

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

CITY

STATE

ZIP CODE

C C00283135

3. IS THIS REPORT

X

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) X May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

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

Election on

MM / DD / YYYY

in the State of

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

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

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2021

through

MM / DD / YYYY 04 / 30 / 2021

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

MM / DD / YYYY 05 / 11 / 2021

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2021"/>	<input type="text" value="309635.57"/>	<input type="text" value="309635.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="287247.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="37577.67"/>	<input type="text" value="202069.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="324825.09"/>	<input type="text" value="511705.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21919.23"/>	<input type="text" value="208799.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="302905.86"/>	<input type="text" value="302905.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Health Underwriters Political Action Committee**

Report Covering the Period: From:  /  /  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).....	18871.67	93171.01
(ii) Unitemized .....	16706.00	100398.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35577.67	193569.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35577.67	193569.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	8500.00
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)).....▶	37577.67	202069.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37577.67	202069.68

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	919.23	5444.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	919.23	5444.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	203000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	355.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	355.00
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)) ..	21919.23	208799.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21919.23	208799.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35577.67	193569.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	355.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35577.67	193214.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	919.23	5444.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	919.23	5444.39

**SCHEDULE A (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 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Smith, Michael, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Stone Hill Farms Parkway  
 City Flower Mound State TX Zip Code 75028-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 15576300**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hoffman, Crystal, , SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 709  
 City Sugar Land State TX Zip Code 77487-0709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 02 / 2021**  
**Transaction ID : 15576375**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 340.00

Date of Receipt **04 / 03 / 2021**  
**Transaction ID : 15576406**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Murphy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3080 S Jog Rd  
 City Greenacres State FL Zip Code 33467-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 03 / 2021  
**Transaction ID : 15576407**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 340.00

Date of Receipt 04 / 03 / 2021  
**Transaction ID : 15576410**  
 Amount of Each Receipt this Period 85.00  
 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 ▼ 340.00

Date of Receipt 04 / 03 / 2021  
**Transaction ID : 15576414**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cagliola, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd  
 City Berwyn State PA Zip Code 19312-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 04 / 2021  
**Transaction ID : 15576489**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. 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 04 / 04 / 2021  
**Transaction ID : 15576496**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Nolimal, Frank, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5740 S. Arville, Ste 204  
 City Las Vegas State NV Zip Code 89118-3071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 04 / 2021  
**Transaction ID : 15576498**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
<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., REBC,**  
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 ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2021

**Transaction ID : 15576501**

Amount of Each Receipt this Period  
65.00

Memo Item

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

Mailing Address 8805 Sawleaf Rd

City Indianapolis	State IN	Zip Code 46260-1534
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2021

**Transaction ID : 15576515**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Dillon, Michael, F., CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Flint Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2021

**Transaction ID : 15576518**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 68
<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. Hausladen, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 American Blvd Suite500  
 City Bloomington State MN Zip Code 55431-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gallagher Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 05 / 2021  
**Transaction ID : 15576519**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Southan, Tamela, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 W. Renner Rd., Ste 330  
 City Richardson State TX Zip Code 75082-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 05 / 2021  
**Transaction ID : 15576520**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Gussin, Craig, , CLU, LPRT,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Palomar Airport Road #260  
 City Carlsbad State CA Zip Code 92011-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 04 / 05 / 2021  
**Transaction ID : 15576523**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
<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. Sale, Raymer, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 Premiere Parkway  
Suite 285

City Duluth State GA Zip Code 30097-5246

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

Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 05 / 2021  
**Transaction ID : 15576527**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Niederman, Tammy, Lyn, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10042 Silver Maple Circle

