipt								
Mailing Address 4455 S. Pecos Rd.				08 / D D / Y Y Y Y Y 2018										
	State NV	Zip Code 89121-5029					PR43711							
Las Vegas FEC ID number of contributing federal political committee.	C	03121-3023		Amount of Each Receipt this Period 85.00 Memo Item P/R Deduction (\$85.00 Monthly)										
Name of Employer (for Individual) GLB Insurance Group of Nevada	Occ Bro	upation (for Individual) ker												
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 730.00	P/											
Full Name of Individual (Last, First, Middl Roberts, Joseph, K., ,	le Initial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address 1128 Lincoln Mall Suite 200				08	J.	D 31	_ L	2018	Y					
City Lincoln	State NE	Zip Code 68508-2878						18019143						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item										
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1360.00	P/	P/R Deduction (\$170.00 Monthly)											
SUBTOTAL of Receipts This Page (optiona	al)		.					285.0	0					
TOTAL This Period (last page this line nun	nber only)		. [, ,	, , ,							

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×			11b		1c	12					
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or	for commercial purposes, other than using the	e name and a	ddress of any political committe		cit cor	ntric	utions	trom	sucr	commit	iee.				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee												
Α.	Full Name of Individual (Last, First, Middle In Benton, Bruce, D., ,	itial) or Full O	rganization Name	Da	Date of Receipt										
	Mailing Address 17200 Ventura Blvd Suite 312			08	1	D 34		Y	ү ү 2018	Y					
	City Encino	State CA	Zip Code 91316-5018				-		-	3019143 is Period					
	FEC ID number of contributing federal political committee.	С			170.00										
	Name of Employer (for Individual) Genesis Financial & Insurance Services		Me	emo	ltem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/F	P/R Deduction (\$170.00 Monthly)											
в.	Full Name of Individual (Last, First, Middle In Antongiovanni, Joanna, , ,	itial) or Full O	rganization Name	Da	ate of	Re	eceipt								
	Mailing Address 2929 Allen Parkway Suite 2500		08	/	D 3		Y	2018	Y						
	City Houston	State TX		Transaction ID : PR437128019143											
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Marsh Wortham	upation (for Individual) ker	10	Me	emo	ltem									
	Receipt For: Primary General Other (specify) ▼	P/R	P/R Deduction (\$30.00 Monthly)												
C.	Full Name of Individual (Last, First, Middle In Friedrich, Linda, K., ,	itial) or Full O	rganization Name	Da	ate of	Re	eceipt								
	Mailing Address 4435 O Street						08 / D D / Y Y Y Y Y 2018								
	City Lincoln	State NE	Zip Code 68510-1842		Transaction ID : PR437129119143 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	ě – – – – – – – – – – – – – – – – – – –							y	50.	00				
	Name of Employer (for Individual) UNICO Group, Inc.	Occu Brok		M	emo	b Item									
	Receipt For: Primary General Other (specify)	Aggregate	P/F	R Ded	ucti	on (\$5	0.00 1	Montł	nly)						
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mit	tee														
١.	Full Name of Individual (Last, First, Middle In Papenfus, Jeffrey, , ,	itial) or Full O	rgar	ization Name		Date of Receipt												
	Mailing Address 32110 Agoura Road																	
	City Westlake Village	State CA		Zip Code 91361-4026														
	FEC ID number of contributing federal political committee.	C																
	Name of Employer (for Individual) Warner Pacific Insurance Services	Occi Brok	•	on (for Individual)														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00	P.	P/R Deduction (\$30.00 Monthly)												
	Full Name of Individual (Last, First, Middle In Walsh, Timothy, P., ,	itial) or Full O	rgar	ization Name		Date of	f Re	cei	pt									
	Mailing Address 701 Oyster Catcher Drive		Zip Code		08 31 2018													
	City Hampstead	State NC		Transaction ID : PR437149419143 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С																
	Name of Employer (for Individual) Advanced Insurance Systems	Occu Brol		Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Р/	P/R Deduction (\$30.00 Monthly)														
	Full Name of Individual (Last, First, Middle In Hebert, Laura, L., ,	itial) or Full O	rgar	ization Name		Date of	f Re	cei	pt									
	Mailing Address 935 Graham Road PO BOX 18508		State Zip Code						M M / D D / Y									
	City Corpus Christi	State TX								5481914								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period														
	Name of Employer (for Individual) Hebert Insurance Group	Occu Brok		Memo Item														
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 336.00	P	/R Ded	luctio	on	(\$42	.00	Month	ıly)						
						-	-	1	-	-	_	_	2.00					

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
ITEIWILLED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11						
			person for the purpose of soliciting contributions						
	g the name and a		e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middl White, Robert, H., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6100 S Yale, Suite 1900			08 31 2018						
City Tulsa	State OK	Zip Code 74136-1903	Transaction ID : PR437174119143						
			Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
HUB International Mid-America	Brol	ker							
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$42.00 Monthly)						
Other (specify) V		336.00							
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name							
Allard, Terry, , ,			Date of Receipt						
Mailing Address 3000 A Street, Suite 400									
City	State	Zip Code	Transaction ID : PR437182319143						
Anchorage	AK	99503-4040	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) The Wilson Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		1520.00	P/R Deduction (\$250.00 Monthly)						
Full Name of Individual (Last, First, Middl . Murray, Neal, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1314 East Atlantic Boule	vard		08 31 2018						
City	State	Zip Code	Transaction ID : PR437183419143						
Pompano Beach	FL	33060-6745	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Frank H. Furman, Inc	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Receipt For: Primary General Other (specify) Other (specify) SUBTOTAL of Receipts This Page (optional)	Aggregate	Year-to-Date ▼ 240.00	222.00						

