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PAGE 1 / 180

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	TYPE OR F	RINT V		ple: If typi	ng, type	12FE4M	Office Use	Only
COMMITTEE (in full)				the lines.			.9	
Health Underwriters Po	olitical Ac	ction Comm						
ADDRESS (number and street)	1212 Nev	VYork Ave						
	Suite 110	0						
Check if different than previously reported. (ACC)	Washing	ton				DC	20005	
2. FEC IDENTIFICATION NU		C			S	STATE 🔺	ZI	P CODE
C C00283135			is this Report	~	NEW N) OR	AN (A)		
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Mon Repo Due	ort On:	b 20 (M2) ar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15		Ap	r 20 (M4)	·	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report (Q	1) (C)	12-Day	F	Primary (12F	P)	General	(12G)	Runoff (12R)
July 15 Quarterly Report (Q	2)	PRE -Election Report for the:		Convention ((12C)	Special (12S)	_
October 15 Quarterly Report (Q January 31	3)	M = M			D D /	n the		
Year-End Report (Y	E)	Elect	ion on				S	State of
July 31 Mid-Year Report (Non-electior Year Only) (MY)	ו (d) ו	30-Day POST -Election Report for the:		General (300	G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)			ion on	M M /		Y . Y . Y . Y		n the State of
5. Covering Period 07	M / D I	2019	Y	through	M M 07	/ D D / 31	2019	Y
I certify that I have examined thi Type or Print Name of Treasurer	Murphy,	nd to the best c Jennifer, , ,	of my know	ledge and I	belief it is true	e, correct and	d complete.	
Signature of Treasurer	hy, Jennifer, ,	,	[1	Electronicall	y Filed]	ate 08	/ D D D D D D D D D D D D D D D D D D D	/ <u>2019</u>
NOTE: Submission of false, errone	ous, or inco	mplete informati	on may sub	ject the per	son signing th	is Report to th	ne penalties	of 52 U.S.C. § 30109
Office Use Only								FORM 3X /. 05/2016

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Health Underwriters Political Action Committee M D М D Y M T. 07 01 2019 07 31 2019 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 341431.16 Januarv 1. 2019 (b) Cash on Hand at 326914.35 Beginning of Reporting Period..... 49073.32 391684.38 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 733115.54 375987.67 6(a) and 6(c) for Column B)..... 22536.67 379664.54 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 353451.00 353451.00 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
-		Calendar fear-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	36576.82	213448.84
(ii) Unitemized	12496.50	178235.54
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	49073.32	391684.38
(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)▶	49073.32	391684.38
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and $18(c)$	49073.32	391684.38

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ 49073.32

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					39168	34.38	
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Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 11352.54 Expenditures 1506.67 (c) Total Operating Expenditures 11352.54 (add 21(a)(i), (a)(ii), and (b)) 1506.67 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 367000.00 and Other Political Committees... 21000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1312.00 30.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 30.00 1312.00 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 Total Federal Election Activity (add (C) 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)).. 22536.67 379664.54 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 22536.67 379664.54

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

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

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

	-7		_	-7	49073.32
	-			-	30.00
	-7			-	49043.32
Γ.	-			-	1506.67
<u> </u>	-	Ţ	Ţ	-	0.00
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1212.00
1312.00
390372.38
390372.30
11352.54
11352.34
0.00
0.00
11352.54
11002.04