City Highlands Ranch State CO Zip Code 80129-5420

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.00

Date of Receipt  
04 / 06 / 2021  
**Transaction ID : 15576778**

Amount of Each Receipt this Period  
42.00

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 ▼  
680.00

Date of Receipt  
04 / 06 / 2021  
**Transaction ID : 15576782**

Amount of Each Receipt this Period  
170.00

Memo Item

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

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

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

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

**A. Pendorf, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31666 W. Nine Dr.  
 City Laguna Niguel State CA Zip Code 92677-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 07 / 2021**  
**Transaction ID : 15762608**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Frizzell, Paula, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Star Shoot Parkway Suite 170-408  
 City Lexington State KY Zip Code 40509-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 07 / 2021**  
**Transaction ID : 15762615**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Membership Form

**C. 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) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 08 / 2021**  
**Transaction ID : 15763074**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00  
**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 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 365.00

Date of Receipt 04 / 08 / 2021  
**Transaction ID : 15763079**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Daniel, Elise, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 N 4th Street  
 Suite 101B  
 City Boise State ID Zip Code 83702-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Daniel Insurance, LLC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 08 / 2021  
**Transaction ID : 15801711**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Barto, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5641 W. Megan St.  
 City Chandler State AZ Zip Code 85226-6813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CB Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 08 / 2021  
**Transaction ID : 15802250**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	815.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Magnuson, Raymond, E., JD,CLU,ChF,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4337 E. 5th Street

City Tucson	State AZ	Zip Code 85711-2025
----------------	-------------	------------------------

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

Name of Employer (for Individual) Magnuson and Associates	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2021

**Transaction ID : 15802441**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Haberman, Joshua, , RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 Bryant Ave S Suite 105

City Bloomington	State MN	Zip Code 55420-3473
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Alexander & Haberman	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2021

**Transaction ID : 15802449**

Amount of Each Receipt this Period  
170.00

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2021

**Transaction ID : 15802450**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Deru, Scott, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 393 W Gordon Ave  
 Ste 1  
 City Layton State UT Zip Code 84041-2391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2021  
**Transaction ID : 15802451**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Rider, Susan, M., MS, REBC,,**  
 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) Preventia Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2021  
**Transaction ID : 15802453**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Deagle, Michael, P., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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 ▼ 666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2021  
**Transaction ID : 15802458**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	351.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Meredith, Griffin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 S 5th St Unit 303  
 City Louisville State KY Zip Code 40202-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Insurance Partners Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 09 / 2021  
**Transaction ID : 15802459**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kelley, Dianne, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7320 N La Cholla Blvd. 154-219  
 City Tucson State AZ Zip Code 85741-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 04 / 11 / 2021  
**Transaction ID : 15804303**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. 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 ▼ 218.00

Date of Receipt 04 / 12 / 2021  
**Transaction ID : 15804338**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 68
<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. 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 and Co. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 12 / 2021  
**Transaction ID : 15804339**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Monthly Contribution

**B. 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 ▼ 340.00

Date of Receipt 04 / 12 / 2021  
**Transaction ID : 15804356**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Gertz, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 S. Riverside Plaza Suite 900  
 City Chicago State IL Zip Code 60606-5975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 12 / 2021  
**Transaction ID : 15804368**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 68
<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. 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2021  
**Transaction ID : 15848323**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Scholz, Paul, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N 203rd St Ste 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2021  
**Transaction ID : 15848330**  
 Amount of Each Receipt this Period  
 85.00  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2021  
**Transaction ID : 15848332**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 1500 Quail St  
 Ste 570  
 City Newport Beach State CA Zip Code 92660-2752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 13 / 2021  
**Transaction ID : 15848333**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Masucci, Joseph, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Rouser Road  
 Building 4 Suite 401  
 City Moon Township State PA Zip Code 15108-2779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Benefit Services LLC Occupation (for Individual) Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 13 / 2021  
**Transaction ID : 15848338**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Anderson, Corey, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11247 69th St NE Albertville  
 City Albertville State MN Zip Code 55301-4576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 13 / 2021  
**Transaction ID : 15848339**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Kiebler, John, , HIA,LUTCF,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2530 Sir Barton Way, Suite 100  
 City Lexington State KY Zip Code 40509-2745  
 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 ▼ 365.00

