

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Health Underwriters Political Action Committee

ADDRESS (number and street) 1212 New York Ave

▼ Suite 1100

Check if different than previously reported. (ACC) Washington DC 20005

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

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2019 through M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2019

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Murphy, Jennifer, , ,* **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		341431.16
(b) Cash on Hand at Beginning of Reporting Period.....	344094.07	
(c) Total Receipts (from Line 19)	44803.67	289444.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	388897.74	630875.55
7. Total Disbursements (from Line 31).....	51551.84	293529.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	337345.90	337345.90
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

Write or Type Committee Name

Health Underwriters Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27439.67	142938.35
(ii) Unitemized	17364.00	146506.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44803.67	289444.39
(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)	44803.67	289444.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	44803.67	289444.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44803.67	289444.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1376.84	8247.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1376.84	8247.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	284500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	175.00	782.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	175.00	782.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51551.84	293529.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51551.84	293529.65

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44803.67	289444.39
34. Total Contribution Refunds (from Line 28(d))	175.00	782.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44628.67	288662.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1376.84	8247.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1376.84	8247.65

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Murray, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2030 Parrish Dr
 City Santa Rosa State CA Zip Code 95404-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J & M Murray Insurance Services, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2019
Transaction ID : 13028094
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Kite, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 629
 City Roanoke State VA Zip Code 24004-0629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2019
Transaction ID : 13028107
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Burett, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Broadway Suite 1936
 City New York State NY Zip Code 10004-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brio Benefit Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2019
Transaction ID : 13028237
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1312.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bellman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 Capitol of Texas Hwy S
 Bldg 1, Suite 400
 City West Lake Hills State TX Zip Code 78746-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2019
Transaction ID : 13028243
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hoffman, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 709
 City Sugar Land State TX Zip Code 77487-0709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2019
Transaction ID : 13028244
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 E 5th Avenue
 City Conshohocken State PA Zip Code 19428-1789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2019
Transaction ID : 13028245
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Smith, Paul, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Queen Street
 City Southington State CT Zip Code 06489-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paul E Smith Insurance, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2019
Transaction ID : 13028247
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Hemb, Jack, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Coho St Ste 200
 City Madison State WI Zip Code 53713-4531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hemb Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2019
Transaction ID : 13028251
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hogeland, Charlene, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5516 W Lariat Lane
 City Phoenix State AZ Zip Code 85083-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2019
Transaction ID : 13028255
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	335.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Fitzgerald, Robert, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 Fowler St
 City Woodstock State GA Zip Code 30188-5023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019
Transaction ID : 13028706
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Vanduyn, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Fox Chase Run
 City Hillsborough State NJ Zip Code 08844-2130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FNA Insurance Services Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019
Transaction ID : 13028708
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13700 Six Mile Cypress Pkwy
 City Fort Myers State FL Zip Code 33912-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019
Transaction ID : 13028709
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frizen, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8058 Corporate Center Dr.
 Suite 200
 City Charlotte State NC Zip Code 28226-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L.E. Goodgame & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 03 / 2019
Transaction ID : 13028710
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 05 / 03 / 2019
Transaction ID : 13028714
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 03 / 2019
Transaction ID : 13028715
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028836
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Casinelli, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 B St # 1800
 City San Diego State CA Zip Code 92101-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cavignac & Associates Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028844
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Ashby, Thomas, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 70
 City Zirconia State NC Zip Code 28790-0070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Healthcare Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028845
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Viola, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One West First Avenue Ste 305
 City Conshohocken State PA Zip Code 19428-6801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Megro Corporation Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028847
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mochan, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Radnor Rd Ste 202
 City State College State PA Zip Code 16801-7986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central PA Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028848
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kennedy, Tamara, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7310 N. 16th Street, Suite 226
 City Phoenix State AZ Zip Code 85020-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028849
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Zavala, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4814 Cranbrook Dr E
 City Colleyville State TX Zip Code 76034-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 05 / 04 / 2019
Transaction ID : 13028850
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38176 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 05 / 2019
Transaction ID : 13028857
 Amount of Each Receipt this Period 85.00
 Memo Item

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

Date of Receipt 05 / 05 / 2019
Transaction ID : 13028858
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rianhard, Dane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 E. Pratt St., Unit 902

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2019

Transaction ID : 13028864

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1296 Sinnissippi Park Rd.

City Sterling	State IL	Zip Code 61081-4125
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2019

Transaction ID : 13028868

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 45 Technology Pkwy South
Suite 225

City Peachtree Corners	State GA	Zip Code 30092-3456
---------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2019

Transaction ID : 13028872

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sklar, Erika, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Walton Blvd

City Rochester Hills	State MI	Zip Code 48309-1775
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Crawford Insurance Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2019

Transaction ID : 13028873

Amount of Each Receipt this Period
63.00

Memo Item

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

Mailing Address 2670 Electric Rd

City Roanoke	State VA	Zip Code 24018-3511
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Innovative Insurance Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2019

Transaction ID : 13028875

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 901 Wilshire Drive
Suite 330

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2019

Transaction ID : 13028878

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Odegard, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21308 John Milless Drive
 Suite 102
 City Rogers State MN Zip Code 55374-4875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Odegard Benefit Services, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 06 / 2019
Transaction ID : 13028879
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Welch, Jon, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 817 Appaloosa Drive
 City Walnut Creek State CA Zip Code 94596-6601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TASC Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2019
Transaction ID : 13029501
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Sautter, Robert, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 South 400 West
 Suite 201
 City Vineyard State UT Zip Code 84058-5370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paylogics Occupation (for Individual) Client Adviser
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 07 / 2019
Transaction ID : 13029845
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 07 / 2019
Transaction ID : 13029849
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bremer, Emily, Black, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bremer Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 07 / 2019
Transaction ID : 13029851
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Deru, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 336
 City Layton State UT Zip Code 84041-0336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefits Analysts Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2019
Transaction ID : 13029855
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7000 Stonewood Dr
Suite 251

City Wexford State PA Zip Code 15090-7376

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

Name of Employer (for Individual) JRG Advisors, LLC Occupation (for Individual) Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13029999