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

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PAGE 146 OF

			for each category of the Detailed Summary Page	×	11a 13] 11k		11c 15	12	17			
An or	y information copied from such Reports and Statemer for commercial purposes, other than using the name	I nts may and add	not be sold or used by any pe ress of any political committee	erson fo to soli	or the	purp ntrib	pose	e of s	soliciting	g contrib	outions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action (Comm	ittee											
Α.	Full Name of Individual (Last, First, Middle Initial) or Ducote, Dale, , ,	Full Orga	anization Name		Date of Receipt									
	Mailing Address 7922 Summa Avenue, Suite B-1	te	Zip Code	_ [08 / 31 / 2018 Transaction ID : PR437184619143									
	Baton Rouge LA		70809-3475	A			-		-	nis Perio	-			
	FEC ID number of contributing federal political committee.						-				2.00			
	Name of Employer (for Individual) Health Plus Consulting Services	Occupa Broker	ation (for Individual)		M	emo	b Ite	em						
	Receipt For: Aggruin Primary General Other (specify) ▼	egate Ye	ar-to-Date ▼ 336.00	P/	R Ded	uctio	on (\$42.0	0 Mont	hly)				
B.	Full Name of Individual (Last, First, Middle Initial) or Debler, Johnnie, O., ,	Full Orga	anization Name	Date of Receipt										
	Mailing Address 1102 E. Laurel St.							08 / D D / Y Y Y Y 08 31 2018						
	City Sta Rockport TX					-			9641914 nis Peric					
	FEC ID number of contributing federal political committee.			ļ	30.00									
	Name of Employer (for Individual) GSM Insurors Group	Occupa Broker	ation (for Individual)	Memo Item										
	Receipt For: Aggruin Primary General Other (specify) ▼	egate Ye	ar-to-Date ▼ 240.00	P/I	R Ded	uctic	on (S	\$30.0	0 Monti	hly)				
C.	Full Name of Individual (Last, First, Middle Initial) or Bunkers, Scott, R., ,	Full Orga	anization Name		Date of Receipt									
	Mailing Address 2211 Lee Road, Suite 100				^M 08	/	L	31	ΙL	2018				
	City Sta Winter Park FL		Zip Code 32789-1849				-			967191	-			
	FEC ID number of contributing federal political committee.			A	moun	t ot	Eac	ch Re	eceipt tr	nis Perio	0.00			
	Name of Employer (for Individual) Fringe Benefit Plans, Inc.	Occupa Broker	ation (for Individual)		М	emo	o Ite	em						
	Boosint For:	1	ar-to-Date ▼ 240.00	 P/	R Ded	uctio	on ((\$30.0	0 Mont	hly)				
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			for each category of the Detailed Summary Page	X 11a		11b	11c	12	<u> </u>		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	Itements ma	y not be sold or used by any p ddress of any political committee	erson for the to solicit of	e pui contril	14 pose of putions f	15 soliciting rom such	16 contribut n committe	17 ions e.		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Braden, Victoria, J., ,	al) or Full Oi	rganization Name	Date	of R	eceipt					
	Mailing Address 3875 Johns Creek Parkway, Su	ite C		M 08		D D D 31	/ Y	2018	Ŷ		
	City Suwanee	State GA	Zip Code 30024-1294					1919143 is Period			
	FEC ID number of contributing federal political committee.	С					-	250.0	0		
	Name of Employer (for Individual) Braden Benefit Strategies, Inc	Occu Brok	upation (for Individual) Ter		Mem	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/R D	educt	ion (\$250).00 Mon	thly)			
B.	Full Name of Individual (Last, First, Middle Initia Nace, Joshua, D., ,	Date	of R	eceipt							
	Mailing Address 100 W. Harrison Street, Suite S		Zip Code	M 08		31	/ Y	2018	Y		
	City Seattle	State WA					3319143 is Period				
	FEC ID number of contributing federal political committee.	WA 98119-4116				30.00					
	Name of Employer (for Individual) Dental Health Services	Occu Brok	upation (for Individual) ker		Mem	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R De	ıly)						
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Wilson, Lon, G., ,	al) or Full O	rganization Name	Date	of R	eceipt					
	Mailing Address 3000 A Street, Suite 400			M 08		31	/ Y	2018	Ŷ		
	City Anchorage	State AK	Zip Code 99503-4040					04319143 is Period			
	FEC ID number of contributing federal political committee.	С				y .	y	85.0	0		
	Name of Employer (for Individual) The Wilson Agency, LLC	Occu Brok	ipation (for Individual) er		Mem	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	P/R D	educt	ion (\$85.	.00 Month	nly)			
	UBTOTAL of Receipts This Page (optional)				-	5	5	365.0	0		
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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
111			for each category of the Detailed Summary Page	X 11a 13	\square	11b 14	11c 15	12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r						soliciting	contribu	tions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Bundy-Cobb, Jennifer, , ,	l) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 3000 A Street, Suite 400			08 31 2018						
	City Anchorage	State AK	Zip Code 99503-4040					04419143 is Period		
						, .		30.	00	
			upation (for Individual) ker		lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Dec	Juctic	on (\$30.0	0 Montł	nly)		
в.	Full Name of Individual (Last, First, Middle Initia Garbina, James, S., ,	l) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 14010 FNB Pkwy Ste 300			M M / D D / Y						
<u>C</u> Fl	City Omaha	State NE	Zip Code 68154-5235					2219143 is Period		
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) The Harry A. Koch Co	Occu Broł	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Dec	luctio	ın (\$85.0	0 Month	nly)		
С.	Full Name of Individual (Last, First, Middle Initia Cooper, Catherine, L., ,	l) or Full O	rganization Name	Date o	of Re [,]	ceipt				
	Mailing Address 39500 High Pointe Blvd., Suite			08	1	D D D 31	/ Y	2018	Y	
	City Novi	State MI	Zip Code 48375-5517					18319143 is Period		
	FEC ID number of contributing federal political committee.	С			_	,	,	85.	00	
Name of Employer (for Individual) Health Alliance Administrators			upation (for Individual) er		1emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 930.00	P/R Dec	ductio	on (\$85.0	00 Montl	nly)		
s	UBTOTAL of Receipts This Page (optional)		•			, .	,	200.	00	
т	OTAL This Period (last page this line number or	nly)	•			7	-			

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			13 14 15 16 1 person for the purpose of soliciting contributions re to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee							
Full Name of Individual (Last, First, Mide A . Daubert, Jim, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address P.O. Box 67220			08 31 2018						
City Lincoln	State NE	Zip Code 68506-7220	Transaction ID : PR437219619143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Daubert and Butler Associates									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Mid B. Musser, Rita, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3330 Thames Drive	08 / D / Y Y Y Y 2018								
City Fort Wayne	State IN	Zip Code 46815-5994	Transaction ID : PR437229119143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	EC ID number of contributing								
Name of Employer (for Individual) Senior Insurance Solutions	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mide C. Gardner, Joy, K., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9424 Double R Blvd			08 / D D / Y Y Y Y 08 31 2018						
City Reno	State NV	Zip Code 89521-5977	Transaction ID : PR437231219143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		47.00						
Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occi Brok	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 376.00	P/R Deduction (\$47.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		162.00						
TOTAL This Period (last page this line nu	mber only)								

Use separate schedule(s)

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171		Use separate schedule(s)			(check only one)								
			for each category of the Detailed Summary Page		× 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Norris, Michael, A., ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 295 E Palmer Street				M M 08	1	31	/ Y	ү ү 2018	Y			
	City Franklin	State NC	Zip Code 28734-3049						50019143 nis Period				
	FEC ID number of contributing federal political committee.	С					-	1 Apr.	42.0	00			
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occu Brok	upation (for Individual) ker		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00		P/R Dedu	uctio	on (\$42.	00 Montl	hly)				
в.	Full Name of Individual (Last, First, Middle Initia Neace, Ryan, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 465 NE 181st Avenue #104	#104					08 / D D / Y Y Y Y Y 2018						
	City Portland	State OR	Zip Code 97230-6660						53419143 nis Period				
	FEC ID number of contributing federal political committee.								30.0	00			
	Name of Employer (for Individual) Bear Insurance Broker	Occu Broł	upation (for Individual) ker		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]	P/R Deduction (\$30.00 Monthly)								
с.	Full Name of Individual (Last, First, Middle Initia Barton-Lewis, Diane, L., ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address Arthur J Gallagher & Co 615 E. Britton Road City	State	Zip Code		08 / D D / Y Y Y Y 2018								
	Oklahoma City	OK	73114-7710						54119143 nis Period				
	FEC ID number of contributing federal political committee.	С					y :		30.0	00			
	Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occu Brok		Me	emc	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]	P/R Ded	ucti	on (\$30.	.00 Mont	hly)				
s	UBTOTAL of Receipts This Page (optional)			•			,	,	102.0	00			
Т	OTAL This Period (last page this line number o	nly)						-					

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I LIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee							
Full Name of Individual (Last, First, Mid A. McLane, Mark, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3301 Veterans Drive, S	Suite 210		08 / D D / Y Y Y Y Y 08 31 2018						
City Traverse City	State MI	Zip Code 49684-4575	Transaction ID : PR437258319143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Mark McLane Insurance	Occi Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mid B. Powers-Booth, Sandra, Lee, ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4817 S. 175th Street			08 / D D / Y Y Y Y Y 2018						
City Seatac	State WA	Zip Code 98188-3710	Transaction ID : PR437264319143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů – L								
Name of Employer (for Individual) Health Benefits Northwest	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Mid C. Hardy, Allen, D., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 802 Kosciusko Road P.O. Box 89	01-14	7: 0.4	08 / D D / Y Y Y Y Y 31 2018						
City Philadelphia	State MS	Zip Code 39350-3555	Transaction ID : PR437264919143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Philadelphia Security Insurance	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (option	nal)		102.00						
TOTAL This Period (last page this line nu	mber only)	······							

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

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				etaileu Summary Page		13		14	- F	_	5	16	17
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	F COMMITTEE (In Full) Underwriters Political Ad	ction Com	nmit	ttee									
A. Toups,	e of Individual (Last, First, Middle In Jennifer, L., ,	Date of Receipt											
Mailing A	ddress #1 Galleria Blvd, Suite 1122					08 31 2018							
City Metairie		State LA		Zip Code 70001-2092		Transaction ID : PR437270519143 Amount of Each Receipt this Period							
	umber of contributing litical committee.	С	85.00										
Name of Humana	Employer (for Individual)	Occ Brol	•	ion (for Individual)	Memo Item								
	or: nary General er (specify) ▼	Aggregate	Yea	r-to-Date ▼ 730.00	P	/R Ded	luctio	on	(\$85.	.00 N	lonthl	y)	
Full Name B. EASTI	e of Individual (Last, First, Middle In N, Bill, , ,	itial) or Full C	Drgar	ization Name		Date o	f Re	ecei	ipt				
Mailing A	ddress 1504 Hackberry Street					08 / D D / Y Y Y Y 08 31 2018							
City Metairie		State LA				-				1 719143 Period			
	umber of contributing plitical committee.	C					30.00						
Name of Dardis Co	Employer (for Individual) uvillion & Associates	Occupation (for Individual) Broker						Memo Item					
	or: nary General er (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00	P	/R Ded	uctic	on	(\$30.4	.00 M	lonthly	y)	
	e of Individual (Last, First, Middle In ng, James, H., ,	itial) or Full C	Drgar	ization Name		Date o	f Re	ecei	ipt				
Mailing A	ddress 8401 Widmer Rd					08	/	Γ	D D D		Y	y y 2018	Y
City Lenexa		State KS		Zip Code 66215-5416				-			-	4719143 8 Period	
	umber of contributing blitical committee.	С						1			,	30.	
Name of Self	Employer (for Individual)	Occ Age		ion (for Individual)		М	lemo	o It	em				
	or: nary General er (specify)	Aggregate	Yea	r-to-Date ▼ 240.00	P	P/R Dec	luctio	on	(\$30.	.00 N	/lonthl	y)	
SUBTOTAL	of Receipts This Page (optional)			••••••								145.	00
TOTAL This	s Period (last page this line number	only)						- -					