Date of Receipt 04 / 13 / 2021  
**Transaction ID : 15848568**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Johnson, David, S., LUTCF,RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12138 Big Canoe  
 City Big Canoe State GA Zip Code 30143-5157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2021  
**Transaction ID : 15848692**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 400.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 15849653**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	565.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38168 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 15849657**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kennedy, Tamara, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9414 E Sera Bria  
 City Scottsdale State AZ Zip Code 85255-6054  
 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 ▼ 330.00

Date of Receipt 04 / 16 / 2021  
**Transaction ID : 15849758**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 340.00

Date of Receipt 04 / 16 / 2021  
**Transaction ID : 15849760**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 22 OF 68  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Marinelli, Aaron, M. J., ,**

Mailing Address 36711 American Way  
 Suite 2F

City Avon State OH Zip Code 44011-4061

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

Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3680.00**

Date of Receipt **04 / 17 / 2021**

**Transaction ID : 15850000**

Amount of Each Receipt this Period **170.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bly, Perry, J., ,**

Mailing Address 6340 South Western Ave  
 Ste 120

City Sioux Falls State SD Zip Code 57108-3413

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

Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 17 / 2021**

**Transaction ID : 15850001**

Amount of Each Receipt this Period **85.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Tompkins, Daniel, R., JD, MBA,**

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 ▼ **340.00**

Date of Receipt **04 / 17 / 2021**

**Transaction ID : 15850006**

Amount of Each Receipt this Period **85.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 68
<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. Wolfe, Rosanne, , RHU, REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 17236

City Tucson	State AZ	Zip Code 85731-7236
----------------	-------------	------------------------

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

Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		18		2021

**Transaction ID : 15850060**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Villagran, Denise, S., MBA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 Santa Fe St, #205

City Corpus Christi	State TX	Zip Code 78404-2343
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		18		2021

**Transaction ID : 15850065**

Amount of Each Receipt this Period  
63.00

Memo Item

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

Mailing Address PO Box 10487

City Bedford	State NH	Zip Code 03110-0487
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Cornerstone Benefit & Retirement Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		18		2021

**Transaction ID : 15850069**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
<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. Smith, David, C., REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 N. Corcoran St. #1205

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

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

Name of Employer (for Individual) EbenConcepts	Occupation (for Individual) Broker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2021

**Transaction ID : 15850102**

Amount of Each Receipt this Period  
170.00

Memo Item

**B. 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 ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2021

**Transaction ID : 15850106**

Amount of Each Receipt this Period  
63.00

Memo Item

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

Mailing Address 5360 Gulf of Mexico Drive #107

City Longboat Key	State FL	Zip Code 34228-2046
----------------------	-------------	------------------------

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

Name of Employer (for Individual) AM Bennett & Co	Occupation (for Individual)
--	-----------------------------

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
04	/	20	/	2021

**Transaction ID : 15850193**

Amount of Each Receipt this Period  
85.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Timpa, James, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39378 Aynesley St  
 City Clinton Township State MI Zip Code 48038-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Timpa Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2021  
**Transaction ID : 15850201**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2021  
**Transaction ID : 15850206**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Lanzinger, Molly, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4630 95th Ave NE  
 City Bellevue State WA Zip Code 98004-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2021  
**Transaction ID : 15850213**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Riley, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 E. 22nd Street  
 City Vancouver State WA Zip Code 98663-3208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedicareHelpNow Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2021  
**Transaction ID : 15850224**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mayer, Alana, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N. Central Ave 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)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 22 / 2021  
**Transaction ID : 15851086**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Kohlsdorf, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 Ingersoll Ave Suite 200  
 City Des Moines State IA Zip Code 50309-3102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 22 / 2021  
**Transaction ID : 15851089**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 68
	<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. 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 ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2021  
**Transaction ID : 15851094**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Hahn, Monique, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Hugh Cir  
 City Birmingham State AL Zip Code 35209-5705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2021  
**Transaction ID : 15851095**  
 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 51150 Washington St.  
 City New Baltimore State MI Zip Code 48047-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Warehouse Occupation (for Individual) Broker/Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2021  
**Transaction ID : 15851097**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 68
<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. Burns, Patrick, , CEBS,**  
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 ▼  
705.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2021