Amount of Each Receipt this Period 125.00

Memo Item

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

Mailing Address 8830 Buckskin Dr

City Boerne State TX Zip Code 78006-5554

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030001

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 25B Hanover Road Suite 220

City Florham Park State NJ Zip Code 07932-1443

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

Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Senior Account Executive

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030003

Amount of Each Receipt this Period 50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Shores, Thomas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8596 W Bolsa Ct.
 City Boise State ID Zip Code 83709-5196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T.A. Shores Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030004
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Deagle, Michael, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 National Parkway Suite 93550
 City Schaumburg State IL Zip Code 60173-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAxis Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.35

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030007
 Amount of Each Receipt this Period 166.67
 Memo Item

C. Pendergraft, Ross, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21820 Burbank Blvd, North Building, Suite 300
 City Woodland Hills State CA Zip Code 91367-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030008
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schwartz, Matt, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 Breckenridge Lane, Suite 8
 City Louisville State KY Zip Code 40220-1462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030010
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Maxwell, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address G3526 Miller Rd. Suite B
 City Flint State MI Zip Code 48507-1286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Security First Benefits Corporation Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030015
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Rose, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11225 SE 6 Th St Suite 110
 City Bellevue State WA Zip Code 98004-6478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Partners Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 08 / 2019
Transaction ID : 13030018
 Amount of Each Receipt this Period 85.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8814 Fargo Road
 Suite 125
 City Richmond State VA Zip Code 23229-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2019
Transaction ID : 13030259
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Eserman, Clifton, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2435 N Dixie Hwy
 City Wilton Manors State FL Zip Code 33305-2239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Incompas Financial, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2019
Transaction ID : 13030260
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Scholz, Paul, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17445 Arbor St
 Suite 310
 City Omaha State NE Zip Code 68130-4645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2019
Transaction ID : 13030262
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Buffington, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3112 South 13th
 City Lincoln State NE Zip Code 68502-4514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A+ Brokerage Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 09 / 2019
Transaction ID : 13030263
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Haberman, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexander & Haberman Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 09 / 2019
Transaction ID : 13030271
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Sansevieri, Paul, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 641
 City Corona Del Mar State CA Zip Code 92625-0641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 09 / 2019
Transaction ID : 13030273
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lindsay, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2560 Fairway Ct
 City Bettendorf State IA Zip Code 52722-6206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthur J. Gallagher & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **05 / 09 / 2019**
Transaction ID : 13030301
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Knight, Ronald David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 507
 City Carrollton State GA Zip Code 30112-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J. Smith Lanier & Co., Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 13031017
 Amount of Each Receipt this Period 85.00
 Memo Item
 Monthly Contribution

C. O'Connell, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5080 Spectrum Dr Suite 1200E
 City Addison State TX Zip Code 75001-4625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Next Level Insurance Agency Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 10 / 2019**
Transaction ID : 13031019
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17117 Oak Drive
 Suite D
 City Omaha State NE Zip Code 68130-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 10 / 2019
Transaction ID : 13031020
 Amount of Each Receipt this Period 85.00
 Memo Item

B. McLaughlin, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 Elm Street, Suite 301
 City Manchester State NH Zip Code 03101-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Granite Group Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 10 / 2019
Transaction ID : 13031022
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Stock, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 C St.
 Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RISQ Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2019
Transaction ID : 13031025
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Moore, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1644 Plank Rd
 City Duncansville State PA Zip Code 16635-8376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L.R. Webber Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 11 / 2019
Transaction ID : 13073675
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kitts, Lawrence, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6500 City West Parkway Suite 100
 City Eden Prairie State MN Zip Code 55344-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horizon Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 11 / 2019
Transaction ID : 13073677
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Journey, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16545 Village Drive, Bldg B
 City Jersey Village State TX Zip Code 77040-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kainos Partners Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 05 / 11 / 2019
Transaction ID : 13073679
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stewart, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W. 36th Avenue
 Suite 300
 City Anchorage State AK Zip Code 99503-5805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Risq Consulting Sr. Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 11 / 2019
Transaction ID : 13073680
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Pierce, Mary, Jeannette, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 NE Multnomah St. #100
 City Portland State OR Zip Code 97232-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Kaiser Permanente Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 05 / 12 / 2019
Transaction ID : 13073697
 Amount of Each Receipt this Period
 49.00
 Memo Item

C. Hutson, Stephen, Lawrence, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13475 Danielson Street
 Suite 200
 City Poway State CA Zip Code 92064-8858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 California Corporate Benefits Insuranc Director of Client Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 12 / 2019
Transaction ID : 13073698
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	133.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 N Clark St
 City Chicago State IL Zip Code 60654-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIANT INSURANCE Occupation (for Individual) Compliance Project Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 12 / 2019
Transaction ID : 13073705
 Amount of Each Receipt this Period 85.00
 Memo Item