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

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middle A. Summers, James, F., ,	e Initial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 8420 West Dodge Road, 5	5th Foor		08 31 2018						
City Omaha	State NE	Zip Code 68114-3443	Transaction ID : PR437281019143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		125.00						
Name of Employer (for Individual) Senior Market Sales, Inc.	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$125.00 Monthly)						
Full Name of Individual (Last, First, Middle B. Hensley, Don, E., ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address P. O. Box 20626			08 31 2018						
City Oklahoma City	State OK	Zip Code 73156-0626	Transaction ID : PR437293519143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00 Memo Item						
Name of Employer (for Individual) NFP Corporate Benefits	Occ Bro	upation (for Individual) ker							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Grossnickle, Jeffrey, R., ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1405 North College Avenu	1		08 / D D / Y Y Y Y 2018						
City Bloomington	State IN	Zip Code 47404-2417	Transaction ID : PR437294719143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) First Insurance Group Inc.	Occ Age	upation (for Individual) nt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)		185.00						
TOTAL This Period (last page this line num	ber only)	•							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Midd A. Yarberry, Luann, S., ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1300 10th Street			08 / D D / Y Y Y Y Y 08 31 2018					
City Wichita Falls	State TX	Zip Code 76301-3227	Transaction ID : PR437301019143 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Higginbotham Ins Agency, Inc.	Occi Broł	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Midd B. Sullivan, T.J., , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1786 State Street			08 / D D / Y Y Y Y 08 2018					
City Salem	State OR	Zip Code 97301-4341	Transaction ID : PR437310519143 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Huggins Insurance Services, Inc.	Occu Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Midd C. Bell, Marie, D., ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 701 4th Ave S. #1500			08 / D D / Y Y Y Y 2018					
City Minneapolis	State MN	Zip Code 55415-1637	Transaction ID : PR437323319143 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) DeRuyter-Bell, LLC	Occu Brok	upation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 290.00	P/R Deduction (\$30.00 Monthly)					
SUBTOTAL of Receipts This Page (option:	al)		90.00					
TOTAL This Period (last page this line nur	nber only)							

Use separate schedule(s)

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c	12							
۸n	y information copied from such Reports and Stat	emente m	av not be sold or used by any or	13 14 15	16							
	for commercial purposes, other than using the n											
\backslash	NAME OF COMMITTEE (In Full)											
/	Health Underwriters Political Action	on Com	mittee									
٩.	Full Name of Individual (Last, First, Middle Initial Mihalyi-Stiffler, Patricia, , ,	Date of Receipt										
	Mailing Address 155 N. Riverview Drive			08 31 2018								
	City	State	Zip Code	Transaction ID : PR4373	26119143							
	Anaheim	CA	92808-1225	Amount of Each Receipt t	nis Period							
	FEC ID number of contributing federal political committee.	С		· · · · · · · ·	42.00							
	Name of Employer (for Individual) Options in Insurance	Occi Brol	upation (for Individual)	Memo Item								
	Poppint For:			-								
	Primary General											
	Other (specify)	L	336.00	P/R Deduction (\$42.00 Mon	,							
— 3.	Full Name of Individual (Last, First, Middle Initial Pittman, Susan, R., ,	rganization Name	Date of Receipt									
	Mailing Address 1010 South 336th Street Suite 305			08 31 2018								
	City	State	Zip Code	Transaction ID : PR4373	43519143							
	Federal Way	WA	98003-7355	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) Insure NW Inc.	Occ Bro	upation (for Individual) ker	Memo Item								
	Receipt For:	Aaareaate	Year-to-Date 🔻	1								
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$50.00 Mont	hly)							
	Full Name of Individual (Last, First, Middle Initial	l) or Full O	rganization Name									
С.	Lawless, James, A., ,	,	Ŭ	Date of Receipt								
	Mailing Address 710 East Main Street Suite 110			08 31 / Y	2018 Y							
	City	State	Zip Code	Transaction ID : PR4373	48019143							
	Lexington	KY	40502-1602	Amount of Each Receipt t	nis Period							
	FEC ID number of contributing federal political committee.	С		, ,	42.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	Epic Insurance Solutions, LLC	Brok										
	Receipt For:	Aggregate	Year-to-Date ▼	-								
	Primary General			P/R Deduction (\$42.00 Mon	thly)							
	Other (specify)	L	336.00									
s	UBTOTAL of Receipts This Page (optional)				134.00							
	OTAL This Period (last page this line number on											
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			Detailed Summary Page	×	11a] 11b		11c	12			
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\ \	NAME OF COMMITTEE (In Full)	~											
	Health Underwriters Political Action	Comn	nittee										
А. Г	-ull Name of Individual (Last, First, Middle Initial) o Bajkowski, Catherine, A., ,	r Full Orç	ganization Name		Date of	Re	ceip	ot					
ľ	Aailing Address 188 Industrial Drive, Suite 226			1	м м	/	D	31	/ Y	2018	Y		
Ō	Dity S	tate	Zip Code			acti	ion I		R43736	51119143			
	Elmhurst II	L	60126-1610	Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	;		42.00									
	Name of Employer (for Individual) CB Health Insurance	Occup Broke	pation (for Individual) er	Memo Item									
F	Receipt For: Age	aregate Y	'ear-to-Date ▼										
	Primary General Other (specify) ▼		324.00	P/	R Ded	uctio	on (\$	\$42.0	0 Month	nly)			
	ull Name of Individual (Last, First, Middle Initial) o Block, David, M., ,	r Full Orç	ganization Name		Date of	Re	ceip	ot					
ſ	Nailing Address P O Box 1809		11	м м 08	1	D	31	/ Y	2018	Y			
Ō	Sity S	tate	Zip Code		Trans	acti	on I	D : P	R43736	64419143			
_	Candler N	١C	28715-1809	A	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	;		30.00							00		
- I	Name of Employer (for Individual) nsurance Specialties, Inc.	Occup Broke	pation (for Individual) er	Memo Item									
Ē	Receipt For: Age Primary General Other (specify) ▼	gregate Y	/ear-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)									
	ull Name of Individual (Last, First, Middle Initial) o Paulus, Raquel, E., ,	r Full Orç	ganization Name		Date of	Re	eceip	ot					
ľ	Jailing Address 1368 Business Park Drive				м м 08	/	D	31	/ Y	2018 Y	Y		
	5	tate	Zip Code		Trans	acti	ion I	ID : F	R4373	67919143			
_	Traverse City	II	49686-8640	A	mount	of	Eac	h Re	ceipt th	is Period			
	EC ID number of contributing ederal political committee.	;					y		y	30.0	00		
	Name of Employer (for Individual) Peterson McGregor & Associates	Occup Broke	pation (for Individual)		Memo Item								
_	Pagaint For:			-									
	Primary General	gregate f	'ear-to-Date ▼	P/	R Ded	uctio	on (§	\$30.0	0 Montl	hlv)			
	Other (specify)	240.00				(,							
รเ	BTOTAL of Receipts This Page (optional)		••••••				,		9	102.0	00		
то	TAL This Period (last page this line number only).						,		-				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Mido A. Tikia, Rina, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3525 N. Causeway Blvd	., Suite 815		08 31 2018								
City Metairie	State LA	Zip Code 70002-3655	Transaction ID : PR437375319143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Tikia Consulting Group, Inc.	Occi Broł	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Mido B. Thomas, Jeffery, C., ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6200 Reynolds Road											
City Jackson	State MI	Zip Code 49201-9386	Transaction ID : PR437385419143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Small Business Assocation of Michigan	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Mido C. Cutting, Brenda, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4356 Bonney Road <u>Suite 2-101</u> City	State	Zip Code	08 / D D / Y Y Y Y 08 31 2018								
Virginia Beach	VA	23452-1200	Transaction ID : PR437388319143 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) Sterling Benefits, LLC	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.00	P/R Deduction (\$42.00 Monthly)								
SUBTOTAL of Receipts This Page (option	al)		102.00								
TOTAL This Period (last page this line nu	mber only)										