**Transaction ID : 15851098**

Amount of Each Receipt this Period  
170.00

Memo Item

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

Mailing Address 295 E Palmer Street

City Franklin	State NC	Zip Code 28734-3049
------------------	-------------	------------------------

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

Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2021

**Transaction ID : 15851099**

Amount of Each Receipt this Period  
90.00

Memo Item

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

Mailing Address Five Cowboys Way  
Suite 300

City Frisco	State TX	Zip Code 75034-2074
----------------	-------------	------------------------

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

Name of Employer (for Individual) Warner Pacific Insurance Svcs	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2021

**Transaction ID : 15851100**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Christenson, Shawnee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9220 Bass Lake Rd, Suite 225  
 City New Hope State MN Zip Code 55428-4052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crosstown Insurance Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 04 / 22 / 2021  
**Transaction ID : 15851146**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Griffey, Patricia, A., CSA, RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Primrose Cir  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 04 / 23 / 2021  
**Transaction ID : 15851933**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 340.00

Date of Receipt 04 / 24 / 2021  
**Transaction ID : 15852286**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	685.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Kowalczyk-Gonzalez, CarrieAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6568 S Federal Way #213  
 City Boise State ID Zip Code 83716-9277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Occupation (for Individual) Health Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 24 / 2021  
**Transaction ID : 15852290**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Hogeland, Charlene, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N Central Ave Ninth Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 04 / 24 / 2021  
**Transaction ID : 15852294**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Lake Bellevue, Suite 100  
 City Bellevue State WA Zip Code 98005-2480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 24 / 2021  
**Transaction ID : 15852309**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 365.00

Date of Receipt 04 / 24 / 2021  
**Transaction ID : 15852311**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 04 / 25 / 2021  
**Transaction ID : 15852388**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Rice, Russell, Lee, SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8830 Buckskin Dr  
 City Boerne State TX Zip Code 78006-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 25 / 2021  
**Transaction ID : 15852390**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 340.00

Date of Receipt 04 / 25 / 2021  
**Transaction ID : 15852392**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Lugo, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3620 Birch Street First Floor  
 City Newport Beach State CA Zip Code 92660-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EPIC Insurance Brokers, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2021  
**Transaction ID : 15852402**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Mustang Drive Suite 200  
 City Grapevine State TX Zip Code 76051-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 04 / 26 / 2021  
**Transaction ID : 15852430**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Linneman, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1740 Rice Street  
 Ste 200  
 City Saint Paul State MN Zip Code 55113-6825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Insurance Agency Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 26 / 2021  
**Transaction ID : 15852432**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Cociu, Dorothy, M., RHU, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 26 / 2021  
**Transaction ID : 15852434**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 04 / 26 / 2021  
**Transaction ID : 15852439**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 68
	<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. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4470 Woodman Ave  
Apt 303

City Sherman Oaks	State CA	Zip Code 91423-5520
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Jellyvision	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  
 04 / 26 / 2021

**Transaction ID : 15852445**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 830 Main Street, 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 ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2021

**Transaction ID : 15852504**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 2950 Breckenridge Lane, Suite 8A

City Louisville	State KY	Zip Code 40220-1462
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2021

**Transaction ID : 15852509**

Amount of Each Receipt this Period  
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Hill, Donna, D., FLMI,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 Premiere Parkway  
Suite 285

City Duluth	State GA	Zip Code 30097-5246
----------------	-------------	------------------------