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

Date of Receipt 05 / 12 / 2019
Transaction ID : 13073712
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt 05 / 13 / 2019
Transaction ID : 13073722
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1122 East Lincoln Avenue
 Suite 203
 City Orange State CA Zip Code 92865-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridge Port Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13073723
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13073724
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13073727
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt **05 / 13 / 2019**
Transaction ID : 13073728
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Evans, Joseph, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4920 Pleasant St.
 Suite 3
 City West Des Moines State IA Zip Code 50266-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 13 / 2019**
Transaction ID : 13073731
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Schroeder, Scott, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 East First Street
 P O Box 327
 City Mechanicsville State IA Zip Code 52306-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schroeder & Associates Occupation (for Individual) President/Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 13 / 2019**
Transaction ID : 13073734
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Coppola, Michael, R.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2857 Riviera Drive, Unit 100
 City Fairlawn State OH Zip Code 44333-3469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brunswick Companies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13073828
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sarych, James, R.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9655 Schmidt Lake Rd.
 City Minneapolis State MN Zip Code 55442-4529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13073830
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Oleksiak, Edward, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12712 Park Central Drive Suite 100
 City Dallas State TX Zip Code 75251-1527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1975.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13074004
 Amount of Each Receipt this Period 850.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Buffum, Ronald, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 South Harris Street # 237
 City Round Rock State TX Zip Code 78664-6081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Buffum Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 13 / 2019
Transaction ID : 13074008
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Durand, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4717 Gollihar Road
 City Corpus Christi State TX Zip Code 78411-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 14 / 2019
Transaction ID : 13074921
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 West Main Street
 City Lewisville State TX Zip Code 75057-3863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 14 / 2019
Transaction ID : 13074923
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nolimal, Frank, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2019
Transaction ID : 13076159
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MC 32-20
 100 North Academy Avenue
 City Danville State PA Zip Code 17822-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health Plan Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2019
Transaction ID : 13076209
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Carter, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Locksley Place
 City Forest State VA Zip Code 24551-4149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thompson - Brooks Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 15 / 2019
Transaction ID : 13076211
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Manning, Richard, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10315 Woodley Avenue, #131
 City Granada Hills State CA Zip Code 91344-6953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accessible Health Insurance Services. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 15 / 2019
Transaction ID : 13076212
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Rider, Susan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Touralosa Dr
 City Westfield State IN Zip Code 46074-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gregory & Appel Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 15 / 2019
Transaction ID : 13076218
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Jucha, Myron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11405 W. Bernardo Ct.
 City San Diego State CA Zip Code 92127-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brooks Jucha & Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2019
Transaction ID : 13119099
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	398.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Howland, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11405 W Bernardo Ct
 City San Diego State CA Zip Code 92127-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJA Partners Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2019
Transaction ID : 13119101
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Eisenhower Parkway Second Floor
 City Roseland State NJ Zip Code 07068-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2019
Transaction ID : 13119121
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Wallace, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Broadway
 City Bellingham State WA Zip Code 98225-3036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wallace-Rice Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2019
Transaction ID : 13119127
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17322 Whetmore Lane
 City Huntington Beach State CA Zip Code 92647-5600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 16 / 2019
Transaction ID : 13119131
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Tompkins, Daniel, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 05 / 17 / 2019
Transaction ID : 13119526
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wolfe, Rosanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 17 / 2019
Transaction ID : 13119531
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bailey, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 17 / 2019
Transaction ID : 13119536
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt 05 / 18 / 2019
Transaction ID : 13119966
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2019
Transaction ID : 13119975
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ward, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3219 E. Camelback Road #569
 City Phoenix State AZ Zip Code 85018-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerging Benefits Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 19 / 2019
Transaction ID : 13119985
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Denz, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Wild Ginger Lane
 City Fleming Island State FL Zip Code 32003-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 19 / 2019
Transaction ID : 13119987
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Powell, Rita, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H&H Insurance Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 19 / 2019
Transaction ID : 13119992
 Amount of Each Receipt this Period 63.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Raymond, Garrin, Mitchell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest General Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2019
Transaction ID : 13119997
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Greene, Sean, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6096 Innovation Way
 City Carlsbad State CA Zip Code 92009-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services Occupation (for Individual) Employee Benefit Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 21 / 2019
Transaction ID : 13120283
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Combs, Susan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Fifth Ave Ste 512
 City New York State NY Zip Code 10001-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 21 / 2019
Transaction ID : 13120285
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 21 / 2019
Transaction ID : 13120286
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 21 / 2019
Transaction ID : 13120289
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Johnson, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 Network Blvd, # 403
 City San Antonio State TX Zip Code 78249-3310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 21 / 2019
Transaction ID : 13120314
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Burns, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 05 / 22 / 2019
Transaction ID : 13120323
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Cheney, Jessica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3033 N. Central Avenue Suite 810
 City Phoenix State AZ Zip Code 85012-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arcwood Consulting Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 22 / 2019
Transaction ID : 13120324
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 Liberty Ridge Drive Suite 250
 City Chesterbrook State PA Zip Code 19087-5567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radnor Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 22 / 2019
Transaction ID : 13120326
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Henry, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 W NAPA ST. SUITE F
 City SONOMA State CA Zip Code 95476-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RealCare Insurance Marketing, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 22 / 2019
Transaction ID : 13120327
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Protect Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 22 / 2019
Transaction ID : 13120329
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wilson, Thomas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120808
 Amount of Each Receipt this Period 170.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kohlsdorf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Ingersoll Ave
 Suite 200
 City Des Moines State IA Zip Code 50309-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120809
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Ackerman, Mark, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Forest Drive
 Suite 300
 City Columbia State SC Zip Code 29204-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Management Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120815
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Whang, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33970 23 Mile Rd.
 City Chesterfield State MI Zip Code 48047-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Warehouse Occupation (for Individual) Broker/Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120816
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hebert, Hedy, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Plaza Loop.
 City Bossier City State LA Zip Code 71111-4390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Consulting Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120822
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Heemskerck, Cornelis, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Road Suite 120
 City Downers Grove State IL Zip Code 60515-7928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Everlong Captive Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120823
 Amount of Each Receipt this Period 20.00
 Memo Item

C. LaFay, Stacey, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120824
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. McClaskey, Barbara, A., ,

Mailing Address 1965 Pine Street

City Redding	State CA	Zip Code 96001-1921
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

Transaction ID : 13120825

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 3702 Brownsboro Rd

City Louisville	State KY	Zip Code 40207-1820
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

Transaction ID : 13120826

Amount of Each Receipt this Period
42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Tellesbo-Kembel, Marsha, , ,

Mailing Address 1001 4th Avenue, Suite 3200

City Seattle	State WA	Zip Code 98154-1003
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tellesbo & Company	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

Transaction ID : 13120827

Amount of Each Receipt this Period
170.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Munger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 W. Magistrate Loop
 City Hayden State ID Zip Code 83835-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120832
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Copeland, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1299 4th Street Suite 208
 City San Rafael State CA Zip Code 94901-3028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Copeland Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120837
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Goodwin, Carolyn, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12740 Hillcrest Road Suite 275
 City Dallas State TX Zip Code 75230-7129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodwin Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120840
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Date of Receipt **05 / 23 / 2019**
Transaction ID : 13120841
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Howard, Michelle, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 West Grand Boulevard
 City Detroit State MI Zip Code 48202-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt **05 / 23 / 2019**
Transaction ID : 13120842
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Embry, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26555 Evergreen Road Suite 535
 City Southfield State MI Zip Code 48076-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3075.00