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

171			Use separate schedule(s) for each category of the				(check only one)						
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or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit cor	ntrib	utions t	rom suc		96.			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Murray, Martha, , ,		Date of	Re	ceipt								
	Mailing Address 2030 Parrish Dr				07 01 2019								
	City Santa Rosa	State CA	Zip Code 95404-2321	_				1319161 leceipt th	I 3 his Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	12.0	00			
	Name of Employer (for Individual) J & M Murray Insurance Services, Inc.		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 334.00]									
в.	Full Name of Individual (Last, First, Middle Initia Kite, William, , ,		Date of	Re	ceipt								
	Mailing Address PO Box 629						01	/ Y	2019	Y			
	City Roanoke	State VA	Zip Code 24004-0629					1319162 Receipt th	4 nis Period				
	FEC ID number of contributing federal political committee.	C			300.00								
	Name of Employer (for Individual) D&S Agency	Occu Broł	upation (for Individual) ker		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]									
— C.	Full Name of Individual (Last, First, Middle Initia Bagley, Calvin, Dean, ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 9640 W. Tropicana Avenue, Su	iite 10			м м 07	/	01) / Y	2019	Y			
	City Las Vegas	State NV	Zip Code 89147-2604				-	1319162 Receipt th	27 nis Period	_			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	, <u>,</u>	30.0	00			
	Name of Employer (for Individual) Sun City Financial		upation (for Individual) aging Partner		Me	emc	ttem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]									
s	UBTOTAL of Receipts This Page (optional)			•			,		342.0	0			
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<u></u>	AME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
∕⊦	lealth Underwriters Political Ac	tion Com	nmittee										
	III Name of Individual (Last, First, Middle Init Alberts, Suzetta, E., ,	ial) or Full O	Organization Name		Date of	f Re	eceipt						
_	ailing Address 26555 Evergreen Drive Ste 535				07 01 Y Y Y Y Y 07 01 2019								
Ci S	ty outhfield	State MI	Zip Code 48076-4213					: 1319292 Receipt th					
	EC ID number of contributing deral political committee.	С			<u> </u>			- 7	50.0	00			
C	ame of Employer (for Individual) omprehensive Benefits	Occi Broł		M	emo	o Item							
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 629.00										
	III Name of Individual (Last, First, Middle Init Surface, Frank, , ,		Date of	f Re	eceint								
	ailing Address 14101 Chula Road			07 01 2019									
Ci		State					: 1319293						
	melia Court House	VA 23002-4005				t of	Each	Receipt th	nis Period				
	EC ID number of contributing deral political committee.	С		365.00									
M	ame of Employer (for Individual) oney Wise Solutions, Inc.		upation (for Individual) ncipal		M	emo	o Item						
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼	neral 365.00											
	III Name of Individual (Last, First, Middle Init Moore, David, R., ,	ial) or Full O	Organization Name		Date of	f Re	eceipt						
_	ailing Address PO Box 1006				07	1	02		2019	Y			
Ci B	ty urlington	State NC	Zip Code 27216-1006					: 1319293 Receipt th	-				
	EC ID number of contributing deral political committee.	С			<u> </u>		y 1		30.0	00			
D	ame of Employer (for Individual) avid R. Moore, CLU & Associates	Occi Brok	upation (for Individual) ker		Memo Item								
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00										
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
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	Mailing Address P.O. Box 709				м м 07	1	02		2019	Y	
	City Sugar Land	State TX	Zip Code 77487-0709					: 131929 4 Receipt tl	43 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y 1		100.	00	
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occu Brok		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]							
в.	Full Name of Individual (Last, First, Middle Initi Wham, Scott, , ,		Date of	Re	eceipt						
	Mailing Address 145 E 5th Avenue			07 02 / Y Y Y Y 2019							
	City Conshohocken	State PA	Zip Code 19428-1789					131929 4 Receipt ti	14 his Period		
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Kistler Tiffany Benefits	Occi Dire		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]							
C.	Full Name of Individual (Last, First, Middle Initi Smith, Paul, E., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 100 Queen Street				^M 07	1	D 02	2	2019 [°]	Y	
	City Southington	State CT	Zip Code 06489-2052					: 131929 Receipt tl	46 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	200.	00	
	Name of Employer (for Individual) Paul E Smith Insurance, LLC	Occu Brok	upation (for Individual) ser		Memo Item						
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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\ \	rwriters Political A	ction Com	mittee										
A. Harder, David, ,		nitial) or Full O	rganization Name		Date of	Red	ceipt						
	241 E Skelly Drive nite 107			07 / D D / Y Y Y Y 02 2019									
City Tulsa		State OK	Zip Code 74105-5941					1319294 Receipt th	8 iis Period				
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	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogeland, Charlene, M., ,												
Mailing Address 55					07 02 2019								
City Phoenix		State AZ	Zip Code 85083-1228					1319295 Receipt th	3 iis Period				
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Name of Employer Black, Gould & Asso		Occi	upation (for Individual) es		M	emo	ltem						
Receipt For: Primary Other (specify	General y) ▼	Aggregate	Year-to-Date ▼ 770.00										
Full Name of Indivi c. Shaw, Wanda	dual (Last, First, Middle I a, D., ,	nitial) or Full O	rganization Name		Date of	Red	ceipt						
Mailing Address 24	2 South 10 Street				07 ^M	/	02		y y 2019	Y			
City Griffin		State GA	Zip Code 30224-2804					1319295 Receipt th	is Period				
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Name of Employer Insurance Brokers of	, ,	Occu Brok	upation (for Individual) ker		Memo Item								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initi Norman, Scott, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 1400 E. Michigan Ave				м м 07	/	02		ү ү 2019	Y					
	City Lansing	State MI	Zip Code 48912-2107					1319296 Receipt th		d					
	FEC ID number of contributing federal political committee.	С					-		250).00					
	Name of Employer (for Individual) Physicians Health Plan of MI Receipt For:	VP,	upation (for Individual) Business Development		M	emo	ttem								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
в.	Full Name of Individual (Last, First, Middle Initi Fitzgerald, Robert, Mark, ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 185 Fowler St				м м 07	/	03		2019	Y					
	City Woodstock	State GA	Zip Code 30188-5023		Transaction ID : 13193326 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		85											
	Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occ	upation (for Individual) ker		M	emo	ttem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 670.00]											
с.	Full Name of Individual (Last, First, Middle Initi Vanduyn, Melissa, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 32 Fox Chase Run				07 ^M	1	03		2019	Y					
	City Hillsborough	State NJ	Zip Code 08844-2130					: 1319332 Receipt th	-	d					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	12	2.00					
	Name of Employer (for Individual)		upation (for Individual) President		М	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 334.00]											
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Dinkel, Matthew, Kim, ,	al) or Full C	rganizatior	n Name		Date of	Re	ecei	ipt				
	Mailing Address 13700 Six Mile Cypress Pkwy					07	/	ſ	03	/ Y) 19	Y
	City	State FL	Zip C							319333			
	Fort Myers		339	12-4324	_	Amount	of	Ead	ch Re	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-				85.0	0
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	Primary General Other (specify) ▼			595.00]								
в.	Full Name of Individual (Last, First, Middle Initia Frizen, Bruce, , ,	al) or Full C	rganizatior	n Name		Date of	Re	ecei	ipt				
	Mailing Address 8058 Corporate Center Dr. Suite 200					м м 07	/		03	/ Y		19 [°]	Y
	City	State	Zip C							319333			
	Charlotte	NC	2822	26-4359	_	Amount	of	Ead	ch Re	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С				Ŀ		-				45.0	0
	Name of Employer (for Individual) L.E. Goodgame & Associates	Occ Bro	•	r Individual)		M	emo	o Ite	em				
	Receipt For:	Aggregate	Year-to-Da	ate ▼ 315.00									
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganizatior	n Name	_	Dat							
С.	King, Carolyn, J., , Mailing Address 6 Country Lane					Date of	rte			/ Y		19	Y
	City	State	Zip C			Trans	act	ion	ID : 1	319333	32		
	Sussex	NJ	0746	61-4630		Amount	of	Ead	ch Re	eceipt th	nis P	eriod	
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	Name of Employer (for Individual) Carolyn J King Insurance	Occ	•	r Individual)		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	ate ▼ 210.00]								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Johnson, Judy, Anne, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 5581 N Barrasca Ave				07	1	D 03		2019	Y			
	City Tucson	State AZ	Zip Code 85750-6495					: 131933 Receipt t	33 his Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		-gr. 1		30.	00			
	Name of Employer (for Individual) UnitedHealthcare	Occu Brok	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00										
	Full Name of Individual (Last, First, Middle Initia Stockstill, Julia Beckie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 125 E. San Augustine				07	/	D 03		2019	Y			
	City Deer Park	State TX	Zip Code 77536-4160	Transaction ID : 13193335 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C						-	45.	00			
	Name of Employer (for Individual) Stockstill & Associates	Occu Broł	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 306.00										
	Full Name of Individual (Last, First, Middle Initia Warwick, John, L., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1907 B Mangrove Ave.				07 ^M	1	D 03		2019	Y			
	City Chico	State CA	Zip Code 95926-2381					: 1319 33 Receipt t	36 his Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	85.	00			
	Name of Employer (for Individual) John Warwick Insurance Services	Occu Brok	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00										
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	160.	00			
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ITEMIZED RECEIPTS	-	for each category of the				(check only one)						
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Any information copied from such Reports												
or for commercial purposes, other than usin	ng the name and a	lodress of any political committee	e to solicit c	contri	outions t	rom suci	n committe	e.				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Mide A. Casinelli, Patrick, , ,	lle Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 450 B St # 1800			07		D 04) / Y	2019	Y				
City San Diego	State CA	Zip Code 92101-8005				1319366 Receipt th	ia Anis Period					
FEC ID number of contributing federal political committee.	С			_			63.0	0				
Name of Employer (for Individual) Cavignac & Associates		upation (for Individual) Icipal		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.00]									
Full Name of Individual (Last, First, Midd B. Ashby, Thomas, F., ,	lle Initial) or Full C	Organization Name	Date	of B	eceipt							
Mailing Address P. O. Box 70			Date	M /	04) / Y	2019	Y				
City Zirconia	State NC	Zip Code 28790-0070				1319366 Receipt th	5 nis Period					
FEC ID number of contributing federal political committee.	С						42.0	0				
Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occ Bro	upation (for Individual) ker		Mem	o Item							
Receipt For:	Aggregate	Year-to-Date ▼	1									
Other (specify) v		294.00										
Full Name of Individual (Last, First, Mide C. Viola, Robert, , ,	,	organization Name	Date	of Re	eceipt							
Mailing Address 2 Radnor Corp Center, S			M 07	7	04		2019 [°]	Y				
City Wayne	State PA	Zip Code 19087-4514				1319366 Receipt th	57 his Period					
FEC ID number of contributing federal political committee.	C				y .	,	50.0	0				
Name of Employer (for Individual) The Megro Corporation	Occ Owr	upation (for Individual) her		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]									
SUBTOTAL of Receipts This Page (option	al)				,	. ,	155.0	0				
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11	EWIZED RECEIPIS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the									
<u> </u>	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initia Mochan, Damian, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 100 Radnor Rd Ste 202				M M 07	1	D 04		y y 2019	Y
	City State College	State PA	Zip Code 16801-7986					: 1319366 Receipt th	8 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		50.0	00
	Name of Employer (for Individual) Central PA Benefit Solutions	Occu Brok	upation (for Individual) ker		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]						
в.	Full Name of Individual (Last, First, Middle Initia Kennedy, Tamara, P., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 7310 N. 16th Street, Suite 226				M M 07	1	D 04		ү ү 2019	Y
	City Phoenix	State AZ	Zip Code 85020-8212					1319366		
	FEC ID number of contributing federal political committee.	С				. 01			his Period 85.0	00
	Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]						
С.	Full Name of Individual (Last, First, Middle Initia Zavala, Tony, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4814 Cranbrook Dr E				07	1	04		ү ү 2019	Y
	City Colleyville	State TX	Zip Code 76034-4359					: 1319367 Receipt th	70 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		63.0	00
	Name of Employer (for Individual) Frost Insurance	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]						
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			9	. ,	198.0	00
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11			for each category of the Detailed Summary Page		X 11a		11b	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)		duress of any political committee	0 10 3			Julions			
\rangle	Health Underwriters Political Act	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Quinn, Cody, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 343 Waller Avenue Suite 101				м м 07	1	D 05		2019	Ŷ
	City Lexington	State KY	Zip Code 40504-2912					1319367 Receipt th	'5 nis Period	
	FEC ID number of contributing federal political committee.	С						-	12.0	00
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 222.00	1						
в.	Full Name of Individual (Last, First, Middle Init Hepscher, William, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 38176 Medical Center Avenue				м м 07	1	05		2019	Y
	City Zan hunkilla	State FL	Zip Code					1319367		
	Zephyrhills	"	33540-1380		Amount	: of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	C			Ľ.		-		85.0	0
	Name of Employer (for Individual) The Canadian Medstore	Occi Brol	upation (for Individual) ker		Me	emo	tem			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		720.00	1						
C.	Full Name of Individual (Last, First, Middle Init Gussin, Craig, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 701 Palomar Airport Road #26				^M 07	1	D 05		2019 [°]	Ŷ
	City Carlsbad	State CA	Zip Code 92011-1047					1319367 Receipt th	78 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	9	100.0	0
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occu Brok	upation (for Individual) er		Me	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			, ,	9	197.0	0
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Shepard-Hall, Julie, A., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3913 N. Post St			07 05 2019
City Spokane	State WA	Zip Code 99205-1149	Transaction ID : 13193681 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Integrity Insurance Solutions, LLC	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Middle Allumbaugh, Joel, C., , Mailing Address 6 E. Chestnut St., Suite 52		rganization Name	Date of Receipt
City	State	Zip Code	07 05 2019 Transaction ID : 13193682
Augusta	ME	04330-5759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) National Worksite Benefit Group	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Middle C. Whaley, Cynthia, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 408 N. Washington Street Suite A			07 / D D / Y Y Y Y Y 05 / 2019
City Easton	State MD	Zip Code 21601-3704	Transaction ID : 13193683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			90.00