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

Name of Employer (for Individual) E2E Benefits Services Inc	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2021

**Transaction ID : 15852511**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 55 Hathaway Pond Cir

City Rochester	State MA	Zip Code 02770-4135
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Association of Health Un	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
04		27		2021

**Transaction ID : 15852513**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Johnson, Suzanne, K., RHU, CEBS,,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7621 Little Ave  
Suite 113

City Charlotte	State NC	Zip Code 28226-8402
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Employee Benefit Advisors	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
04		27		2021

**Transaction ID : 15852515**

Amount of Each Receipt this Period  
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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, , REBC,CFP,C,**  
Mailing Address PO Box 195579

City Winter Springs	State FL	Zip Code 32719-5579
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) The Enterprise Team	Occupation (for Individual) Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>340.00</b>	

Date of Receipt  
**04 / 27 / 2021**  
**Transaction ID : 15852517**

Amount of Each Receipt this Period  
**85.00**

Memo Item

**B. Underhill, Elizabeth, J., ,**  
Mailing Address 5951 Canoga Avenue

City Woodland Hills	State CA	Zip Code 91367-5010
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) Underhill Insurance Agency, Inc.	Occupation (for Individual) Insurance agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>340.00</b>	

Date of Receipt  
**04 / 27 / 2021**  
**Transaction ID : 15852519**

Amount of Each Receipt this Period  
**85.00**

Memo Item

**C. Reddy, Michael, S., ,**  
Mailing Address 330 River Pointe Drive

City Elkhart	State IN	Zip Code 46514-1457
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>340.00</b>	

Date of Receipt  
**04 / 27 / 2021**  
**Transaction ID : 15852520**

Amount of Each Receipt this Period  
**85.00**

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860736**  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860738**  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860739**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wilson, 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 ▼ 680.00

Date of Receipt 04 / 28 / 2021  
**Transaction ID : 15860740**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Hartman, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Airport North Office Park  
 City Fort Wayne State IN Zip Code 46825-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 28 / 2021  
**Transaction ID : 15860742**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 365.00

Date of Receipt 04 / 28 / 2021  
**Transaction ID : 15860752**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼  
443.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2021

**Transaction ID : 15860753**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Cagliola, Victoria, , CPA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1041 Old Cassatt Rd

City Berwyn	State PA	Zip Code 19312-1152
----------------	-------------	------------------------

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

Name of Employer (for Individual) Simkiss & Block	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2021

**Transaction ID : 15860756**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 214 West Main Street  
Suite 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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2021

**Transaction ID : 15860758**

Amount of Each Receipt this Period  
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott Drive  
 City Allen State TX Zip Code 75002-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2021  
**Transaction ID : 15860760**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bear, Dale, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2550 NE Douglas St  
 City Lees Summit State MO Zip Code 64064-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 04 / 28 / 2021  
**Transaction ID : 15860761**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Lago, Julian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6671 W Indiantown Rd, Ste 50284  
 City Jupiter State FL Zip Code 33458-3991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benezon LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 28 / 2021  
**Transaction ID : 15860775**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860782**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Morrison, James, M., RHU,REBC,**  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860784**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Bechtold, Annette, , REBC,**  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860791**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Buza, Raymond, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 AIA  
 City Vero Beach State FL Zip Code 32963  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860792**  
 Amount of Each Receipt this Period  
 63.00  
 Memo Item