Date of Receipt **05 / 23 / 2019**
Transaction ID : 13120843
 Amount of Each Receipt this Period 415.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	527.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120844
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sterner, Heidi, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Avenue
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Benefits Services Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120847
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Mackin, Martin, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 29607
 City San Francisco State CA Zip Code 94129-0607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foresight Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120852
 Amount of Each Receipt this Period 63.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patton, Jesse, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2075.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120855
 Amount of Each Receipt this Period 415.00
 Memo Item

B. Marsh, James, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 S McCaslin Blvd Suite 201
 City Superior State CO Zip Code 80027-8700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HofgardBenefits Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120856
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Tierney, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 N Main St STE 200
 City Meridian State ID Zip Code 83642-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2019
Transaction ID : 13120859
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	563.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 05 / 24 / 2019
Transaction ID : 13121654
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McConnaughey, John, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071-0805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JRM & Associates Agency, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 13121655
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 N Shoreline Blvd
 Suite 410
 City Corpus Christi State TX Zip Code 78401-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 13121659
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 177.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 05 / 24 / 2019
Transaction ID : 13121672
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Gehrki, Arthur, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Decker Court Suite 530
 City Irving State TX Zip Code 75062-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnifyHR Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 24 / 2019
Transaction ID : 13122592
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Trokey, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 S. Kirkwood Rd Ste 201
 City Saint Louis State MO Zip Code 63122-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Q4intelligence Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 25 / 2019
Transaction ID : 13123448
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2092.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P.O. Box 1396

City Irmo	State SC	Zip Code 29063-1396
--------------	-------------	------------------------

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

Name of Employer (for Individual) Southeastern Insurance Consultants	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2019

Transaction ID : 13123449

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address PO BOX 2137

City KERNVILLE	State CA	Zip Code 93238-2137
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2019

Transaction ID : 13123451

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 880 Pebble Beach Dr.

City Upland	State CA	Zip Code 91784-9131
----------------	-------------	------------------------

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

Name of Employer (for Individual) Ray Musser & Associates Insurance Serv	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2019

Transaction ID : 13123453

Amount of Each Receipt this Period
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 W. Eastman St.
 STE 104
 City Chicago State IL Zip Code 60642-2635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jellyvision Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 25 / 2019
Transaction ID : 13123454
 Amount of Each Receipt this Period 85.00
 Memo Item

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

Date of Receipt 05 / 25 / 2019
Transaction ID : 13123455
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Morrison, James, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6096 Innovation Way
 City Carlsbad State CA Zip Code 92009-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123469
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123473
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest General Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123474
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Niederman, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1745 Shea Center Dr
 4th Floor
 City Highlands Ranch State CO Zip Code 80129-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niederman Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123480
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mann, William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12777 Jones Road
 Suite 332
 City Houston State TX Zip Code 77070-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Compliance Office Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123483
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Venditto, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 New Road, #D
 City Linwood State NJ Zip Code 08221-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hafetz & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123485
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Furr, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Village Bl., Ste. 203
 City Incline Village State NV Zip Code 89451-8293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Menath Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 26 / 2019
Transaction ID : 13123492
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2019
Transaction ID : 13123494
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Kite, Karen, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 Franklin Road SW, Suite 2
 City Roanoke State VA Zip Code 24016-5233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Carrier Liaison Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2019
Transaction ID : 13123499
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Murphy, Kevin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1744 Victoria Way
 City San Marcos State CA Zip Code 92069-9401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Murphy Insurance Solutions Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2019
Transaction ID : 13123504
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Singleton, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 Douglas Ave
 City Altamonte Springs State FL Zip Code 32714-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Enterprise Team at Sihle Insurance Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123508
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Cartier, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11920 White River Drive
 City San Antonio State TX Zip Code 78254-6369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Health Group Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123512
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Underhill, Elizabeth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123513
 Amount of Each Receipt this Period 85.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Reddy, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 River Pointe Drive
 City Elkhart State IN Zip Code 46514-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2019
Transaction ID : 13123516
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Bechtold, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Stone Cliff Trace
 City Cleveland State GA Zip Code 30528-5397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2019
Transaction ID : 13123522
 Amount of Each Receipt this Period
 47.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2019
Transaction ID : 13123523
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mordo, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 West Main St, Route 520
 City Holmdel State NJ Zip Code 07733-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123524
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Jennings, Julie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120
 City Dartmouth State MA Zip Code 02747-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sylvia & Co. Ins. Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123527
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Booth, Neil, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23901 Calabasas Road, Suite 2014
 City Calabasas State CA Zip Code 91302-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Marketing Administrators INC Occupation (for Individual) Broker & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123528
 Amount of Each Receipt this Period 63.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Johnson, Suzanne, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5955 Carnegie Blvd Suite 150
 City Charlotte State NC Zip Code 28209-4664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Employee Benefit Advisors of the Carol Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 27 / 2019
Transaction ID : 13123530
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Jackson, Jerry, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5113 N. Executive Drive Suite 102
 City Peoria State IL Zip Code 61614-4893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Jackson Financial Services Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 05 / 27 / 2019
Transaction ID : 13123533
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Fisher, Erin, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131-6 Courtland Avenue
 City Stamford State CT Zip Code 06902-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Find Medicare Plans Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 05 / 27 / 2019
Transaction ID : 13123537
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cagliola, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 Liberty Ridge Drive
 Suite 250
 City Chesterbrook State PA Zip Code 19087-5567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radnor Benefits Group Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123538
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Starr, Gwyn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27777 Franklin Rd, Ste 1300
 City Southfield State MI Zip Code 48034-8282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PriorityHealth Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123540
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Nezat, Ron, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 91180
 City Lafayette State LA Zip Code 70509-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Financial Resources, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2019
Transaction ID : 13123543
 Amount of Each Receipt this Period 85.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Blasman, Wayne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5210 Lewis Road, Suite 14

City Agoura Hills	State CA	Zip Code 91301-2662
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Bridgeport Benefits Inc	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