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				Summary Page	×	11a		11b		11c	12			
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Jensen, Cerrina, , ,	al) or Full O	rganization N	lame		Date of	Re	ceipt						
	Mailing Address 2520 Venture Oaks Way #240				08 / D D / Y Y Y Y 2018									
	City Sacramento	State CA	Zip Cod 95833-		Transaction ID : PR437391219143 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer (for Individual) CoreMark Insurance Services Inc	Occi Brol	upation (for In ker	ndividual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	▼ 550.00	P/	R Ded	uctic	on (\$5	0.0	0 Month	nly)					
B.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization N	lame	C	Date of	Re	ceipt						
	Mailing Address 13222 Huisache Way					м м 08	1	D 3	D 1	/ Y	2018	Y		
	City Helotes	State TX	Zip Cod 78023-								7719143 is Period			
	FEC ID number of contributing federal political committee.	С			30.00									
	Name of Employer (for Individual) Renaissance Family of Companies	Occ Bro	upation (for li ker		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	P/R Deduction (\$30.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Antonio, , ,	al) or Full O	rganization N	lame	C	Date of	Re	ceipt						
	Mailing Address 12833 Riverdance Dr.					08 ^M	/	D 3		/ Y	2018 Y	Y		
	City Raleigh	State NC	Zip Cod 27613-		A						02019143 is Period			
	FEC ID number of contributing federal political committee.	С				_		<u>,</u>		9	30.0	00		
	Name of Employer (for Individual) ACA Dudes, Inc.	Occi Brok	upation (for li ter		Me	emo	Item							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00							on (\$3	0.0	0 Montl	nly)			
SI	JBTOTAL of Receipts This Page (optional)				. [9	110.0	0		
т	OTAL This Period (last page this line number of	nly)		······)				, ,		-				

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				X	11a		11b		11c	12				
			Detailed Summary Page		13		14		15	16	17			
or for	nformation copied from such Reports and commercial purposes, other than using													
\	AME OF COMMITTEE (In Full) lealth Underwriters Political /	Action Com	mittee											
	Il Name of Individual (Last, First, Middle Cramer, Valerie, Lynn, ,	Initial) or Full O	rganization Name		Date of	Re	ceip	ot						
	ailing Address 588 - 3 Mile Road, NW Suite 101	1		08 31 2018										
Ci G	ty rand Rapids	State MI	Zip Code 49544-8221	Transaction ID : PR437416419143 Amount of Each Receipt this Period										
	EC ID number of contributing deral political committee.	C		100.00 Memo Item										
т	ame of Employer (for Individual) GG Solutions	Occi Brol	upation (for Individual) er											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P	/R Ded	uctio	on (S	\$100.	00 Mon	thly)				
B⊦	III Name of Individual (Last, First, Middle Iahn, Monique, E., ,	Date of Receipt												
Ma	ailing Address 2024 3rd Ave N Suite 219				м м 08	/	D	^р 31	/ Y	2018	Y			
Ci Bi	ty irmingham	State AL	Zip Code 35203-3302				-			7019143 is Period				
	EC ID number of contributing deral political committee.	C			Memo Item									
Na Sy	ame of Employer (for Individual) mergy Benefits & Risk Mgt Inc	Occ Bro	upation (for Individual) ker											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 505.00	P	P/R Deduction (\$85.00 Monthly)									
c(III Name of Individual (Last, First, Middle Sandy, Hollie, , ,	Initial) or Full O	rganization Name		Date of	Re	ceip	ot						
	ailing Address 2920 Duniven Circle, #2				08 ^M	/	L	31		2018 ^Y				
Ci A	ty marillo	State TX	Zip Code 79109-1650							25019143 is Period				
	EC ID number of contributing deral political committee.	С					7		9	30.0	00			
Se	ame of Employer (for Individual) enior Solutions Group	Occi Brok	ipation (for Individual) er		M	emo	lte	m						
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P	/R Ded	uctio	on (S	\$30.0	0 Montl	nly)				
	TOTAL of Receipts This Page (optional)					-	-		-	215.0	00			

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	IMIZED RECEIPIS	for each category of the	¥ 11a │ 11b │ 11c │ 12									
		Detailed Summary Page										
or	for commercial purposes, other than using the r		person for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Committee										
	Full Name of Individual (Last, First, Middle Initia Clark, Robert, S., ,	l) or Full Organization Name	Date of Receipt									
	Mailing Address 7548 Preston Road		08 / D D / Y Y Y Y Y 08 31 2018									
	City Frisco	StateZip CodeTX75034-5683	Transaction ID : PR437427219143									
		73034-3083	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	42.00									
	Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occupation (for Individual) Broker	Memo Item									
	Receipt For:	Aggregate Year-to-Date ▼										
	Primary General Other (specify) ▼	336.00	P/R Deduction (\$42.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initia Rosenblum, Joel, , ,	I) or Full Organization Name	Date of Receipt									
	Mailing Address 230 Lipan Way		08 31 2018									
	City	State Zip Code	Transaction ID : PR437427419143									
	Boulder	CO 80303-3635	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C	42.00									
	Name of Employer (for Individual) Insurance for Asset Protection	Occupation (for Individual) Broker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$42.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initia Mutter, Amy, D., ,	I) or Full Organization Name	Date of Receipt									
	Mailing Address 2670 Electric Road		08 31 2018									
	City	State Zip Code	Transaction ID : PR437454919143									
	Roanoke	VA 24018-3511	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	42.00									
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
	Innovative Insurance Group, LLC	Broker										
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Deduction (\$40.00 Martha)									
		336.00	P/R Deduction (\$42.00 Monthly)									
	Other (specify)											