**B. Childers, Russell, B., CLU,ChFC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1547  
 City Americus State GA Zip Code 31709-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860793**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**C. 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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860794**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kapostins, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Maitland Center Pkwy  
 Ste 125  
 City Maitland State FL Zip Code 32751-4173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15860797**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Kunkle, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 6243  
 City Reading State PA Zip Code 19610-0243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Power Kunkle Group, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2021  
**Transaction ID : 15861098**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Villagran, Denise, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1016 Santa Fe St, #205  
 City Corpus Christi State TX Zip Code 78404-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : PR433061225157**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1127.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schreder, Lynn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5550 Wild Rose Lane  
 Suite 400  
 City West Des Moines State IA Zip Code 50266-5351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR433076125157**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. McFerrin, Dwane, C., CLU, CFP,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 Suite 510  
 City Omaha State NE Zip Code 68114-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR433168125157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Brittain, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 N. Mill  
 City Pryor State OK Zip Code 74361-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR433214325157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 68
	<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. 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 ▼ 340.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR433308325157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 520.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR433316625157**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$130.00 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 ▼ 400.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR433468625157**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Trautwein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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 ▼ 680.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR436821425157**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. Rios-Carl, Elizabeth, E., PIWT SGS,**  
 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 ▼ 340.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR436824525157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**c. Ashmore, Elizabeth, , CBC, SGS,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6102 82nd St, Bldg #6  
 City Lubbock State TX Zip Code 79424-0803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR436830325157**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Trebing, C. Louanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Patton Drive  
 City Garland State TX Zip Code 75042-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR436856925157**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR436873525157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 425.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR436911025157**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
<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. 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) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR436939925157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Seifert, Greg, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 NE 115th St.  
 City Vancouver State WA Zip Code 98686-3945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR436941625157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR436961725157**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Golm, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 S Main Street, Ste. 1  
 City Wayland State MI Zip Code 49348-1288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Golm Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR436976025157**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Monthly)

**B. Parker, John, C., RHU, LTCP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hope St Unit 1312  
 City Niantic State CT Zip Code 06357-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR436986825157**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Fristoe, Kelly, Don, LUTCF, SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4789  
 City Wichita Falls State TX Zip Code 76308-0789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437002325157**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Thorn, Ryan, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10342 South Springcrest Lane  
 City South Jordan State UT Zip Code 84095-4538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437004025157**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

**B. Gray, Michael, D., RHU,**  
 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 ▼ 425.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437016725157**  
 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 ▼ 260.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437070225157**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Alberts, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5605 Storrow Court  
 Ste 535  
 City Warren State MI Zip Code 48092-6338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437076125157**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

**B. Benton, Bruce, D., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20300 Ventura Blvd  
 Suite 200  
 City Woodland Hills State CA Zip Code 91364-0959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437123025157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Allard, Terry, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 A Street, Suite 400  
 City Anchorage State AK Zip Code 99503-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437182325157**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	419.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 68
	(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"/> 15
	<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. Debler, Johnnie, O., RHU, ChHC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 E. Laurel St.  
 City Rockport State TX Zip Code 78382-2815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSM Insurors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437196425157**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 340.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437212225157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 773.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437218325157**  
 Amount of Each Receipt this Period 112.00  
 Memo Item  
 P/R Deduction (\$112.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daubert, Jim, F., CLU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 67220

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437219625157**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 3033 N. Central Ave  
Suite 810

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437236925157**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

**C. 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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437270525157**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 68
<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. 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 ▼ 500.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437281025157**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. Bell, Marie, D., FLMI,AIAA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 4th Ave S. #1500  
 City Minneapolis State MN Zip Code 55415-1637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437323325157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Stiffler, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N. Riverview Dr Suite 100  
 City Anaheim State CA Zip Code 92808-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR437326125157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Cramer, Valerie, Lynn, RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Burgen Ct. NE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437416425157**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Mutter, Amy, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 Electric Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437454925157**

Amount of Each Receipt this Period  
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

**c. Stedt, Margaret, Evelyn, C.S.A., LP,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437529925157**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 68
	<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. Robinson, Judith, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 10071  
 City Tyler State TX Zip Code 75711-0071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437594125157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Starks, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 Highland Colony Parkway Suite 202  
 City Ridgeland State MS Zip Code 39157-2086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437603125157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Rasch, Tim, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19445 Westling Drive  
 City Oregon City State OR Zip Code 97045-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 298.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437606225157**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Strouse, Marcie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9854 Colby Ave  
 City Clive State IA Zip Code 50325-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : PR437683125157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : PR437693225157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Melgoza, Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9114 Adams Avenue Ste 191  
 City Huntington Beach State CA Zip Code 92646-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : PR437701125157**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Webb, Yolanda, Marie, CHRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6117 Clover Ct.