Transaction ID : 13123557

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 11704 Lackland Industrial Drive

City Saint Louis	State MO	Zip Code 63146-4209
---------------------	-------------	------------------------

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

Name of Employer (for Individual) The ECCHIC Group	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

Transaction ID : 13123559

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 11704 Lackland Industrial Drive

City Saint Louis	State MO	Zip Code 63146-4209
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Employers Committed To Control Health	Occupation (for Individual) Vice President of Administration
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

Transaction ID : 13123560

Amount of Each Receipt this Period
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. West, Kimberly, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3205 Valley Oaks
 City White Lake State MI Zip Code 48383-3447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kim West Insurance Benefits LTD Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 85.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : 13123561
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : 13123564
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Martin, Ingrid, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3857 Grand Oak Drive
 City Brunswick State OH Zip Code 44212-3594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameritas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2019
Transaction ID : 13123565
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hazelbaker, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5007 Pine Creek Drive
 City Westerville State OH Zip Code 43081-4849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123567
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Stevenson, Kenneth, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3131 Lonnbladh Road
 City Tallahassee State FL Zip Code 32308-4255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Earl Bacon Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123568
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Underhill, Charles, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 626
 City Woodland Hills State CA Zip Code 91365-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123570
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pedersen, Jill, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16325 Boones Ferry Rd #204
 City Lake Oswego State OR Zip Code 97035-4297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Benefit Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123571
 Amount of Each Receipt this Period 65.00
 Memo Item

B. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123572
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 East Lakewood Road
 City West Palm Beach State FL Zip Code 33405-3316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123584
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	213.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123585
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Reents, Joni, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 Melody Drive Suite 320
 City Northglenn State CO Zip Code 80234-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123588
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Stearns, Candius, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3315 W Big Beaver Rd Ste 125
 City Troy State MI Zip Code 48084-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stearns HR & Compliance Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123590
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 100 North Weinbach Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt
05 / 28 / 2019
Transaction ID : 13123600

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 214 West Main Street Suite 101

City Moorestown	State NJ	Zip Code 08057-2345
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Lubenow Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
05 / 28 / 2019
Transaction ID : 13123604

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 3161 East Warm Springs Rd #300

City Las Vegas	State NV	Zip Code 89120-3144
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Carothers Insurance Agency, Inc.	Occupation (for Individual) Agency Owner
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 28 / 2019
Transaction ID : 13123610

Amount of Each Receipt this Period
12.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lawless, James, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 East Main Street
 Suite 110
 City Lexington State KY Zip Code 40502-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Insurance Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2019
Transaction ID : 13123734
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Atwell, Eileen, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21237 So. LaGrange Road
 P O Box 370
 City Frankfort State IL Zip Code 60423-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shanahan Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 29 / 2019
Transaction ID : 13124012
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Kane, Karen, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3342 NE 156th Ave
 City Portland State OR Zip Code 97230-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Solutions NW, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 29 / 2019
Transaction ID : 13124028
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 772.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Abrams, Daniel, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30012 Ivy Glenn, #270
 City Laguna Niguel State CA Zip Code 92677-5020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Abrams California Health Insurance Age Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2019
Transaction ID : 13188625
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$75.00 This changes the YTD Total to \$1075.00

B. Benson, David, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22111 Glenoaks
 City Mission Viejo State CA Zip Code 92692-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DCB Insurance Services Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2019
Transaction ID : 13188626
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$175.00

C. Schreder, Lynn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 KHI Solutions Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR433076120779
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Adams, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7630
 City Horseshoe Bay State TX Zip Code 78657-7630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TASC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433095020779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Brown, Madeleine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Township Avenue Suite 202
 City Ridgeland State MS Zip Code 39157-2094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433118920779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433168120779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rifkin, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Stonewall Lane
 City Mamaroneck State NY Zip Code 10543-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR433196820779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Brittain, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR433214320779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Thams, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Broadway
 City Denison State IA Zip Code 51442-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR433308320779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Spleet, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433316620779
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$110.00 Monthly)

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433463220779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Willison, Clover, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Sprowel Creek Rd
 City Garberville State CA Zip Code 95542-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433468620779
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Drake, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Gooding St N #106
 City Twin Falls State ID Zip Code 83301-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laura Drake Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433504420779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Schneider, JoEllen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 W Taft St
 City Boise State ID Zip Code 83703-5015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Professionals Occupation (for Individual) Benefit Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR433791820779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Trautwein, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436821420779
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rios-Carl, Elizabeth, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436824520779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Berman, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8805 Sawleaf Road
 City Indianapolis State IN Zip Code 46260-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neace Lukens Holding Company, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436829720779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436830320779
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436838920779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Cociu, Dorothy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 6677
 City Fullerton State CA Zip Code 92834-6677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436844620779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436848520779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 177.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fortenberry, H. Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 16566
 City Jackson State MS Zip Code 39236-6566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Executive Planning Group, P.A. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436852620779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Mobley, Sandra, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobley Insurance Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436869320779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Wilson, Paula, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436873520779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Stuart, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr
 Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436883320779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Spragins, Jackie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2073
 City Wichita Falls State TX Zip Code 76307-2073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436895320779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Morrow, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 CLEAR WATER TRAIL
 City HOLLY LAKE RANCH State TX Zip Code 75765-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kilpatrick Companies LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436903720779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	142.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Booth, Tonya, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 W. Campbell Road
 Suite 215 - LB 16
 City Richardson State TX Zip Code 75080-8001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upshaw Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 489.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436911020779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Cason, Louie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cason Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436934820779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436939920779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Seifert, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 189
 916 Main Street
 City Vancouver State WA Zip Code 98666-0189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR436941620779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Holland, Robert, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR436961720779
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

C. Parker, John, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hope St
 Unit 1312
 City Niantic State CT Zip Code 06357-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR436986820779
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	248.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Splawn, William, Craig, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Avenue C
 City Katy State TX Zip Code 77493-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436992820779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Phillips, Paige, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040-5466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson, Williams, Mckinnis Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR436993020779
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Fristoe, Kelly, Don, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 8th Street, Suite 300
 City Wichita Falls State TX Zip Code 76301-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437002320779
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Buie, Scott, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 S 2300 E
 Ste 201
 City Salt Lake City State UT Zip Code 84117-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buie Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437010520779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Gray, Michael, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 South 13th Street, Suite 1650
 City Lincoln State NE Zip Code 68508-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Harry A. Koch Co Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437016720779
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Olson, Terri, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437070220779
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alberts, Suzetta, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26555 Evergreen Drive
 Ste 535
 City Southfield State MI Zip Code 48076-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437076120779
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