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			for each category of the Detailed Summary Page		4 11a		11b	11c	12				
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N /	AME OF COMMITTEE (In Full)												
	lealth Underwriters Political Acti	on Com	mittee										
	ull Name of Individual (Last, First, Middle Initia Rianhard, Dane, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
M	lailing Address 1 E. Pratt St., Unit 902				м м 07	/	05		2019	Y			
	ity Saltimore	State MD	Zip Code 21202-1193					: 1319368 Receipt th	34 nis Period				
	EC ID number of contributing deral political committee.	С			<u> </u>				85.	00			
Т	ame of Employer (for Individual) riBridge Partners, LLC	Occu Brok	upation (for Individual) ser		Me	emo	o Item						
H	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]									
	ull Name of Individual (Last, First, Middle Initia Michaels, Norman, Joseph, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
_	ailing Address 75 NO CENTREAL AVE				м м 07	1	D 05		у у 2019	Y			
	ity Imsford	State NY	Zip Code 10523	Transaction ID : 13193685 Amount of Each Receipt this Period									
F	EC ID number of contributing deral political committee.	С				. 01			30.0	00			
	ame of Employer (for Individual) ristate Pay	Occi Brol	upation (for Individual) ker		Me	emo	o Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
	ull Name of Individual (Last, First, Middle Initia Henning, Kristy, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
_	lailing Address 806B A Street				07	1	05		2019	Y			
	ity Springfield	State OR	Zip Code 97477-4771					: 1319368 Receipt th	86 nis Period				
	EC ID number of contributing deral political committee.	С			Ē		y	. ,	30.	00			
Т	ame of Employer (for Individual) he Insurance Place	Occu Ager	upation (for Individual) nt		M	emo	o Item						
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]									
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	y information copied from such Reports and S for commercial purposes, other than using the					or the		ро	se of :	solicitin		ntribut	ions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee												
Α.	Full Name of Individual (Last, First, Middle Ini Eberley, R. Michael, , , Mailing Address 1296 Sinnissippi Park Rd.	tial) or Full C	Drga	nization Name		Date of	f Re	ece	•							
						м м 07	<i>'</i>	L	05	/ Y		019	Ŷ			
	City Sterling	State IL		Zip Code 61081-4125						31936	-					
	FEC ID number of contributing federal political committee.	С				Amoun	t of	Ea	ach Re	eceipt tl		42.0	0			
	Name of Employer (for Individual) Self Employed	Occ Brol	•	tion (for Individual)		M	emc	o It	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 294.00	1											
В.	Full Name of Individual (Last, First, Middle Ini Sweatt, Shelly, , ,	tial) or Full C	Drga	nization Name		Date of	f Re	ece	eipt							
	Mailing Address 14 Commerce Road					M M 07	1	l	D D 05	/ Y)19	Y			
	City Newtown	State CT		Zip Code 06470-1607						319368) e vi e el				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer (for Individual) TR Paul, Inc.	Occ Bro	•	tion (for Individual)		M	emc	o It	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00	1											
С.	Full Name of Individual (Last, First, Middle Ini DeBruin, Teresa, F., ,	tial) or Full C	Drga	nization Name		Date of	f Re	ece	eipt							
	Mailing Address 45 Technology Pkwy South Suite 225					м м 07	1	l	D D D 06	/ Y)19 [°]	Y			
	City Peachtree Corners	State GA		Zip Code 30092-3456						131941 eceipt tl		Poriod				
	FEC ID number of contributing federal political committee.	С						1		, see pt ti		50.0	0			
	Name of Employer (for Individual) DeBruin Benefit Services, Inc.	Occ Brok	•	tion (for Individual)		М	emo	o li	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 350.00]											
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				Detailed Summary Page	×	11a		1	I1b	-	11c	12	
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	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	imi	ttee									
Α.	Full Name of Individual (Last, First, Middle Initia Sklar, Erika, , ,	al) or Full O	rgar	nization Name		Date o	f Re	ec	eipt				
	Mailing Address 1415 Walton Blvd					м м 07	/	′	D D 06	1	/ Y) 19	Y
	City Rochester Hills	State MI		Zip Code 48309-1775					n ID : ach R	-		eriod	
	FEC ID number of contributing federal political committee.	С	_					,			-	63.0	0
	Name of Employer (for Individual) The Crawford Insurance Group	Occi Brol	•	ion (for Individual)		M	lemo	οI	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 741.00									
	Full Name of Individual (Last, First, Middle Initia Niederman, Tammy, Lyn, ,	al) or Full O	rgar	nization Name		Date o	f Re	ec	eipt				
	Mailing Address 10042 Silver Maple Circle					м м 07	/		D D 06	1	/ Y) 19	Y
	City Highlands Ranch	State CO		Zip Code 80129-5420					n ID : ach R			eriod	
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	Name of Employer (for Individual) Niederman Insurance Agency	Occ Bro	•	tion (for Individual)		M	lemo	o I	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 216.00									
	Full Name of Individual (Last, First, Middle Initia Webb, Charles, A., ,	al) or Full O	rgar	nization Name		Date o	f Re	ec	eipt				
	Mailing Address 2670 Electric Rd	1				^M 07	/	'	D D 06	1	/ Y)19 [°]	Y
	City Roanoke	State VA		Zip Code 24018-3511					ach R			eriod	
	FEC ID number of contributing federal political committee.	С	_					,			9	250.0	0
	Name of Employer (for Individual) Innovative Insurance Group	Brok	ker	ion (for Individual)		N	lemo	0	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 1850.00									
s	JBTOTAL of Receipts This Page (optional)			•				,			9	355.0	0
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		for each category of the Detailed Summary Page	▲ 11a ↓ 11b ↓ 11c ↓ 12										
			13 14 15 16 person for the purpose of soliciting contributions										
		ddress of any political committee	e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Health Underwriters	Full) s Political Action Com	mittee											
Full Name of Individual (Las A. Whitfield, Pamela, A., ,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 341 W. Tuc			07 / D D / Y Y Y Y 06 / 2019										
City Anchorage	State AK	Zip Code 99503-6648	Transaction ID : 13194164 Amount of Each Receipt this Period										
FEC ID number of contribut federal political committee.	ing C		30.00										
Name of Employer (for Indiv Elite-VB LLC	vidual) Occu Broł	upation (for Individual) ker	Memo Item										
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 220.00	1										
Full Name of Individual (Las B. Sokol, David, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 901 Wilshin Suite 330		- 1	07 06 / Y Y Y Y 07 06 2019										
City Troy	State MI	Zip Code 48084-5611	Transaction ID : 13194166 Amount of Each Receipt this Period										
FEC ID number of contribut federal political committee.	ing C		170.00										
Name of Employer (for Indiv Wilshire Benefits Group Inc	,	upation (for Individual) sident/CEO	Memo Item										
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 1190.00]										
Full Name of Individual (Las C. Odegard, James, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 21308 Johr Suite 102			07 / D D / Y Y Y Y 06 / 2019										
City Rogers	State MN	Zip Code 55374-4875	Transaction ID : 13194167 Amount of Each Receipt this Period										
FEC ID number of contribut federal political committee.	ing C		42.00										
Name of Employer (for Indiv Odegard Benefit Services, LI		upation (for Individual) ser	Memo Item										
Receipt For: Primary Gen Other (specify)		Year-to-Date ▼ 294.00]										
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				Detailed Summary Page	×	11a		11	1b	11c		12	
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r												
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmi	ttee									
Α.	Full Name of Individual (Last, First, Middle Initia White, Ryan, M., ,	al) or Full C)rgai	nization Name	[Date o	f Re	ece	ipt				
	Mailing Address 1910 E Kimberly Rd, Ste 316					м м 07	/	E	D D 06	1		019	Y
	City	State		Zip Code		Trans	act	ior	י ID : י	31941	72		
	Davenport	IA		52807-2033	A	Amoun	t of	Ea	ach Re	eceipt	this F	Period	
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	Name of Employer (for Individual) Acumen Benefit Advisors		•	tion (for Individual) Benefit Advisor		М	emo	o It	em				
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	Other (specify) ▼		-	210.00									
	Full Name of Individual (Last, First, Middle Initia Chubet, Julie, , ,	al) or Full C)rgai	nization Name		Date o	f Re	ece	ipt				
	Mailing Address 386 Main St.			_		м м 07	/	E	D D 07	/) 19	Y
	City	State		Zip Code		Trans	acti	ion	ID : 1	31941	77		
	Middletown	CT		06457-3360	A	Amoun	t of	Ea	ach Re	eceipt	this F	Period	
	FEC ID number of contributing federal political committee.	С						-				30.0	00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00									
	Full Name of Individual (Last, First, Middle Initia Sautter, Robert, E., ,	al) or Full C)rgai	nization Name	[Date o	f Re	ece	ipt				
	Mailing Address 36 South 400 West Suite 201					м м 07	/	l	07	/) 019	Y
	City	State		Zip Code		Trans	sact	tior	י ID : י	131941	79		
	Vineyard	UT		84058-5370	/	Amoun	t of	Ea	ach Re	eceipt	this F	Period	
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	y information copied from such Reports and S for commercial purposes, other than using the												
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	Health Underwriters Political Ac		imit										
Α.	Full Name of Individual (Last, First, Middle Ini Rome, Rebecca, , ,	tial) or Full C	Drgan	zation Name		Date of	Re	ceipt	t		_		_
	Mailing Address 115 Lessard St					м м 07	/		07	/ Y) 019	Y
	City	State		Zip Code		Trans	acti	ion II	D:1	319418	0		
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	Primary General	55 - 5											
	Other (specify)		-	210.00									
	Full Name of Individual (Last, First, Middle Ini Pendorf, Paul, , ,	tial) or Full C	Organ	zation Name		Date of	Re	ceipt	t				
	Mailing Address 31666 W. Nine Dr.					м м 07	/		07	/ Y)19	Y
	City	State		Zip Code		Trans	acti	on II	D : 13	319418	2	_	
	Laguna Niguel	CA		92677-2955		Amount						eriod	
	FEC ID number of contributing federal political committee.	С						7		-9	_	85.0	0
	Name of Employer (for Individual) Independent Financial Group LLC	Occ Age	•	on (for Individual)		Me	emo	lten	n				
	Receipt For:	Aggregate	Year	-to-Date 🔻									
	Primary General		-										
	Other (specify)		,	595.00	4								
	Full Name of Individual (Last, First, Middle Ini Bremer, Emily, Black, ,	tial) or Full C	Drgan	zation Name		Date of	Re	ceipt	t				
	Mailing Address 8000 Bonhomme Ave., # 213					07 ^M	/		07	/ Y)19	Y
	City	State		Zip Code		Trans	acti	ion I	D : 1	319418	5		
	Saint Louis	MO		63105-3515		Amount	of	Each	n Re	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С					_	y		y	_	63.0	00
	Name of Employer (for Individual)	Occ	upati	on (for Individual)	-	Me	emo	lten	n				
	The Bremer Group, LLC	Brok	•										
	Receipt For:	Aggregate	Year	-to-Date 🔻									
	Primary General			444.00									
	Other (specify)		- J -	441.00									
s	UBTOTAL of Receipts This Page (optional)			•••••				7	_	9	-	178.0	0
т	OTAL This Period (last page this line number	only)		••••••				_					