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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	ımi	ttee												
Α.	Full Name of Individual (Last, First, Middle Ir Anderson, Melinda, S., ,	nitial) or Full C)rgar	nization Name		Date c	of Re	ec	eipt							
	Mailing Address 950 N. Meridian St. Suite 200					M = M / D = D / Y = Y = Y Y 08 31 2018 2018 2018										
	City Indianapolis	State IN		Zip Code 46204-1202		Transaction ID : PR437470819143 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	_					-,	-		Ţ	30	.00			
	Name of Employer (for Individual) IU Health Plans	Occ Brol	•	tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 240.00	I P	P/R Dec	ducti	ior	n (\$30).00) Month	וy)				
B.	Full Name of Individual (Last, First, Middle Ir Creasy, Marcus, , ,	nitial) or Full C)rgar	nization Name		Date c	of Re	ec	eipt							
	Mailing Address P. O. Box 220					08 / D D / Y Y Y Y 08 31 2018										
	City Heber Springs	State AR		Zip Code 72543-0220								7 4919143 iis Perioc				
	FEC ID number of contributing federal political committee.	С	_			30.00										
	Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.		upat ker	tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00	P	P/R Deduction (\$30.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Ir Fiala, Colby, , ,	,)rgar	nization Name		Date c	f Re	ec	eipt							
	Mailing Address 195 River Vista Place Suite	#206				^M 08	/	'	D 31		/ Y	2018 Y	Y			
	City Twin Falls	State ID		Zip Code 83301-3189								7511914: iis Perioc				
	FEC ID number of contributing federal political committee.	С	_					,	, .		g	30	.00			
	Name of Employer (for Individual) Magic Valley Insurance	Occ	•	tion (for Individual)		N	lemo	0	Item							
	Receipt For: Primary General Other (specify)	Yea	ur-to-Date ▼ 240.00	•	P/R Dee	ducti	ior	n (\$30).0() Month	nly)					
SI	JBTOTAL of Receipts This Page (optional)			••••••	• -			9			9	90	00			
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			Detailed Summary Page	×	11a		11	-	11c		12	_	
	y information copied from such Reports and Stateme for commercial purposes, other than using the name							se of s					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action												
A.	Full Name of Individual (Last, First, Middle Initial) or Pennington, Carol, C., , Mailing Address 4640 Woodbridge Drive	r Full Org	ganization Name		Date of	Re	_	ipt		X	Y	Y	
	City SI	tate	Zip Code		08	acti	L	31	PR437	-	2018 19143		
	Kernersville N FEC ID number of contributing federal political committee. C	IC ;	27284-8850	Amount of Each Receipt this Period 30.00									
	Name of Employer (for Individual) Pennington Associates	Occup Broke	pation (for Individual) er	Memo Item									
	Dessint Fam	gregate Y	/ear-to-Date ▼ 240.00	P/	R Dedi	uctio	on	(\$30.0	00 Mo	nthly)			
В.	Full Name of Individual (Last, First, Middle Initial) or Cohn, Barry, S., ,	r Full Org	ganization Name		Date of	Re	ecei	ipt					
	Mailing Address 21515 Vanowen St Ste 200	Zin Oode		M M 08	/		31	/	Y Y 2	018	Y		
	5	tate CA	Zip Code 91303-2715	A	Transa mount		-						
	FEC ID number of contributing federal political committee.	;		30.00									
	Name of Employer (for Individual) RGEB	Occuj Broke	pation (for Individual) er	Memo Item									
	Receipt For: Agg Primary General Other (specify) ▼	gregate Y	/ear-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)									
c.	Full Name of Individual (Last, First, Middle Initial) or Rider, Susan, M., ,	r Full Orç	ganization Name		Date of	Re	ecei	ipt	_				
	Mailing Address 803 Touralosa Dr				08	1	L	31	/	2	018	Y	
	,	tate N	Zip Code 46074-7303	A	Trans mount						719143 Period		
	FEC ID number of contributing federal political committee.	;					9		, ,		63.0	0	
	Name of Employer (for Individual) Gregory & Appel Insurance	Occup Broke	pation (for Individual) er		Me	emo	o Ite	em					
	Receipt For: Agg Primary General Other (specify)	/ear-to-Date ▼ 804.00	P/	R Ded	uctio	on	(\$63.0	00 Mo	nthly)	I			
S	UBTOTAL of Receipts This Page (optional)			[y		,	_	123.0	0	
т	OTAL This Period (last page this line number only)		•••••				-		-,				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee										
Full Name of Individual (Last, First, Mi A. Stedt, Margaret, Evelyn, ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 486 Calle Amigo			08 / D D / Y Y Y Y 08 31 2018									
City San Clemente	State CA	Zip Code 92673-3003	Transaction ID : PR437529919143 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) Stedt Insurance Services	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Mi B. Swanson, Cynthia, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 501 Shelley Drive			08 31 / Y Y Y Y 2018									
City Tyler	State TX	Zip Code 75701-9540	Transaction ID : PR437544919143 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Hibbs Hallmark & Company	Occ	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 264.00	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Mi C. Giardina, Charles, J., ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5440 Mounes Street,	Suite 112		08 / D D / Y Y Y Y Y 08 31 2018									
City New Orleans	State LA	Zip Code 70123-3296	Transaction ID : PR437562819143 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) MassMutual	Occi Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)									
SUBTOTAL of Receipts This Page (option	nal)		157.00									
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Mailing Address 106 Colborne dr Image: State of the second s	m such committee.								
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from 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 Date of Receipt Mailing Address 106 Colborne dr NC Mooresville NC FEC ID number of contributing federal political committee. Curpetion (for Individual) E Powered Benefits Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 137 Executive Drive Suite D State City Mailing Address 137 Executive Drive Suite D Mailing Address 137 Executive Drive Suite D Curpetion (for Individual) FEC ID number of contributing federal political committee. MS 39110-8456 FEC ID number of contributing federal political committee. MS 39110-8456 Madison MS 39110-8456 FEC ID number of contributing federal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual)	m such committee.								
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 FEC ID number of contributing federal political committee. Name of Employer (for Individual) E Powered Benefits Primary Gity Mailing Address 137 Executive Drive Suite D City Madison FEC ID number of contributing federal political committee. Name of Employer (for Individual) Date of Receipt Madison Madison Receipt For: Name of Employer (for Individual) Occupation (for Individual) Broker Receipt For: Name of Employer (for Individual) Mobley Insurance Agency, LLC, a Divisi Broker Receipt For: Primary	2018 R437566619143 ceipt this Period 30.00 0 Monthly) / 2018 R437587519143								
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E Powered Benefits Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Mobley, Dennis, F., , Mailing Address 137 Executive Drive Date of Receipt Suite D State Zip Code Mail * City State 39110-8456 Amount of Each Receipt Receipt For: C Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Mobley Insurance Agency, LLC, a Divisi Occupation (for Individual) P/R Deduction (\$50.00 Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00	/ 2018 R437587519143								
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Suite D 08 31 City State Zip Code Transaction ID : PR Madison MS 39110-8456 Amount of Each Record FEC ID number of contributing federal political committee. C Madison Madison Name of Employer (for Individual) Mobley Insurance Agency, LLC, a Divisi Occupation (for Individual) Broker Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 P/R Deduction (\$50.00	2018 R437587519143								
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federal political committee. Image: Committee of the political committee. Name of Employer (for Individual) Mobley Insurance Agency, LLC, a Divisi Occupation (for Individual) Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00	eipt this Period								
Maile of Employer (of marvadar) Broker Mobley Insurance Agency, LLC, a Divisi Broker Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 400.00	Memo Item								
Primary General Other (specify) ▼ P/R Deduction (\$50.00									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	P/R Deduction (\$50.00 Monthly)								
C. Moore, Thomas, L., , Date of Receipt									
Mailing Address POB 31955	/ Y Y Y Y 2018								
City State Zip Code Transaction ID : PF Amarillo TX 79120-1955 Amount of Each Page									
FEC ID number of contributing federal political committee.	ceipt this Period 30.00								
Name of Employer (for Individual) Occupation (for Individual) Memo Item	7								
TLM & Associates, Inc Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00	P/R Deduction (\$0.00 Monthly)								
SUBTOTAL of Receipts This Page (optional)	110.00								

Use separate schedule(s)

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IT?	EMIZED RECEIPTS		Use separate schedule(s)	(check o	(check only one)								
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	y information copied from such Reports and for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee										
	Full Name of Individual (Last, First, Middle II Waller, Doris, , ,	nitial) or Full O	rganization Name	Date	Date of Receipt								
	Mailing Address 1778 N. Plano Rd. Suite 310			M M									
	City Richardson	State TX	Zip Code 75081-1958										
	FEC ID number of contributing federal political committee.	С				- 7 -		42.	00				
	Name of Employer (for Individual) Pan-American Life Insurance Group	Occu Brok	upation (for Individual) er		Mem	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 386.00	P/R Deduction (\$42.00 Mont									
B.	Full Name of Individual (Last, First, Middle I Robinson, Judith, L., ,	nitial) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address P O Box 10071	08		31		2018	Y						
	City Tyler	State TX	Zip Code 75711-0071					94119143					
	FEC ID number of contributing federal political committee.	C						nis Period 85.	_				
	Name of Employer (for Individual) CFG Insurance	Occu Brol	upation (for Individual) ker		Mem	o Item							
	Receipt For: Primary General Other (specify) ▼	eipt For: Primary General Aggregate Year-to-Date ▼											
	Full Name of Individual (Last, First, Middle II Swinton, Ryan, R., ,	nitial) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 1128 Lincoln Mall Suite 200			M 08	:	31		2018					
	City Lincoln	State NE	Zip Code 68508-2878					94919143 nis Period					
	FEC ID number of contributing federal political committee.	С				y .	. ,	85.	00				
	Name of Employer (for Individual) UNICO Group, Inc.	Occu Brok	ipation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	P/R De	educt	ion (\$85	.00 Mont	hly)					
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	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Burns, Patrick, , ,	al) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 5653 Maxwelton Road			08 31 2018									
	City Oakland	State CA	Zip Code 94618-2654	Transaction ID : PR437600519143 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occu Brok	upation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)									
в.	Full Name of Individual (Last, First, Middle Initia Starks, Eugene, , ,	al) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 613 Crescent Circle Suite 201			M M / D D / Y									
	City Ridgeland	State MS	Zip Code 39157-8686	Transaction ID : PR437603119143 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occu Brok	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 805.00	P/R Deduction (\$85.00 Monthly)									
C.	Full Name of Individual (Last, First, Middle Initia Williams, George, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 4109 Woodway Dr.			08 / D D / Y Y Y Y 2018									
	City Monroe	State LA	Zip Code 71201-2218	Transaction ID : PR437605719143 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		30.00									
	Name of Employer (for Individual) Financial Planning Resources	Occu Brok	ıpation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)									
	UBTOTAL of Receipts This Page (optional)			200.00									