B. Lopez, Juan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22431 Antonio Pkwy
 Suite B160-420
 City Rancho Santa Margarita State CA Zip Code 92688-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437079020779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Koehler, Linda Rose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Treeble Ct
 City Greensboro State NC Zip Code 27406-5375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437090120779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Henehan, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 685 Carnegie Dr., Ste. #205
 City San Bernardino State CA Zip Code 92408-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Henehan Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437097920779
 Amount of Each Receipt this Period 255.00
 Memo Item
 P/R Deduction (\$255.00 Monthly)

B. Roiz, Mario, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10446 NW 31st Terrace
 City Doral State FL Zip Code 33172-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HR Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437104920779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. MCEVILLY, BRIAN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4455 S. Pecos Rd.
 City Las Vegas State NV Zip Code 89121-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLB Insurance Group of Nevada Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437117720779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Roberts, Joseph, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 Lincoln Mall
 Suite 200
 City Lincoln State NE Zip Code 68508-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNICO Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437118020779
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

B. Benton, Bruce, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17200 Ventura Blvd
 Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437123020779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Friedrich, Linda, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 Lincoln Mall
 Suite 200
 City Lincoln State NE Zip Code 68508-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNICO Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437129120779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hebert, Laura, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5151 Flynn Pkwy
 Suite 403
 City Corpus Christi State TX Zip Code 78411-4372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hebert Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437154820779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Allard, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Wilson Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437182320779
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

C. Ducote, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Highlandia Drive
 Suite 100
 City Baton Rouge State LA Zip Code 70810-6056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plus Consulting Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437184620779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	334.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Braden, Victoria, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3875 Johns Creek Parkway, Suite C
 City Suwanee State GA Zip Code 30024-1294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Braden Benefit Strategies, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437201920779
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

B. Wilson, Lon, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Wilson Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437204320779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Bundy-Cobb, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Wilson Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437204420779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Garbina, James, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Harry A. Koch Co Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437212220779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd., Suite 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 881.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437218320779
 Amount of Each Receipt this Period 112.00
 Memo Item
 P/R Deduction (\$112.00 Monthly)

C. Daubert, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 67220
 City Lincoln State NE Zip Code 68506-7220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daubert and Butler Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437219620779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	282.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gardner, Joy, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9424 Double R Blvd
 City Reno State NV Zip Code 89521-5977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comstock Insurance Agencies, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437231220779
 Amount of Each Receipt this Period 47.00
 Memo Item
 P/R Deduction (\$47.00 Monthly)

B. Rowe, Peter, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3033 N. Central Ave Suite 810
 City Phoenix State AZ Zip Code 85012-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437236920779
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437250020779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	259.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Powers-Booth, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437264320779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Toups, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437270520779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437281020779
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mihalyi-Stiffler, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Riverview Drive
 City Anaheim State CA Zip Code 92808-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Options in Insurance
 Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437326120779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Pittman, Susan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 South 336th Street Suite 305
 City Federal Way State WA Zip Code 98003-7355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insure NW Inc.
 Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437343520779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Bajkowski, Catherine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CB Health Insurance
 Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437361120779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cutting, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4356 Bonney Road
 Suite 2-101
 City Virginia Beach State VA Zip Code 23452-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437388320779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Jensen, Cerrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 Venture Oaks Way #240
 City Sacramento State CA Zip Code 95833-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CoreMark Insurance Services Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437391220779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Cramer, Valerie, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 588 - 3 Mile Road, NW
 Suite 101
 City Grand Rapids State MI Zip Code 49544-8221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TGG Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437416420779
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Clark, Robert, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7548 Preston Road
 City Frisco State TX Zip Code 75034-5683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clark Insurance Associates, PLLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR43742720779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Rosenblum, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Lipan Way
 City Boulder State CO Zip Code 80303-3635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance for Asset Protection Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437427420779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Carlson, Daryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W Vine Street Ste 300
 City Lexington State KY Zip Code 40507-1620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BB&T Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437442120779
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	99.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mutter, Amy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Road
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437454920779
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Smith, David, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 N. Corcoran St. #1205
 City Durham State NC Zip Code 27701-5020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ebenconcepts Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437474520779
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Stedt, Margaret, Evelyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 Calle Amigo
 City San Clemente State CA Zip Code 92673-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : PR437529920779
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	333.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Swanson, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Shelley Drive
 City Tyler State TX Zip Code 75701-9540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hibbs Hallmark & Company Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437544920779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Contorno, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Colborne dr
 City Mooresville State NC Zip Code 28115-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E Powered Benefits Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437566620779
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Mobley, Dennis, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Drive Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mobley Insurance Agency, LLC, a Divisi Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437587520779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Waller, Doris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1778 N. Plano Rd.
 Suite 310
 City Richardson State TX Zip Code 75081-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pan-American Life Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437591520779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Robinson, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CFG Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437594120779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Swinton, Ryan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 Lincoln Mall
 Suite 200
 City Lincoln State NE Zip Code 68508-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNICO Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437594920779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Starks, Eugene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 Crescent Circle
Suite 201

City Ridgeland State MS Zip Code 39157-8686

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

Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437603120779

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 4204 Manor Forest Trail

City Boynton Beach State FL Zip Code 33436-8851

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

Name of Employer (for Individual) S. Florida Affiliated Health Insurers, Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437654420779