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

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TEMIZED RECEIPTS		Detailed Summary Page	×	11a		111	b	11c	12	
Anna information and the	-1 04-4			13		14		15	16	17
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle Enders, Shannon, J., ,	Initial) or Full O	rganization Name		Date of	Re	ecei	ipt			
Mailing Address 5797 Harvey Street - Suite	A			м м 07	1		D D D D 07	/ Y	y y 2019	Y
City	State	Zip Code		Trans	acti	ion	ID : 1	319418	8	
Norton Shores	MI	49444-6727	_	Amount	t of	Ead	ch Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-		-	85.0	00
Name of Employer (for Individual) Lakeshore Employee Benefits	Occi Brol	upation (for Individual) ker		M	emo	o Ite	em			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		340.00]							
Full Name of Individual (Last, First, Middle 3. Deru, Scott, E., ,	Initial) or Full O	rganization Name		Date of	Re	ecei	ipt			
Mailing Address PO Box 336				м м 07	/		07	/ Y	ү ү 2019	Y
City	State	Zip Code		Trans	acti	ion	ID : 13	319419	0	
Layton	UT	84041-0336							is Period	
FEC ID number of contributing federal political committee.	C					-		-7-	100.0	00
Name of Employer (for Individual) Fringe Benefits Analysts		upation (for Individual) sident		M	emo	o Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]							
Full Name of Individual (Last, First, Middle C. Torban, Eric, , ,	Initial) or Full O	rganization Name		Date of	Re	ecei	ipt			
Mailing Address 630 W Germantown PikeS	STE 215			м м 07	1		07	/ Y	y y 2019	Y
City	State	Zip Code						319419		
Plymouth Meeting	PA	19462-1069		Amount	t of	Ead	ch Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					y		y	30.	00
Name of Employer (for Individual) Emerson Reid & Co		upation (for Individual) er Relationship Manager		M	emc	o Ite	em			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			►			,		9	215.0	00

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PAGE 24 OF

	EWIZED RECEIPTS			Detailed Summary Page		×	11a		-	11	H		11c		12	
	y information copied from such Reports and Staten for commercial purposes, other than using the narr								rpo		e of					
<u></u>	NAME OF COMMITTEE (In Full)												. 5401			
/	Health Underwriters Political Action	n Com	۱m	Ittee												
Α.	Full Name of Individual (Last, First, Middle Initial) of Galardini, Richard, F., ,	or Full C)rga	anization Name		C	Date o	of R	ec	cei	pt					
	Mailing Address 7000 Stonewood Dr Suite 251 City	State		Zip Code			м п 07 Тгор		/	L	08		/ Y 319420	20)19	Y
	-	PA		15090-7376		A							ceipt th		eriod	
	FEC ID number of contributing federal political committee.		_							,	_	_	-	_	125.	00
	Name of Employer (for Individual) JRG Advisors, LLC		•	ation (for Individual) nan & CEO			N	1em	0	lte	m					
	Receipt For: Ag Primary General Other (specify) ▼	jgregate	Yea	ar-to-Date ▼ 875.00]											
В.	Full Name of Individual (Last, First, Middle Initial) of Balla, Donald, L., ,	or Full C	Drga	anization Name		C	Date o	of R	ec	cei	pt					
	Mailing Address 371 Steeplechase Drive					[м 07		/		08	2	/ Y		, 19	Y
	-	State PA		Zip Code 16066-2239					-				1 9420 ceipt th		eriod	
	FEC ID number of contributing federal political committee.		_			Į			-	,	_	_	-y	_	30.	00
	Name of Employer (for Individual) CHS Alera Group		cupa oker	ation (for Individual)			N	lem	0	lte	m					
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Yea	ar-to-Date ▼ 210.00]											
с.	Full Name of Individual (Last, First, Middle Initial) o Fusco, Joan, A., ,	or Full C	Drga	anization Name		C	Date o	of R	ec	cei	pt					
	Mailing Address 25B Hanover Rd., Suite 220					[[™] 07	Л	/	6	08		/ Y		19	Y
	,	State NJ		Zip Code 07932-1443		A							319420 ceipt th		eriod	
	FEC ID number of contributing federal political committee.		_			ļ			,	,	_	-	y	_	100.	00
	Name of Employer (for Individual) Savoy Associates	Occ Brol	•	ation (for Individual)			N	/lem	10	lte	÷m					
	Receipt For: Ag Primary General Other (specify)	gregate	Yea	ar-to-Date ▼ 400.00	1											
s	UBTOTAL of Receipts This Page (optional)				► '	[,		Ī	y		255.	00
Т	OTAL This Period (last page this line number only)				•							T	-			