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

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		Detailed Summary Page	×	11a		11b		11c	12				
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any poddress of any political committee	erson fo e to soli	or the cit cor	purp ntrib	oose ution	of s is fro	oliciting	contribut committe	ions ee.			
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee											
Full Name of Individual (Last, First, Middle I LaRocco, Andrew, M., ,	Initial) or Full C	rganization Name	C	ate of	Re	ceipt	:						
Mailing Address 5880 Live Oak Parkway, # 2	230			08 / D D / Y Y Y Y 2018									
City Norcross	State GA	Zip Code 30093-1740	Transaction ID : PR437640919143 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C			40.00									
Name of Employer (for Individual) The LaRocco Companies	Occ	upation (for Individual) ker		Me	emo	Item	n						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/I	R Dedi	uctic	on (\$4	40.0	0 Month	nly)				
Full Name of Individual (Last, First, Middle I Israel, Steven, , ,	Initial) or Full C	rganization Name		ate of	Re	ceipt	:						
Mailing Address 4204 Manor Forest Trail			м м 08	1		л 31	/ Y	2018	Y				
City Boynton Beach	State FL	Zip Code 33436-8851							4419143 is Period				
FEC ID number of contributing federal political committee.	С		1	42.00									
Name of Employer (for Individual) S. Florida Affiliated Health Insurers,	Occ Bro	upation (for Individual) ker		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	P/I	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Middle I Siciliano, Dominic, , ,		rganization Name		ate of	Re	ceipt	:						
Mailing Address 500 Cascade Road SE Suit				[™] 08	/		31 D		2018	Y			
City Grand Rapids	State MI	Zip Code 49546-2166	A						59519143 is Period				
FEC ID number of contributing federal political committee.	С			_		9		y	30.0	00			
Name of Employer (for Individual) Benefit Profiles, Inc.	Occ Brok	upation (for Individual) er		Me	emo	lten	n						
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 240.00	P/	R Ded	uctio	on (\$	30.0	0 Month	ıly)					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Poli	tical Action Com	mittee	
Full Name of Individual (Last, First, Strouse, Marcie, , ,	Middle Initial) or Full O	organization Name	Date of Receipt
Mailing Address 5550 Wild Rose Ln 4th Floor			08 31 2018
City West Des Moines	State IA	Zip Code 50266-5350	Transaction ID : PR437683119143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) KHI Solutions	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 644.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Atkinson, Lynn, , ,		rganization Name	Date of Receipt
Mailing Address 3800 Electric Road,			08 / D D / Y Y Y Y 2018
City Roanoke	State VA	Zip Code 24018-4568	Transaction ID : PR437687319143
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Humana	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Granado, Arthur, , ,	Middle Initial) or Full O	Organization Name	Date of Receipt
Mailing Address 418 Peoples, # 505			08 / D D / Y Y Y Y Y 2018
City Corpus Christi	State TX	Zip Code 78401-2350	Transaction ID : PR437693219143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) The Granado Group	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)
SUBTOTAL of Receipts This Page (o	otional)		200.00
SUBTOTAL of Receipts This Page (o	,		200.00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mic A. Webb, Yolanda, Marie, ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6117 Clover Ct.			08 31 2018
City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705619143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Webb Insurance Solutions	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$25.00 Monthly)
Full Name of Individual (Last, First, Mic Kirsch, Cara , , , Mailing Address 12027 S. 79th Avenue	dle Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	
Papillion	NE	68046-4609	Transaction ID : PR437731119143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) SilverStone Group		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Mic C. Berry, Ernest, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5121 69th St., A9A			08 / D D / Y Y Y Y 2018
City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737419143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Berry Agency	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Monthly)
SUBTOTAL of Receipts This Page (optio			160.00

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			Detailed Summary Page	×	11a] 11	b	11	c [12	
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	y information copied from such Reports and Stateme for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Comr	nittee									
A.	Full Name of Individual (Last, First, Middle Initial) or Conto, Teresa, , ,	r Full Org	ganization Name		Date of	Re	ecei	ipt				
	Mailing Address 15800 Crabbs Branch Way #350				м м 08	/		D D 31	/	Y	y y 2018	Y
	5	tate 1D	Zip Code 20855-2697	A			-		-		0819143 s Period	
	FEC ID number of contributing federal political committee.						,				30.0	00
	Name of Employer (for Individual) Gallagher Benefit Services	Occup Broke	pation (for Individual) er		Me	emo) Ite	em				
	Receipt For: Agg Primary General Other (specify) ▼	gregate Y	/ear-to-Date ▼ 240.00	P/	R Dedi	uctic	on ((\$30.0	00 M	onthl	y)	
B.	Full Name of Individual (Last, First, Middle Initial) or Williams, Leslie, A., ,	^r Full Org	ganization Name	C	Date of	Re	ecei	ipt				
	Mailing Address 2295 Hilltop Drive Suite 5				м м 08	/		31	/	Y	y y 2018	Y
	5	tate CA	Zip Code 96002-0515	A							2 919143 s Period	
	FEC ID number of contributing federal political committee.	;					,				42.0	00
	Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occu Broke	pation (for Individual) er		Me	emo) Ite	em				
	Receipt For: Agg Primary General Other (specify) ▼	pregate Y	′ear-to-Date ▼ 336.00	P/	R Dedu	uctio	on ((\$42.0	00 Mo	onthl	y)	
с.	Full Name of Individual (Last, First, Middle Initial) or Edwards, Susan, Christensen, ,	^r Full Org	ganization Name	C	Date of	Re	ecei	ipt				
	Mailing Address 40 S. Roop St.				08	1	L	31			2018 Y	
	5	tate CA	Zip Code 96130-4336	A							5519143 s Period	
	FEC ID number of contributing federal political committee.						,				50.0	00
	Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Receipt For:	Broke			Me	emo	o Ite	em				
	Primary General Other (specify)	jregate y	′ear-to-Date ▼ 400.00	P/	'R Ded	uctio	on	(\$50.0	00 M	onth	ly)	
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmittee							
A.	Full Name of Individual (Last, First, Middle Initia Perlson, Les, , ,	l) or Full O	Organization Name		Date of	Receip	ot			
	Mailing Address 250 Crossways Park Dr				м м 08	/ D	д 31	/ Y	y y 2018	Ŷ
	City Woodbury	State NY	Zip Code 11797-2015		Trans Amount				5 751914 is Perio	
	FEC ID number of contributing federal political committee.	С				-		-	30	.00
	Name of Employer (for Individual) CB Planning	Occu Brok	cupation (for Individual) ker		Me	emo Iter	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]	P/R Dedu	uction (\$	\$30.00) Montł	ıly)	
в.	Full Name of Individual (Last, First, Middle Initia Cade, Kareim, R., ,	l) or Full O	Drganization Name		Date of	Receip	ot			
	Mailing Address 28411 Northwestern Hwy., Ste 9	950			M M 08	/ D	D 31	/ Ү	y y 2018	Y
	City Southfield	State MI	Zip Code 48034-5515		Trans: Amount			-	861914 is Perio	-
	FEC ID number of contributing federal political committee.	С				-95		-97-	85	5.00
	Name of Employer (for Individual) Great Lakes Benefit Group	Occi Brol	cupation (for Individual) oker		Me	emo Iter	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00		P/R Dedu	uction (\$	85.00	Month	ly)	
C.	Full Name of Individual (Last, First, Middle Initia Heider, Ryan, , ,	l) or Full O	Drganization Name		Date of	Receip	t			
	Mailing Address 195 River Vista Place Suite #20	06			08 M	/ D	31	/ Y	2018 [°]	Y
	City Twin Falls	State ID	Zip Code 83301-3189		Trans Amount				9221914 is Perio	
	FEC ID number of contributing federal political committee.	С				, y		y	30	.00
	Name of Employer (for Individual) Magic Valley Ins.	Occu Brok	cupation (for Individual) ker		Me	emo Iter	m			
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl Schell, Gregory, J., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 545 South Third Street Suite 300			08 / D D / Y Y Y Y Y 08 31 2018
City Louisville	State KY	Zip Code 40202-1936	Transaction ID : PR437797619143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Sterling G. Thompson Company	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middl B. Purcilly, Amy, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address PO Box 7028	State	Zip Code	08 / D D / Y Y Y Y 2018
City Troy	MI	48007-7028	Transaction ID : PR437814919143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Mason-McBride, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middl C. Taggart, Liz, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7134 Brunswick Circle			08 / D D / Y Y Y Y Y 2018
City Boynton Beach	State FL	Zip Code 33472-2534	Transaction ID : PR437825119143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) United Healthcare Medicare Solutions	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optiona	l)		145.00
TOTAL This Period (last page this line num	ber only)		

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

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			Detailed Summary Page	×	11a		11b	11c	12	
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	y information copied from such Reports and State for commercial purposes, other than using the na									
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Comr	nittee							
۹.	Full Name of Individual (Last, First, Middle Initial) Hediger, Debbie, R., ,	or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 600 Cleveland St, Ste. 600				м м 08	/	D 31		2018	Y
	City Clearwater	State FL	Zip Code 33755-4151					PR43785 Receipt th		
	FEC ID number of contributing federal political committee.	С					-		42.0	
	Name of Employer (for Individual) HUB International Limited	Occu Brok	pation (for Individual) er		Me	emo	ltem			
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	/ear-to-Date ▼ 294.00	P/	'R Ded	uctio	on (\$42	2.00 Month	nly)	
З.	Full Name of Individual (Last, First, Middle Initial) Little, Cathy, , ,	or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 1145 2nd Street #A-269	-			м м 08	/	31		2018	Y
	City Brentwood	State CA	Zip Code 94513-2292					PR43785 Receipt th		
	FEC ID number of contributing federal political committee.	С							30.0	0
	Name of Employer (for Individual) Essential Exchange Insurance Services	Occu Brok	pation (for Individual) er		Me	emo	Item			
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	/ear-to-Date ▼ , 240.00	P/	R Dedi	uctic	on (\$30	.00 Month	ıly)	
с.	Full Name of Individual (Last, First, Middle Initial) Emidy, Mike, , ,	or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address P O Box 2021	1			м м 08		D 31	_ L	2018	Y
	City Ridgeland	State MS	Zip Code 39158-2021	A				PR4378 Receipt th		
	FEC ID number of contributing federal political committee.	С			_		, .		30.0	0
	Name of Employer (for Individual) Colonial Life	Occu Broke	pation (for Individual) er		M	emo	ltem			
	Receipt For: A Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 240.00	P/	′R Ded	uctio	on (\$30).00 Month	nly)	
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	102.0	0
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Use separate schedule(s)