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 9854 Colby Ave

City Clive State IA Zip Code 50325-6422

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

Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437683120779

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 112
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Granado, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437693220779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Kirsch, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Grenoble Drive
 City Bellevue State NE Zip Code 68123-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silver Stone Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437731120779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437737420779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Williams, Leslie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 Hilltop Drive
 Suite 5
 City Redding State CA Zip Code 96002-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437742920779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Edwards, Susan, Christensen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 S. Roop St.
 City Susanville State CA Zip Code 96130-4336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437755520779
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437778620779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schell, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 South Third Street
 Suite 300
 City Louisville State KY Zip Code 40202-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling G. Thompson Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437797620779
 Amount of Each Receipt this Period
 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Purcilly, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7028
 City Troy State MI Zip Code 48007-7028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason-McBride, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437814920779
 Amount of Each Receipt this Period
 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Daricek, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W Las Palmaritas Dr
 City Phoenix State AZ Zip Code 85021-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : PR437834920779
 Amount of Each Receipt this Period
 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hediger, Debbie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4830 W Kennedy Blvd
 Ste 850
 City Tampa State FL Zip Code 33609-2593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Limited Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR437852420779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Waltman, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Doyle Road
 City Wayne State PA Zip Code 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR470100120779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Wakamoto-Lee, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6386 Sussex Ct
 City Dublin State CA Zip Code 94568-7443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ava Science Inc. Occupation (for Individual) Producer/ Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR476908120779
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 05 / 31 / 2019
Transaction ID : PR496323820779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Sabin, Michael, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16257 S. Lennox St
 City Olathe State KS Zip Code 66062-4042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Sabin Agency Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR499279420779
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Haney, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 International Lane
 City Madison State WI Zip Code 53704-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TASC Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2019
Transaction ID : PR528190320779
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	182.00
TOTAL This Period (last page this line number only).....	27439.67

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	9

FEC Identification Number

Transaction ID : 13125133
 Amount of Each Disbursement this Period

 Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	9

FEC Identification Number

Transaction ID : 13125134
 Amount of Each Disbursement this Period

 Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	9

FEC Identification Number

Transaction ID : 13125135
 Amount of Each Disbursement this Period

 Credit Card Fees

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1376.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1376.84"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Guthrie For Congress		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address PO Box 9639		FEC Identification Number C00445023 Transaction ID : 13028273
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement 4/29 Conference Call		Amount of Each Disbursement this Period 3000.00
Candidate Name Guthrie, Brett, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: KY	District: 02	4/29 Conference Call

Full Name (Last, First, Middle Initial) B. Thom Tillis Committee		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address PO Box 97396		FEC Identification Number C00545772 Transaction ID : 13028274
City Raleigh	State NC	Zip Code 27624
Purpose of Disbursement 5/7 Dinner		Amount of Each Disbursement this Period 2500.00
Candidate Name Tillis, Thom, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: NC	District:	5/7 Dinner

Full Name (Last, First, Middle Initial) C. Texans For Jodey Arrington		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address PO Box 6687		FEC Identification Number C00588657 Transaction ID : 13028276
City Lubbock	State TX	Zip Code 79493
Purpose of Disbursement 5/8 Dinner		Amount of Each Disbursement this Period 1000.00
Candidate Name Arrington, Jodey, , Rep.,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: TX	District: 19	5/8 Dinner

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Austin Scott For Congress Inc		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address PO Box 2530		FEC Identification Number C 000482737 Transaction ID : 13028277
City Tifton	State GA	Zip Code 31793
Purpose of Disbursement 5/9 Lunch	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Scott, Austin, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: GA District: 08	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Daines For Montana		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019
Mailing Address PO Box 1598		FEC Identification Number C 000491357 Transaction ID : 13030991
City Helena	State MT	Zip Code 59624
Purpose of Disbursement 4/30 Dinner	Category/ Type 011	Amount of Each Disbursement this Period 1500.00
Candidate Name Daines, Steven, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: MT District:	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Team Graves		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019
Mailing Address 824 S Milledge Ave Suite 101		FEC Identification Number C Transaction ID : 13030993
City Athens	State GA	Zip Code 30605
Purpose of Disbursement 5/6 Local Event	Category/ Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mckinley For Congress		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019
Mailing Address PO Box 642		FEC Identification Number C00473132 Transaction ID : 13030994
City Morgantown	State WV	Zip Code 26507
Purpose of Disbursement 5/8 1:1 Lunch	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name McKinley, David, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WV District: 01	5/8 1:1 Lunch

Full Name (Last, First, Middle Initial) B. Comer For Congress		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019
Mailing Address PO Box 338		FEC Identification Number C00588764 Transaction ID : 13030995
City Tompkinsville	State KY	Zip Code 42167
Purpose of Disbursement 5/14 Lunch	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Comer, James, , Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: KY District: 01	5/14 Lunch

Full Name (Last, First, Middle Initial) C. Greg for Montana		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019
Mailing Address PO Box 877		FEC Identification Number C00631945 Transaction ID : 13030996
City Helena	State MT	Zip Code 59624
Purpose of Disbursement 5/14 Dinner	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Gianforte, Greg, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MT District: 00	5/14 Dinner

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

Mailing Address PO Box 13026

FEC Identification Number

C C00369033

Transaction ID : 13030997

Amount of Each Disbursement this Period

2000.00

5/20 Lunch

Memo Item

City

Austin

State

TX

Zip Code

78711

Purpose of Disbursement

5/20 Lunch

011

Category/
Type

Candidate Name

Cornyn, John, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

Mailing Address PO Box 13026

FEC Identification Number

C C00369033

Transaction ID : 13030998

Amount of Each Disbursement this Period

500.00

5/20 Lunch

Memo Item

City

Austin

State

TX

Zip Code

78711

Purpose of Disbursement

5/20 Lunch

011

Category/
Type

Candidate Name

Cornyn, John, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

Mailing Address P.O. Box 25763

FEC Identification Number

C C00434563

Transaction ID : 13030999

Amount of Each Disbursement this Period

2500.00

5/15 Co-Host Lunch

Memo Item

City

Albuquerque

State

NM

Zip Code

87125

Purpose of Disbursement

5/15 Co-Host Lunch

011

Category/
Type

Candidate Name

Heinrich, Martin, T., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: NM

District:

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Donald Norcross For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 160

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

City Collingswood State NJ Zip Code 08108

FEC Identification Number

Purpose of Disbursement
5/16 Lunch

011
Category/ Type

C	C00558320
---	-----------

Transaction ID : 13031000

Amount of Each Disbursement this Period

1000.00

Candidate Name
Norcross, Donald, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NJ District: 01