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	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	soliciting	g contri	butio	ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Rice, Russell, Lee, ,	al) or Full O	rganization Name	E	Date of	Re	ceipt				
	Mailing Address 8830 Buckskin Dr				м м 07	/	D D D 08	/ Y	2019		1
	City Boerne	State TX	Zip Code 78006-5554	A				1319420 eceipt th		od	
	FEC ID number of contributing federal political committee.	С								35.00	
	Name of Employer (for Individual) AVESIS, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1220.00]							
в.	Full Name of Individual (Last, First, Middle Initia Matsushita, David, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 25B Hanover Road Suite 220				м м 07	/	D D 08	/ Y	2019]
	City Florham Park	State NJ	Zip Code 07932-1443					1319420	-	1	
	FEC ID number of contributing federal political committee.	C			Amount	ΟΓ		eceipt th		oa 50.00	
	Name of Employer (for Individual) Savoy Associates		upation (for Individual) ior Account Executive		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
с.	Full Name of Individual (Last, First, Middle Initian Shores, Thomas, E., ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 8596 W Bolsa Ct.			_ [м м 07	/	D D D 08		2019		
	City Boise	State ID	Zip Code 83709-5196	A				1319420 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					y 1	. <u>,</u>	4	12.00	
	Name of Employer (for Individual) T.A. Shores Inc.	Occu Brok	upation (for Individual) er		Me	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00]							
s	UBTOTAL of Receipts This Page (optional)						,	9	17	7.00	
т	OTAL This Period (last page this line number o	nly)						1.45		-	

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	у о	ne)	L		
11			for each category of the Detailed Summary Page	,	K 11a 13		11b 14	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Ini Theesfeld, Angela, A., ,	tial) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 403 Toyah Brk				07	1	08) / Y	ү ү 2019	Y
	City San Antonio	State TX	Zip Code 78258-2564					1319421 Receipt th		ł
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		42	.00
	Name of Employer (for Individual) Davidson Camp Insurance Services, LLC		upation (for Individual) ount Executive		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.00]						
в.	Full Name of Individual (Last, First, Middle Ini Deagle, Michael, P., ,	tial) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 935 National Parkway Suite 93550	Chata	Zin Oode		^M 07	/	08) / Y	2019	Y
	City Schaumburg	State IL	Zip Code 60173-5150				1319421 Receipt th		4	
	FEC ID number of contributing federal political committee.	С							166	_
	Name of Employer (for Individual) BenAxis Inc.	Occ Bro	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.69]						
<u></u> с.	Full Name of Individual (Last, First, Middle Ini Pendergraft, Ross, W., ,	tial) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300				07	1	08		2019 [°]	Y
	City Woodland Hills	State CA	Zip Code 91367-6476					1319421 Receipt th	-	k
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	85	.00
	Name of Employer (for Individual) Leavitt Group	Occi Brok	upation (for Individual) ker		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 770.00]						
s	UBTOTAL of Receipts This Page (optional)			•	[.		y	. ,	293	.67
т	OTAL This Period (last page this line number	only)		•				-		

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmittee	
Α.	Full Name of Individual (Last, First, Middle Initia Schwartz, Matt, B., ,	-	Organization Name	Date of Receipt
	Mailing Address 2950 Breckenridge Lane, Suite	State	Zip Code	07 08 2019 Transaction ID : 13194217
	Louisville	KY	40220-1462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Schwartz Insurance Group	Occi Broł	cupation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]
В.	Full Name of Individual (Last, First, Middle Initia Rose, Mark, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 11225 SE 6 Th St Suite 110			07 08 2019
	City Bellevue	State WA	Zip Code 98004-6478	Transaction ID : 13194225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) The Partners Group	Occ Bro	cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 1332 Hunters Hollow Court			07 08 2019
	City Eureka	State MO	Zip Code 63025-1051	Transaction ID : 13194235 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) Sonus Benefits	Occi Brok	cupation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			320.00
т	OTAL This Period (last page this line number or	nly)		

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	r R	Use separate schedule(s)	(check onl	y one)	L		
ITEMIZED RECEIPT	5	for each category of the Detailed Summary Page	X 11a	11b	11c	12	47
		Ay not be sold or used by any p ddress of any political committed					
\	-					I COMMILLE	. <u></u>
NAME OF COMMITTEE (Ir Health Underwriter	's Political Action Com	mittee					
A. Stephens, Michael, R.,		rganization Name	Date o	f Receipt			
Mailing Address 329 S Elm Suite 207	St		07	/ D D 08	/ Y	үүү 2019	Y
City Jenks	State OK	Zip Code 74037-3765		saction ID : ' t of Each Re			
FEC ID number of contribu federal political committee.	ting					250.0	0
Name of Employer (for Indi Tallgrass Benefits	vidual) Occu Brok	upation (for Individual) ker	M	emo Item			
Receipt For: Primary Ger Other (specify) ▼		Year-to-Date ▼ 450.00	1				
Full Name of Individual (La B. Stenger, Marilyn, A.,	st, First, Middle Initial) or Full O	rganization Name	Date o	f Receipt			
Mailing Address 8926 Crow	-		07	/ D D 08	/ Y	y y 2019	Y
City	State	Zip Code		action ID : 1			
Fort Myers	FL	33908-5627	Amoun	t of Each Re	eceipt thi	is Period	
FEC ID number of contribut federal political committee.	ting					300.6	5
Name of Employer (for Indi MVS Consulting	vidual) Occu Brol	upation (for Individual) ker	M	emo Item			
Receipt For:		Year-to-Date V					
Other (specify) ▼	leral	300.65]				
Full Name of Individual (La C. Bennett, James, , ,	st, First, Middle Initial) or Full O	rganization Name	Date o	f Receipt			
Mailing Address 106-2 St. P O Box 5	73		07	/ D D 08	/ Y	ү ү 2019	Y
City Frankfort	State KY	Zip Code 40601-5601		saction ID :			
FEC ID number of contribution federal political committee.	ting			. , .		365.0	0
Name of Employer (for Indi Bennett & Bays Insurance S		upation (for Individual) ker		lemo Item			
Receipt For: Primary Ger Other (specify)	neral Aggregate	Year-to-Date ▼ 365.00]				
SUBTOTAL of Receipts This	Page (optional)					915.6	5
TOTAL This Period (last page	e this line number only)				-		

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FOR LINE NUMBER:

PAGE 29 OF

ITEMIZED RECEIPT	e ·	Use separate schedule(s)	(check only one)
	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.
	<u> </u>		
NAME OF COMMITTEE (Ir Health Underwriter	's Political Action Com	mittee	
A. Renkar, Christopher, J.		organization Name	Date of Receipt
Mailing Address 8814 Farg Suite 125			07 09 / Y Y Y Y 2019
City Richmond	State VA	Zip Code 23229-4628	Transaction ID : 13194768 Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		30.00
Name of Employer (for Indi Independent Benefits LLC	vidual) Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 510.00]
Full Name of Individual (La Eserman, Clifton, W.	st, First, Middle Initial) or Full O	organization Name	Date of Receipt
Mailing Address 2435 N Div			07 09 / Y Y Y Y 2019
City Wilton Manors	State FL	Zip Code 33305-2239	Transaction ID : 13194769 Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		42.00
Name of Employer (for Ind Incompas Financal, Inc.		upation (for Individual) sident	Memo Item
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 294.00	1
	st, First, Middle Initial) or Full O		
c. Scholz, Paul, Josep			Date of Receipt
Mailing Address 17445 Arb Suite 310 City	or St	Zip Code	07 / 09 / 2019 Transaction ID : 13194771
Omaha	NE	68130-4645	Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		85.00
Name of Employer (for Indi OCI	vidual) Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary Ger Other (specify)	neral Aggregate	Year-to-Date ▼ 670.00	1
SUBTOTAL of Receipts This	Page (optional)		157.00
TOTAL This Period (last page	e this line number only)		

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	y or	ne)	L		
11			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c 15	12	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	person e to s	for the	purp ntrib	oose of	soliciting	g contribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Buffington, Tammy, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 3112 South 13th				м м 07	/	09) / Y	ү ү 2019	Y
	City Lincoln	State NE	Zip Code 68502-4514					1319477 leceipt th	2 iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>			і. 1. др.	85.	00
	Name of Employer (for Individual) A+ Brokerage	Occi Age	upation (for Individual) nt		M	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]						
в.	Full Name of Individual (Last, First, Middle Init Meredith, Griffin, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 550 S 5th St Unit 303				07	/	09	/ Y	ү ү 2019	Ŷ
	City Louisville	State KY					1319477 Receipt th	5 iis Period		
	FEC ID number of contributing federal political committee.	С							85.	00
	Name of Employer (for Individual) Commonwealth Insurance Partners	Occupation (for Individual) President			M	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00]						
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Snowden, Scott, D., ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 812 Lyndon Lane, Suite 101				07	/	09		2019	Ŷ
	City Louisville	State KY	Zip Code 40222-3844					1319477 leceipt th	'6 iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	30.	00
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occi Brok	upation (for Individual) xer		М	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]						
s	UBTOTAL of Receipts This Page (optional)			► '			,	. ,	200.	00
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED REGEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			13 14 15 16 1 person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ing the name and a		
Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mic Blomgren, Laura, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 935 National Parkway Suite 93550			07 09 / Y Y Y Y 2019
City Schaumburg	State IL	Zip Code 60173-5150	Transaction ID : 13194777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) BenAxis Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Mic B. Lindsay, Robert, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2560 Fairway Ct			07 09 2019
City Bettendorf	State IA	Zip Code 52722-6206	Transaction ID : 13194778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Arthur J. Gallagher & Company	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00]
Full Name of Individual (Last, First, Mic C. Rice, Lori, R., ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 23787 W Insterstate 10			07 09 / Y Y Y Y Y 2019
City San Antonio	State TX	Zip Code 78257	Transaction ID : 13194779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Frost Insurance Agency	Occ Brok	upation (for Individual) xer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1
SUBTOTAL of Receipts This Page (optio	nal)		145.00
TOTAL This Period (last page this line n	umber only)		

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)	L		
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	
	y information copied from such Reports and S for commercial purposes, other than using the									
or		name and a	doress of any political committe	e to so	DIICIT COL	מוזוו	utions	from suc	n committ	ee.
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Ini Haberman, Joshua, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 9301 Bryant Ave S Suite 105				м м 07	1	09	О / Y	2019	Y
	City Bloomington	State MN	Zip Code 55420-3473					1319478 Receipt th	32 nis Period	
	FEC ID number of contributing federal political committee.	С							85.0	00
	Name of Employer (for Individual) Alexander & Haberman	Occ Brol	upation (for Individual) ker		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	1						
в.	Full Name of Individual (Last, First, Middle Ini Sansevieri, Paul, F., ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address P O Box 641				м м 07	1	09		2019	Y
	City Corona Del Mar	State CA	Zip Code 92625-0641					1319478 Receipt tl	34 nis Period	
	FEC ID number of contributing federal political committee.	С				_	-		250.0	00
	Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occ Ow	upation (for Individual) ner		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]						
	Full Name of Individual (Last, First, Middle Ini Perry, Amy, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
•	Mailing Address 851 International Pkwy Suite 120				м м 07	1	09	J L	y y 2019	Y
	City Richardson	State TX	Zip Code 75081-2804					131947 Receipt th	86 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	5	30.0	00
	Name of Employer (for Individual) OneDigital		upation (for Individual) ior Account Manager		Me	emc	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1						
s	UBTOTAL of Receipts This Page (optional)			► _			, .	9	365.0	00
т	OTAL This Period (last page this line number	only)		•						

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

(check only one)

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ITEIMIZED RECEIFTS		Detailed Summary Page	×	11a		11b	11	c [12	
				13		14	15		16	17
Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mide A. Knight, Ronald David, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address PO Box 507				м м 07	1	D 10		Y	y y 2019	Y
City Carrollton	State GA	Zip Code 30112-0009				i on ID : Each F	-		5 s Perioc	
FEC ID number of contributing federal political committee.	С					-			85	.00
Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occ Brol	upation (for Individual) ker		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	N	Ionthly (Con	itributio	'n			
Full Name of Individual (Last, First, Mide B. Blanco, Jose, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 155 2nd Avenue, North Suite 201				м м 07	1	D 10		Y	y y 2019	Y
City Twin Falls	State ID	Zip Code 83301-6163		Trans Amount					s Perioc	
FEC ID number of contributing federal political committee.	С								30	.00
Name of Employer (for Individual) Aflac		upation (for Individual) Irance Agent		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
Full Name of Individual (Last, First, Mide C. O'Connell, Daniel, J., ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 5080 Spectrum Dr Suite 1200E				^M 07	1	D 10)		2019	Y
City Addison	State TX	Zip Code 75001-4625				ion ID Each F			7 s Perioc	t t
FEC ID number of contributing federal political committee.	С					,			85	.00
Name of Employer (for Individual) Next Level Insurance Agency		upation (for Individual) President		Me	emo	tem				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00								
SUBTOTAL of Receipts This Page (option	' al)		•			, .			200	.00
TOTAL This Period (last page this line nu	mber only)		•							

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FOR LINE NUMBER:

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		-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>					
			ay not be sold or used by any p ddress of any political committe												
	OMMITTEE (In Full)					TUTIC	Julions	ITOITI SUCI		ee.					
\	nderwriters Political	Action Com	mittee												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nigro, Samuel, , ,					Date of Receipt									
	Mailing Address 17117 Oak Drive Suite D						07 / D D / Y Y Y Y 10 2019								
City Omaha		State NE	Zip Code 68130-2193	A	Transaction ID : 13240588 Amount of Each Receipt this										
	ber of contributing al committee.	С		_		-		85.0	00						
Compass Be	Name of Employer (for Individual)Occupation (for Individual)Compass Benefit AdvisorsBroker					emo	ttem								
Receipt For: Primary Other (/ General specify) ▼	Aggregate	Year-to-Date ▼ 745.00]											
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McLaughlin, Kenneth, , ,						eceipt								
	Mailing Address 1001 Elm Street, Suite 301					07 / D D / Y Y Y Y 07 10 2019									
City Manchester		State NH	Zip Code 03101-1845					1324059							
FEC ID num	ber of contributing	C	A	mount	tot	Each F	Receipt th	nis Period 85.0	00						
Name of Em	Name of Employer (for Individual) Occupation (for Individual)					Memo Item									
Receipt For:	Diokei														
Primary Other (/ General specify) ▼		1												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelley, Dianne, M., ,					Re	eceipt								
	ailing Address 7320 N La Cholla Blvd. #154-219 ty State Zip Code					07 10 2019 Transaction ID : 13240592									
City Tucson		AZ	Zip Code 85741-2309	A				: 1324059 Receipt th							
	ber of contributing cal committee.	С				y	, , , , , , , , , , , , , , , , , , ,	63.0	00						
Sandbrook G	ployer (for Individual) roup		upation (for Individual) Broker		M	emo	o Item								
Receipt For: Primary Other (/ General specify)	Aggregate]												
SUBTOTAL of	Receipts This Page (optional))					y		233.0	00					
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17			Use separate schedule(s)	(check only one)												
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		Г	17					
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe address of any political committee	erson to s	for the	pur ntrib	pose of	f soliciting	g contr	ibutic	ns					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmittee													
Α.	Full Name of Individual (Last, First, Middle Initi Stock, Tiffany, , ,	al) or Full O) or Full Organization Name				Date of Receipt									
	Mailing Address 3111 C St. Suite 500					07 / D D / Y Y Y Y 07 10 2019										
	City Anchorage	State AK	Zip Code 99503-3973	Transaction ID : 13240594 Amount of Each Receipt this Pe						iod						
	FEC ID number of contributing federal political committee.	С					42)					
	ame of Employer (for Individual)Occupation (for Individual)ISQ ConsultingBroker					emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	ggregate Year-to-Date ▼ 294.00													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davis, Todd, A., ,						eceipt									
	Mailing Address 4109 Bennedict LN						07 / D D / Y Y Y Y 07 10 2019									
	City Austin	State TX	Zip Code 78746-1920	Transaction ID : 13240597 Amount of Each Receipt this Per					iod							
	FEC ID number of contributing federal political committee.	ů l						30.00								
	Name of Employer (for Individual) Capital Insurance Managers, Inc	upation (for Individual) ker		M	emc	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00														
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lee, Kelli, , ,						eceipt									
	Mailing Address 510 L Street Suite 270 City State Zip Code					07 / 11 2019 Transaction ID : 13241122										
	Anchorage	AK	99501-1949					Receipt th		iod						
	FEC ID number of contributing federal political committee.			<u> </u>		,	9		30.00)						
	Name of Employer (for Individual) Moda Health	upation (for Individual) cutive Director		М	emo	o Item										
	Receipt For: Primary General Other (specify)	Aggregate														
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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)												
			for each category of the Detailed Summary Page		× 11a]11b	11c	12							
	ny information copied from such Reports and Si for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)	name anu a		e 10 5		TUTIC										
\rangle	Health Underwriters Political Ac	tion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brannon, William, J.,						Date of Receipt									
	Mailing Address 2 Terrace Way, Suite B						07 / D D / Y Y Y Y 2019									
	City Greensboro	State NC	Zip Code 27403-3663	Transaction ID : 13241126 Amount of Each Receipt this												
	FEC ID number of contributing federal political committee.	С		<u> </u>				30.0	00							
	Name of Employer (for Individual) Occupation (for Individual) Group US, Inc. Broker						ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	1													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Robert, L., ,						eceipt									
	Mailing Address 1644 Plank Rd						07 11 2019									
	City	State PA	Zip Code		Transaction ID : 13241128											
	Duncansville	PA	16635-8376	Amount of Each Receipt t					nis Period							
	FEC ID number of contributing federal political committee.	C		Ľ.		-		42.0	00							
	Name of Employer (for Individual) L.R. Webber Associates, Inc.		Me	emo	o Item											
	Receipt For:	Year-to-Date 🔻														
	Other (specify) ▼															
C.	Full Name of Individual (Last, First, Middle Init Kitts, Lawrence, L., ,	ial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 6500 City West Parkway Suite 100		07	/	D 11		2019 [°]	Y								
	City Eden Prairie	State MN	Zip Code 55344-7704		Transaction ID : 13241131 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					y	7	42.0	00						
	Name of Employer (for Individual) Horizon Agency	upation (for Individual) er		M	emo	o Item										
	Receipt For: Primary General Other (specify)	Aggregate]													
s	UBTOTAL of Receipts This Page (optional)			•			,	7	114.0	00						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
	for commercial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
Α.		tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 500 W. 36th Avenue Suite 300 City	State	Zip Code	07 / D D / Y Y Y Y 11 2019							
	Anchorage	AK	99503-5805	Transaction ID : 13241134 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Risq Consulting		upation (for Individual) Acct Mgr	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]							
в.	Full Name of Individual (Last, First, Middle Ini Gaunya, Mark, , ,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address One Griffin Brook Dr.	07 01 2019									
	City Methuen	State MA	Zip Code 01844-1865	Transaction ID : 13241148 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		1000.00							
	Name of Employer (for Individual) Borislow Insurance		upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
С.	Full Name of Individual (Last, First, Middle Ini Goldmann, Donald, W., ,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 8502 East Chapman Ave. Suite 168			07 / D D / Y Y Y Y 01 2019							
	City Orange	State CA	Zip Code 92869-2461	Transaction ID : 13241150 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		5000.00							
	Name of Employer (for Individual) Self-Employed Receipt For:	Reti		Memo Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]							
s	UBTOTAL of Receipts This Page (optional)			6042.00							
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11			for each category of the Detailed Summary Page	3	K 11a		11b	11c	12		
	y information copied from such Reports and St										
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	e to s	olicit cor	ntric	outions	from suc	n committ	ee.	
\rangle	Health Underwriters Political Act	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Ashmore, Elizabeth, , ,	ial) or Full O	rganization Name		Date of Receipt						
	Mailing Address 6102 82nd St, Bldg #6			07 11 2019							
	City Lubbock	State TX	Zip Code 79424-0803					132411 Receipt tl	51 his Period		
	FEC ID number of contributing federal political committee.	С		<u> </u>		-	1	50.0	00		
	Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1120.00]							
в.	Full Name of Individual (Last, First, Middle Initi Schrupp, Randall, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 226 Oak Park Village Drive						01		y y 2019	Y	
	City	State	Zip Code		Trans	acti	ion ID :	1324115	54		
	Wildwood	MO	63040-1414	_	Amount	t of	Each F	Receipt tl	his Period		
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) Schrupp Senior Services	Occ Bro	upation (for Individual) ker		Me	emo	tem				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		, 250.00]							
C.	Full Name of Individual (Last, First, Middle Initi Passe, Emma, M., ,	ial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 6984 SE Langwood St				^M 07	1	D 12		2019	Y	
	City Hillsboro	State OR	Zip Code 97123-6023					: 132456 Receipt tl	20 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	30.0	00	
	Name of Employer (for Individual) E Powered Benefits	Occu Brok		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00								
s	UBTOTAL of Receipts This Page (optional)			•	[.		<u>,</u>	. ,	180.0	00	
т	OTAL This Period (last page this line number of	only)		•				-			