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle McDonald, Monica, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2717 N 118th St Ste 300	State	Zip Code	08 31 2018 Transaction ID : PR468300419143
Omaha	NE	68164-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		12.00
Name of Employer (for Individual) United Healthcare		upation (for Individual) ount Executive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.00	P/R Deduction (\$12.00 Monthly)
Full Name of Individual (Last, First, Middle B. Waltman, Jessica, Fulginiti, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 10 Doyle Road			08 / D D / Y Y Y Y 08 31 2018
City Wayne	State PA	Zip Code 19087-3903	Transaction ID : PR470100119143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Forward Health Consulting		upation (for Individual) ncipal	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 755.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middle C. Riley, Amanda, Danielle, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 22706 SE 279th ST.	1		08 / D D / Y Y Y Y 2018
City Maple Valley	State WA	Zip Code 98038-5112	Transaction ID : PR476686819143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) ional Sales Director	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			

Use separate schedule(s)

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13	۱ 		111 14		11c 15		12 16	17
or	y information copied from such Reports and Stat for commercial purposes, other than using the n										solicitir		ntribut	ons
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	۱mi	ittee										
	Full Name of Individual (Last, First, Middle Initial Stevens, Kenneth, W., ,) or Full C	Drga	nization Name	C	Date	of	Ree	ceij	pt				
	Mailing Address 4916 Bellemeade Ave			7.0		™ 08		/		31	1	20)18	Y
	City Evansville	State IN		Zip Code 47715-4130							PR496			
	FEC ID number of contributing federal political committee.	С				AITIO	uni				ceipt	INS PO	85.0	0
	Name of Employer (for Individual) Stevens Insurance Advisors		•	tion (for Individual) ndent Agent & Broker			Me	mo	Ite	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 510.00	P/	′R D	edu	ictic	on (\$85.0	0 Mon	thly)		
	Full Name of Individual (Last, First, Middle Initial Morelli, Vincent, M., ,) or Full C	Drga	nization Name		Date	of	Ree	ceij	pt				
	Mailing Address 746 5th St					™ 08	8	/		31		20 [°]	18 18	Y
	City Lyndhurst	State NJ		Zip Code 07071-3214					-		PR5110 eceipt	-		
	FEC ID number of contributing federal political committee.	С	_						,			_	42.0	0
	Name of Employer (for Individual) Aflac		•	tion (for Individual) al Sales Coordinator			Me	mo	Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 294.00	P/	R D	edu	ctio	on (\$42.0	0 Mon	thly)		
	Full Name of Individual (Last, First, Middle Initial Hibbits, Laura, R., ,) or Full C	Jrga	nization Name		Date	of	Red	ceij	pt				
	Mailing Address 12303 Hwy 707 Suite B					™ 0	_	/		31		20	1	Y
	City Murrells Inlet	State SC		Zip Code 29576-9740		-			-		PR742			
	FEC ID number of contributing federal political committee.	С	_										30.0	0
	Name of Employer (for Individual) Hibbits Insurance Inc	Occ CFC		tion (for Individual)			Me	mo	lte	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 235.00	P/	/R D	edu	ictic	on ((\$30.0	0 Mor	ithly)		
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SCHEDULE B (FEC Form 3	X)			F	DR I		IUMBEF	<u>}:</u>			PA	GE	176 OF 18
ITEMIZED DISBURSEMENTS	5		rate schedule(s) category of the		hecl	k only	one)	-				,	07
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Any information copied from such Reports a or for commercial purposes, other than usir						perso	n for the		pose (olicitin		ntributions
NAME OF COMMITTEE (In Full)													
Health Underwriters Politica	I Action	n Comm	ittee										
Full Name (Last, First, Middle Initial) A. Merchant Services							Date of	_	sburse		_		ÝÝ
Mailing Address 7300 Chapman Way							08	/)2)18
City Knoxville	5	State TN	Zip Code 37920				FEC I	denti	ficatio	n N	lumber	r	
Purpose of Disbursement Credit Card Fees			01020	0	01		С						
Candidate Name				Cate	egor ype	y/					: 1242 sburse		this Period
Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	General					-		Cre	edit Ca	rd Fe	211.84 es
State: District:			······································				M	emo	Item				
Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53852							Date of 08		D		ent / Y)18
City Phoenix	Ş	State AZ	Zip Code 85072				FEC I	denti	ficatio	n N	lumber	ſ	_
Purpose of Disbursement Credit Card Fees				C	01		C	ansa	action	ID	: 1242	9899	
Candidate Name				Cate	egor ype	y/	Amoui	nt of	Each	Dis	sburse	ment	this Period
Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	General					-	Item	Cre	edit Ca	rd Fe	51.25 ees
State: District:								emo	item				
Full Name (Last, First, Middle Initial) C. PayPal							Date o	_	sburse		ent		ÝÝ
Mailing Address 2211 North First Street							08			31)18
City San Jose	Ś	State CA	Zip Code 95131				FEC I	denti	ficatio	n N	lumber	r	
Purpose of Disbursement Credit Card Fees Candidate Name				Cate	01 egor ype	y/					: 1242 sburse) this Period
Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	General cify) ▼		, I ² -			emo	Item	Cre	edit Ca	-	170.67 ees
State: District:													
SUBTOTAL of Disbursements This Page (optional)					•			- y			÷	1433.76
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			Summary Page			28a	28b 28c 29 30b
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\backslash	NAME OF COMMITTEE (In Full)						
	Health Underwriters Political Actio	n Comm	ittee				
Α.	Full Name (Last, First, Middle Initial) Yarmuth For Congress						Date of Disbursement
							M M / D D / Y Y Y Y
	Mailing Address 1815 Brownsboro Road, Suite 107	1					08 02 2018
	City Louisville	State KY	Zip Code 40206				FEC Identification Number
	Purpose of Disbursement	111	40200	_	_		C C00419630
	Local Aug Meeting			(011		Transaction ID : 12318594
	Candidate Name				egory	/	Amount of Each Disbursement this Period
	Yarmuth, John, A., Rep.,Office Sought:xKHouseDisburse	ement For:	2018	Т	уре		1000.00
	Senate	Primary	General				
	President	Other (spe	cify) 🔻				Local Aug Meeting Memo Item
_	State: KY District: 03 Full Name (Last, First, Middle Initial)						
В.	Upton For All Of Us						Date of Disbursement
	·						M = M / D = D / Y = Y = Y
	Mailing Address PO Box 490						08 02 2018
	City St. Joseph	State MI	Zip Code 49085			T	FEC Identification Number
	Purpose of Disbursement	1111	49000		_		C C00200584
	7/31 Conference Call			(011		Transaction ID : 12318599
	Candidate Name Upton, Frederick, Stephen, Rep.,				egory	/	Amount of Each Disbursement this Period
		ement For:	2018	1	уре		3000.00
	Senate X	1	General				7/31 Conference Call
	State: MI District: oc	Other (spe	cify)				Memo Item
_	State: MI District: 06 Full Name (Last, First, Middle Initial)						
C.	Friends Of Erik Paulsen						Date of Disbursement
	Mailing Address P.O. Box 44369						M M / D D / Y Y Y Y 08 08 2018
	250 Prairie Center Drive						2016
	City	State MN	Zip Code 55344				FEC Identification Number
	Eden Prairie Purpose of Disbursement		55544	_	_		C C00439661
	Future Comp Event			C	011		Transaction ID : 12320241
	Candidate Name Paulsen, Erik, P., Rep.,			Cat	egory ype	/	Amount of Each Disbursement this Period
		ment For:	2018	I	уhе		3000.00
	Senate x	Primary	General				Future Comp Event
	State: NN District: ea	Other (spe	cify) 🔻				Memo Item
Г	State: MN District: 03						
s	UBTOTAL of Disbursements This Page (optional).						7000.00
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11			category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b	
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actic	on Comm	littee											
<u>А.</u>	Full Name (Last, First, Middle Initial) Tony Cardenas For Congress						Date c	of Dis	sburse	em	ent			
	Mailing Address 249 E. Ocean Blvd. Suite 685						08	/	C	D 28			018	
	City Long Beach	State CA	Zip Code 90802				FEC lo			_		er	-	
	Purpose of Disbursement 8/22 Local Meeting Candidate Name)11			ansa		ו ID) : 123			
	Cardenas, Tony, , Rep.,	ement For:	2018		egory ype	y/	Amoun	it of	Each		isburse		t this Period 1000.00	1
	State: CA District: 29	Primary Other (spe	General (cify) ▼				Me	emo	Item	8/2	22 Loc			1
В.	Full Name (Last, First, Middle Initial) Delbene For Congress Mailing Address PO Box 487						Date o	_	D		ent		018	
	City Bothell Purpose of Disbursement	State WA	Zip Code 98041				FEC lo				Numbe	er	_	
	Local Aug Meeting Candidate Name DelBene, Suzan, , Rep.,	ement For:		Cat)11 egory ype	y/		ansa		ı ID) : 123 isburse	emen	3 t this Period 1500.00	
	Office Sought: Senate President State: WA District: 01	Primary Other (spe	X General				Me	emo	Item	Lo	ocal Au	1.0	1 485 1	1
C.	Full Name (Last, First, Middle Initial) Delbene For Congress						Date o				ent			
	Mailing Address PO Box 487						08	/	D)8			018	
	City Bothell Purpose of Disbursement	State WA	Zip Code 98041		_	_	FEC Id	-	ficatio 04590	_		er	-	
	8/13 Event Candidate Name DelBene, Suzan, , Rep.,			Cat	011 egory ype	y/) : 123 isburse		4 t this Period	
	Office Sought: House Disburse Senate President State: WA District: 01	ement For: ; Primary Other (spe	x General				Me	emo	Item	8/	13 Eve		1500.00	1
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	IAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	nittee										
	ull Name (Last, First, Middle Initial) Candius Stearns For Congress						Date o	_	_		ent		
N	lailing Address 36537 Samoa Dr.						08		D 1	13			018
S	terling Heights	State MI	Zip Code 48312				FEC I	denti	ficatio	n I	Numbe	er	-
	urpose of Disbursement Local Sept Meeting Candidate Name			0	11		C	1.00	06571) : 123	6021	7
S	Stearns, Candius, , ,	ement For:	2018		egory/ ype		Amour	nt of	Each	Di	sburs		t this Period 3000.00
	Senate President tate: MI District: 09	Primary Other (spe	X General				M	emo	Item	Lo	cal Se	-	- 480
B.	Auli Name (Last, First, Middle Initial) Hurd For Congress Mailing Address PO Box 761029						Date of 08		D		ent		018
S P	Sity San Antonio Purpose of Disbursement Local Aug Meeting	State TX	Zip Code 78245	0)11	1	FEC Id	C00)5454	67	Numbe		3
	Candidate Name Hurd, Will, , Rep., Office Sought: Senate President tate: TX District: 23	ement For: Primary Other (spe	2018 X General ecify)		egory/ ype		Amour	nt of	Each	Di	-	emen	t this Period
	ull Name (Last, First, Middle Initial) Ken Calvert For Congress Commi	ttee					Date o	_	sburse		ent	YYY	YY
N	lailing Address PO Box 78376		_				08		1	3			018
C P	Sity Sorona Purpose of Disbursement Local Aug Meeting	State CA	Zip Code 92877	0	11	1	FEC I		ficatio 02573			er	
	Candidate Name Calvert, Ken, , Rep.,			Cate	egory/ ype) : 123 isburse	emen	0 t this Period 1500.00
	office Sought: House Disburse Senate President State: CA District: 42	ement For: Primary Other (spe	x General				M	emo	Item	Lo	ocal Au	1	1 485 1
	BTOTAL of Disbursements This Page (optional).					_		-	7				5500.00