5/16 Lunch
 Memo Item

B. Brady For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 8277

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

City The Woodlands State TX Zip Code 77387

FEC Identification Number

Purpose of Disbursement
5/16 Dinner

011
Category/ Type

C	C00311043
---	-----------

Transaction ID : 13031001

Amount of Each Disbursement this Period

2500.00

Candidate Name
Brady, Kevin, Patrick, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: TX District: 08

5/16 Dinner
 Memo Item

C. Delbene For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 487

M M M	/	D D D	/	Y Y Y Y Y
05		09		2019

City Bothell State WA Zip Code 98041

FEC Identification Number

Purpose of Disbursement
5/16 Host Lunch

011
Category/ Type

C	C00459099
---	-----------

Transaction ID : 13031002

Amount of Each Disbursement this Period

5000.00

Candidate Name
DelBene, Suzan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WA District: 01

5/16 Host Lunch
 Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kay Granger Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2019

Mailing Address 1701 River Run
Ste 308

City Fort Worth State TX Zip Code 76107

Purpose of Disbursement
Future Comp Event

011
Category/ Type

FEC Identification Number

C	C00310532
---	-----------

Transaction ID : 13119760

Amount of Each Disbursement this Period

1000.00

Future Comp Event

Memo Item

Candidate Name

Granger, Kay, , Rep.,

Office Sought: House Senate President
State: TX District: 12

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2019

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
5/13 Lunch

011
Category/ Type

FEC Identification Number

C	C00314575
---	-----------

Transaction ID : 13119761

Amount of Each Disbursement this Period

1000.00

5/13 Lunch

Memo Item

Office Sought: House Senate President
State: ME District:

Disbursement For: 2020
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C. Loudermilk For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2019

Mailing Address PO Box 447

City Cassville State GA Zip Code 30123

Purpose of Disbursement
5/15 Dinner

011
Category/ Type

FEC Identification Number

C	C00543892
---	-----------

Transaction ID : 13119762

Amount of Each Disbursement this Period

1000.00

5/15 Dinner

Memo Item

Office Sought: House Senate President
State: GA District: 11

Disbursement For: 2020
 Primary General
 Other (specify) ▼

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

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

3000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Brindisi For Congress		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address PO Box 165		FEC Identification Number C 000648725 Transaction ID : 13119763
City Utica	State NY	Zip Code 13503
Purpose of Disbursement 5/31 Local Meeting	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Brindisi, Anthony, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NY District: 22	5/31 Local Meeting

Full Name (Last, First, Middle Initial) B. Josh Hawley For Senate		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address 150 Long Road Suite 50		FEC Identification Number C 000652727 Transaction ID : 13119764
City Chesterfield	State MO	Zip Code 63005
Purpose of Disbursement 5/16 Lunch	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Hawley, Joshua, , ,	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MO District:	5/16 Lunch

Full Name (Last, First, Middle Initial) C. Promoting Our Republican Team PAC		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address 8331 LITTLE HARBOR DRIVE		FEC Identification Number C Transaction ID : 13119766
City CINCINNATI	State OH	Zip Code 45244-2768
Purpose of Disbursement 5/20 Dinner	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	5/20 Dinner

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
5/21 Dinner

Category/
Type

Candidate Name
Latta, Bob, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: OH District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 13119767

Amount of Each Disbursement this Period

5/21 Dinner

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
5/22 Lunch

Category/
Type

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 13119768

Amount of Each Disbursement this Period

5/22 Lunch

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCARTHY VICTORY FUND

Mailing Address PO BOX 13307

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
5/22 Dinner

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 13119769

Amount of Each Disbursement this Period

5/22 Dinner

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jim Banks For Congress, Inc.		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address P.O. Box 11431		FEC Identification Number C C00577999 Transaction ID : 13119771
City Fort Wayne	State IN	Zip Code 46858
Purpose of Disbursement 5/23 Lunch	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Banks, James, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IN District: 03	5/23 Lunch

Full Name (Last, First, Middle Initial) B. Shaheen For Senate		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address 105 N State Street		FEC Identification Number C C00457325 Transaction ID : 13119772
City Concord	State NH	Zip Code 03301
Purpose of Disbursement 5/23 Breakfast	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Shaheen, Jeanne, , Sen.,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NH District:	5/23 Breakfast

Full Name (Last, First, Middle Initial) C. Kurt Schrader For Congress		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address PO Box 3314		FEC Identification Number C C00446906 Transaction ID : 13119774
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement 5/28 Local Meeting	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Schrader, Kurt, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: OR District: 05	5/28 Local Meeting

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2019

Mailing Address 76 Magnolia Terrace

City Springfield	State MA	Zip Code 01108
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FEC Identification Number

C C00226522

Purpose of Disbursement
5/21 Breakfast

011
Category/ Type

Transaction ID : 13122073

Amount of Each Disbursement this Period

1500.00

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MA District: 01

5/21 Breakfast

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
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FEC Identification Number

C

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
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FEC Identification Number

C

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

1500.00

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

50000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Abrams, Daniel, H., ,		Date of Disbursement MM / DD / YYYY 05 / 06 / 2019	
Mailing Address 30012 Ivy Glenn, #270		FEC Identification Number C [] Transaction ID : 13029642	
City Laguna Niguel	State CA	Zip Code 92677-5020	Amount of Each Disbursement this Period [] 75.00 Mistaken Contribution
Purpose of Disbursement Mistaken Contribution		Category/ Type 010	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) B. Benson, David, C., ,		Date of Disbursement MM / DD / YYYY 05 / 06 / 2019	
Mailing Address 22111 Glenoaks		FEC Identification Number C [] Transaction ID : 13029643	
City Mission Viejo	State CA	Zip Code 92692-4503	Amount of Each Disbursement this Period [] 100.00 Mistaken Contribution
Purpose of Disbursement Mistaken Contribution		Category/ Type 010	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 175.00
TOTAL This Period (last page this line number only).....▶	[] 175.00