City Chino	State CA	Zip Code 91710-5337
---------------	-------------	------------------------

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

Name of Employer (for Individual) Webb Insurance Solutions	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437705625157**

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 10050 Regency Circle  
Ste 300

City Omaha	State NE	Zip Code 68114-3721
---------------	-------------	------------------------

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

Name of Employer (for Individual) Gallagher	Occupation (for Individual) Vice President
--	---

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
04		30		2021

**Transaction ID : PR437731125157**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**C. Johnson, John, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8414 N. Wall Street  
Ste C

City Spokane	State WA	Zip Code 99208-6161
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : PR437775825157**

Amount of Each Receipt this Period  
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cade, Kareim, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 N Main St  
 Suite 105  
 City Royal Oak State MI Zip Code 48067-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR43778625157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 Thompson Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR437797625157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 340.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : PR470100125157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 68
	<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. 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 ▼ 340.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR496323825157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Wayt, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 747 Winslow Ave  
 City Saint Paul State MN Zip Code 55107-3349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR528187225157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Nichols, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2888 Shadowlake Dr  
 City Oklahoma City State OK Zip Code 73159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : PR840269925157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 61 OF 68  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Morgan, Christian, D., ,**

Mailing Address 2200 W Commercial Blvd  
Ste 306

City Fort Lauderdale State FL Zip Code 33309-3064

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2021

**Transaction ID : PR891081425157**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18871.67

**SCHEDULE A (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 68
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lisa McClain For Congress**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11540 34 Mile Road

City Bruce Township	State MI	Zip Code 48065
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00726042

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

Receipt For: 2020  
 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
04	/	05	/	2021

**Transaction ID : 15576719**

Amount of Each Receipt this Period  
1000.00

Memo Item

Refund of Debt Payoff Contribution

**B. Wyden For Senate**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 232 Ne 9th Avenue

City Portland	State OR	Zip Code 97232
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00308676

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

Receipt For: 2022  
 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
04	/	15	/	2021

**Transaction ID : 15849717**

Amount of Each Receipt this Period  
1000.00

Memo Item

Refund from Committee

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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 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**

**A. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 30 / 2021

FEC Identification Number: C

Transaction ID : 15865564

Amount of Each Disbursement this Period: 919.23

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	919.23
<b>TOTAL</b> This Period (last page this line number only).....▶	919.23

**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. Martin Heinrich For Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2021

Mailing Address P.O. Box 25763

FEC Identification Number

**C** C00434563

**Transaction ID : 15576384**

Amount of Each Disbursement this Period

-----  
- 2500.00

Void - Martin Heinrich For Senate

Memo Item

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
Void - Martin Heinrich For Senate

**011**  
Category/  
Type

Candidate Name  
**Heinrich, Martin, T., Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  Other (specify) ▼

State: NM District:

Full Name (Last, First, Middle Initial)  
**B. LOBO PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address PO BOX 25852

FEC Identification Number

**C** C00497073

**Transaction ID : 15722046**

Amount of Each Disbursement this Period

-----  
2500.00

Memo Item

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)  
**C. Lisa McClain For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 11540 34 Mile Road

FEC Identification Number

**C** C00726042

**Transaction ID : 15729070**

Amount of Each Disbursement this Period

-----  
1000.00

Debt Retirement

Memo Item

City Bruce Township State MI Zip Code 48065

Purpose of Disbursement  
Debt Retirement

**011**  
Category/  
Type

Candidate Name  
**McClain, Lisa, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼

State: MI District: 10

Primary Debt 2020

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

-----  
1000.00

**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) <b>A. Cliff Bentz For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2021
Mailing Address 660 Morgan Ave		FEC Identification Number C C00725465 <b>Transaction ID : 15733686</b>
City Ontario	State OR	Zip Code 97914
Purpose of Disbursement Friday, March 26th at 11 AM ET		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Bentz, Cliff, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: OR	District: 02	Friday, March 26th at 11 AM ET

Full Name (Last, First, Middle Initial) <b>B. Jim Banks For Congress, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2021
Mailing Address P.O. Box 11431		FEC Identification Number C C00577999 <b>Transaction ID : 15735314</b>
City Fort Wayne	State IN	Zip Code 46858
Purpose of Disbursement Virtual Event with Rep. Richard Hudson		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Banks, James, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: IN	District: 03	Virtual Event with Rep. Richard Hudson

Full Name (Last, First, Middle Initial) <b>C. SUSAN WRIGHT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2021
Mailing Address PO Box 173485		FEC Identification Number C C00770420 <b>Transaction ID : 15848575</b>
City Arlington	State TX	Zip Code 76003
Purpose of Disbursement Special Election Texas 6		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Wright, Susan, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: TX	District: 06	Special Election Texas 6

**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. Blaine For Congress**

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement  
virtual event on Tuesday, May 25, 2021

Candidate Name  
**Luetkemeyer, Blaine, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2021

FEC Identification Number

C C00458679

**Transaction ID : 15848582**

Amount of Each Disbursement this Period

1000.00

Memo Item 2021 virtual event on Tuesday, May 25,

Full Name (Last, First, Middle Initial)

**B. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement

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

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2021

FEC Identification Number

C C00510461

**Transaction ID : 15848586**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephanie Murphy For Congress**

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement

Candidate Name  
**Murphy, Stephanie, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: FL District: 07

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2021

FEC Identification Number

C C00620443

**Transaction ID : 15848597**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

**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. Josh Gottheimer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2021

Mailing Address PO Box 584

FEC Identification Number

**C** C00573949

City Ridgewood State NJ Zip Code 07451

**Transaction ID : 15848601**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

**Gottheimer, Josh, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Pallone For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2021

Mailing Address PO Box 3176

FEC Identification Number

**C** C00226928

City Long Branch State NJ Zip Code 07740

**Transaction ID : 15848605**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

**Pallone, Frank, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Tom O'Halleran For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2021

Mailing Address PO Box 63992

FEC Identification Number

**C** C00582890

City Phoenix State AZ Zip Code 85082

**Transaction ID : 15848606**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

**O'Halleran, Tom, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Memo Item

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

4500.00

**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) <b>A. Elaine For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2021
Mailing Address PO Box 66191		FEC Identification Number C00664375 <b>Transaction ID : 15848607</b>
City Virginia Beach	State VA	Zip Code 23466
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Luria, Elaine, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: VA District: 02	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Texans For Jodey Arrington</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021
Mailing Address PO Box 6687		FEC Identification Number C00588657 <b>Transaction ID : 15849723</b>
City Lubbock	State TX	Zip Code 79493
Purpose of Disbursement Thursday, April 15th, 2021 Event	Category/Type 011	Amount of Each Disbursement this Period 1000.00 Thursday, April 15th, 2021 Event
Candidate Name <b>Arrington, Jodey, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: TX District: 19	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Greg Pence For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2021
Mailing Address PO Box 275		FEC Identification Number C00658401 <b>Transaction ID : 15849724</b>
City Taylorsville	State IN	Zip Code 47280
Purpose of Disbursement VIDEO: Pence Event with Special Guest Whip Steve Scalise	Category/Type 011	Amount of Each Disbursement this Period 1000.00 VIDEO: Pence Event with Special Guest Whip Steve Scalise
Candidate Name <b>Pence, Gregory, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: IN District: 06	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21000.00