SCHEDULE B (FEC Form 3X)	Use sepa				NE NUMBER: PAGE 180 OF 182												
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NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comm	ittee															
Full Name (Last, First, Middle Initial) A. Josh Gottheimer For Congress							Date of Disbursement										
Mailing Address PO Box 584		1				08 13 2018											
Ridgewood	State NJ	Zip Code 07451				FEC Identification Number											
Local Aug Meeting										C C00573949 Transaction ID : 12360221							
Gottheimer, Josh, , ,	Gottheimer, Josh, , , Type								Amount of Each Disbursement this Period 1000.00								
Senate President	Primary Other (spec	X General		Local Aug Meeting Memo Item													
Full Name (Last, First, Middle Initial) B. Rob Woodall For Congress Mailing Address Post Office Box 1871							Date of Disbursement										
City Lawrenceville Purpose of Disbursement	State GA	Zip Code 30046			_	FEC Identification Number											
Future Comp Event Candidate Name Woodall, Rob, , Rep.,	Event 011 ne Category/ Type Rob, , Rep., Disbursement For: 2018 Senate Primary President Other (specify)					C C00482307 Transaction ID : 12360829 Amount of Each Disbursement this Period 2000.00 Future Comp Event Memo Item						i					
Full Name (Last, First, Middle Initial) C. Upton For All Of Us						Date of	[:] Dis	burse		Y	Y Y Y						
Mailing Address PO Box 490						08	ľ	28			2018						
City State Zip Code St. Joseph MI 49085 Purpose of Disbursement Local Oct Meeting 011 Candidate Name 011 Upton, Frederick, Stephen, Rep., Category/ Type Office Sought: ¥ House Disbursement For: 2018							FEC Identification Number C C00200584 Transaction ID : 12368749 Amount of Each Disbursement this Period 1000.00										
														State: MI District: 06	Primary Other (spec	x General	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only						[. [.		9 I		9- 1 9- 1	4000.00]					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use sepa				NUMBER: PAGE 181 OF 182								
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Any information copied from such Repo or for commercial purposes, other than														
NAME OF COMMITTEE (In Full) Health Underwriters Poli	tical Actio	n Comm	ittee											
Full Name (Last, First, Middle Initial) A. Blaine For Congress)						Date o	f Dis	burse		Y	Y Y		
Mailing Address PO Box 98							08		2	В	_2	018		
City St. Elizabeth		State MO	Zip Code 65075				FEC Identification Number							
Purpose of Disbursement 9/13 Lunch				C)11		C C00458679 Transaction ID : 12368750							
Candidate Name Luetkemeyer, Blaine, , R					egory ype	//	Amount of Each Disbursement this Period							
State: MO District: 03	President Other (specify)							9/13 Lunch Memo Item						
Full Name (Last, First, Middle Initial) B. Susie Lee For Congress Mailing Address 5130 S Fort Apache Rd							Date of Disbursement							
Ste. 215-382 City Las Vegas Purpose of Disbursement		State NV	Zip Code 89148				FEC Id				er			
Purpose of Disbursement 011 Local Sept Meeting 011 Candidate Name Category/ Type Office Sought: x House Disbursement For: 2018							C C00655613 Transaction ID : 12368751 Amount of Each Disbursement this Period 2000.00							
State: NV District: 03		Primary Other (spec	General (Cify)				Local Sept Meeting Memo Item							
Full Name (Last, First, Middle Initial) C. Joe Morelle For Congress							Date of Disbursement							
Mailing Address P.O. Box 90914							08		2			018		
City State Zip Code Rochester NY 14609 Purpose of Disbursement Local Sept Event 011							FEC Identification Number C C00675108 Transaction ID : 42368752							
Candidate Name Morelle, Joseph, , ,								Transaction ID : 12368753 Amount of Each Disbursement this Period 2000.00						
State: NY District: 25		Primary Ceneral Other (specify) V					Local Sept Event Memo Item							
SUBTOTAL of Disbursements This Pa									<u> </u>		-	5000.00]	

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ar 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 (Last, First, Middle Initial) A. A New Direction PAC Mailing Address City Washington B. Mailing Address City Purpose of Diabursement Candidate Name Category Office Sought House City State District Primary Category City City State District Category City City City City City City City Cit		UKSEMENIS	for each	category of the	21b	22 🗶 23 26 27							
Health Underwriters Political Action Committee A Full Name (Last, First, Middle Initial) A A New Direction PAC Mailing Address 1010 Vermant Ave. NW Suite 814 City Washington Purpose of Disbursement 95 Lunch Office Sought: House Disbursement Office Sought: House Disbursement Office Sought: House Disbursement For: State: Disbursement City<													
Full Name (Last, First, Middle Initial) Date of Disbursement A A New Direction PAC Date of Disbursement Mailing Address 010 Vermont Ave. NW State 814 DC City DC Purpose of Disbursement 011 Candidate Name 011 State: Disbursement For: President Other (specify) ▼ State: Disbursement For: Office Sought: House President Disbursement For: City State Purpose of Disbursement Disbursement For: City State Purpose of Disbursement Disbursement For: Office Sought: House Disbursement For: President Disbursement For: Amount of Each Disbursement City State Disbursement For: President Other (specify) Date of Disbursement City Sta													
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