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Any information copied from such F or for commercial purposes, other ti													
NAME OF COMMITTEE (In Full) Health Underwriters Pe	olitical Action Com	mittee											
Full Name of Individual (Last, Fir A. Van Nest, John, David, ,	st, Middle Initial) or Full O	rganization Name	Date	Date of Receipt									
Mailing Address 1777 Hamilton A Suite 1000	ve		M 07	07 12 2019									
City San Jose	State CA	Zip Code 95125-5416				1324562 Receipt th	24 nis Period						
FEC ID number of contributing federal political committee.	C			_	-y		42.0	00					
Name of Employer (for Individual Van Nest Ventures Inc) Occu Brok	upation (for Individual) ker	1	Vemo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.00]										
Full Name of Individual (Last, Fir B. Fairbairn, Nicole, , ,	st, Middle Initial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Address 8069 Little Circle	Road		07	07 / D D / Y Y Y Y 2019									
City Noblesville	State IN	Zip Code 46060-1071				1324563 Receipt th	nis Period	_					
FEC ID number of contributing federal political committee.	C	С			30.00								
Name of Employer (for Individua Creative Insurance Concepts Inc.	l) Occu Brol	upation (for Individual) ker	- -	Vlemo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]										
Full Name of Individual (Last, Fir C. Pierce, Mary, Jeannette		rganization Name	Date	of Re	eceipt								
Mailing Address 500 NE Multnon	1		M 07		D 12		2019 [°]	Y					
City Portland	State OR	Zip Code 97232-2031				: 1324563 Receipt th	32 nis Period						
FEC ID number of contributing federal political committee.	C			_	y .	7	49.0	00					
Kaiser Permanente A		upation (for Individual) ount Manager		Memo	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 393.00	1										
SUBTOTAL of Receipts This Page	(optional)				, .		121.0	00					
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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	/ or	ne)				
			for each category of the Detailed Summary Page		K 11a		11b	11c	12		
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)	name and a		eios	olicit cor		utions i	TOTT SUC	n commue	e.	
\rangle	Health Underwriters Political Ac	tion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Init Hutson, Stephen, Lawrence, ,	ial) or Full O	rganization Name		Date of Receipt						
	Mailing Address 13475 Danielson Street Suite 200				M M / D D / Y Y Y Y Y 07 12 2019						
	City Poway	State CA	Zip Code 92064-8858	_				1324563 leceipt th	is Period		
	FEC ID number of contributing federal political committee.	С							42.0	0	
	Name of Employer (for Individual) California Corporate Benefits Insuranc	Occi Dire		Me	∍mo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	1							
в.	Full Name of Individual (Last, First, Middle Init Riensche, Glen, E., ,	ial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 7501 O St Ste 104				м м 07	1	D D D 12	/ Y	y y 2019	Y	
	City Lincoln	State NE	Zip Code 68510-2485		Transaction ID : 13245636 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			30.00						
	Name of Employer (for Individual) RHD Financial		upation (for Individual) ancial Professional		Me	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
с.	Full Name of Individual (Last, First, Middle Init Whitehead, Lisa, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2720 E. Camelback Rd. Suite 275	State	Zin Oodo		07 ^M	'	12		2019	Ŷ	
	City Phoenix	AZ	Zip Code 85016-4341					1324563 leceipt th	nis Period		
	FEC ID number of contributing federal political committee.	С			Ē	_	,	, , , , , , , , , , , , , , , , , , ,	30.0	0	
	Name of Employer (for Individual) Wincline		upation (for Individual) loyee Benefits Advisor		Me	это	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1							
s	UBTOTAL of Receipts This Page (optional)			•		Ξ	, .	. ,	102.0	0	
Т	OTAL This Period (last page this line number of	only)		•	<u> </u>			1 40			

SCHEDULE A (FEC Form 3X) -

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IT F			Use separate schedule(s)	(ch	neck only	/ or	ne)				
116			for each category of the Detailed Summary Page		X 11a		11b	11c	12		
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)		duress of any political committee	e 10 S						ee.	
\	Health Underwriters Political Act	ion Com	mittee								
	Full Name of Individual (Last, First, Middle Initi Gertz, Josh, , ,	al) or Full O	rganization Name		Date of Receipt						
	Mailing Address 353 N Clark St				07 12 2019						
	City Chicago	State IL	Zip Code 60654-4704					1324564 Receipt th	10 nis Period		
	FEC ID number of contributing federal political committee.	С						85.0	00		
	Name of Employer (for Individual)		upation (for Individual) npliance Project Specialist		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	1							
	Full Name of Individual (Last, First, Middle Initi May, Robert, L., ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1416 East Main Suite A						12) / Y	y y 2019	Y	
	City Puyallup	State WA	Zip Code 98372-3170	Transaction ID : 13245641 Amount of Each Receipt this Peri							
	FEC ID number of contributing federal political committee.	С							30.0	00	
	Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	Occi Brol	upation (for Individual) ker		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		210.00	4							
С.	Full Name of Individual (Last, First, Middle Initi Johnson, David, S., ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 12138 Big Canoe				M M 07	/	D 12		2019 [°]	Y	
	City Big Canoe	State GA	Zip Code 30143-5157				-	132456	51 nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	100.0	00	
	Name of Employer (for Individual) David S. Johnson Insurance	Occu Brok	upation (for Individual) ser		Me	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1							
s	JBTOTAL of Receipts This Page (optional)			•			,		215.0	00	
т	OTAL This Period (last page this line number o	nly)		→							

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	3	K 11a		11b	11c	12			
	y information copied from such Reports and St											
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntric	outions	from suc	n committe	ee.		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Kiebler, John, , ,	ial) or Full O	rganization Name		Date of Receipt							
	Mailing Address 2530 Sir Barton Way, Suite 10	0			ү ү 2019	Y						
	City Lexington	State KY	Zip Code 40509-2745					1324706 Receipt th	53 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>				365.0	00		
	Name of Employer (for Individual) Humana	Occi Broł	upation (for Individual) ker		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]								
в.	Full Name of Individual (Last, First, Middle Initi Green, J. J., , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1219 W. 2nd St.								2019	Y		
	City	State NE	Zip Code					1324706				
	Grand Island		68801-5709	_	Amount	tof	Each F	Receipt th	nis Period			
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Primark, Inc.	Occ Bro	upation (for Individual) ker		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
С.	Full Name of Individual (Last, First, Middle Initi Buffum, Ronald, S., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 106 South Harris Street # 237				07 ^M	1	D 13		ү ү 2019	Y		
	City Round Rock	State TX	Zip Code 78664-6081					1324700 Receipt th	67 nis Period			
	FEC ID number of contributing federal political committee.	С			Ľ		y	. ,	42.0	00		
	Name of Employer (for Individual) The Buffum Group LLC	Occi Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00]								
s	JBTOTAL of Receipts This Page (optional)			•			, ,	· ,	437.0	00		
т	OTAL This Period (last page this line number of	only)		•								

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	/ or	ne)					
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose o	of solicitir	ng contrib	utions		
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Blakely, Russ, , ,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 246 E 11th Street Suite 302				07 13 / Y Y Y Y Y 2019							
	City Chattanooga	State TN	Zip Code 37402-4269					: 132470 Receipt 1	170 this Period	ł		
	FEC ID number of contributing federal political committee.	С							85	.00		
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occu Broł		M	əmc	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]								
в.	Full Name of Individual (Last, First, Middle Initi Daugherty, Cathy, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1122 East Lincoln Avenue Suite 203			м м 07	1	13		2019	Y			
	City Orange	State CA	Zip Code 92865-1908				-	: 132470 Beceint t	71 this Period	4		
	FEC ID number of contributing federal political committee.	C			85.00							
	Name of Employer (for Individual) Bridge Port Benefits	Occi Part	upation (for Individual) iner		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]								
	Full Name of Individual (Last, First, Middle Initi Schiebel, AI, C., ,	al) or Full O	rganization Name		Date of	Be	eceipt					
•.	Mailing Address 10 Glenlake Parkway North Tower, Suite 1050				M M 07	/	D 13		2019	Y		
	City Atlanta	State GA	Zip Code 30328-3495					: 132470 Receipt 1	072 this Period	d		
	FEC ID number of contributing federal political committee.	С			_:		y .		45	.00		
	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occu Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 365.00]									
⊢	UBTOTAL of Receipts This Page (optional)					_	9 	· · ·	215	.00		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and State for commercial purposes, other than using the nar			erson for the purpose of soliciting contributions							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comr	nittee								
Α.	Full Name of Individual (Last, First, Middle Initial) Sherrill, David, M., ,	or Full Or	ganization Name	Date of Receipt							
	Mailing Address 498 Palm Springs Dr, Suite 270	State	Zip Code	07 13 2019 Transaction ID : 13247074 Amount of Each Receipt this Period 30.00							
	Altamonte Springs	FL	32701-7805								
		С									
	Name of Employer (for Individual) Sherrill Insurance Brokerage	Occu Brok	pation (for Individual) er	Memo Item							
	Receipt For: A Primary General Other (specify) ▼ I	ggregate `	Year-to-Date ▼ 360.00								
В.	Full Name of Individual (Last, First, Middle Initial) Matznick, Michael, E., ,	or Full Or	ganization Name	Date of Receipt							
	Mailing Address 3150 N. Elm Street Suite 201			07 / D D / Y Y Y Y Y 2019							
	City Greensboro	State NC	Zip Code 27408-3840	Transaction ID : 13247075 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) EbenConcepts Company	Occu Brok	pation (for Individual) er	Memo Item							
	Receipt For: A Primary General Other (specify) ▼ I	ggregate `	Year-to-Date ▼ 294.00								
с.	Full Name of Individual (Last, First, Middle Initial) Evans, Joseph, M., ,	or Full Or	ganization Name	Date of Receipt							
	Mailing Address 4920 Pleasant St. Suite 3			07 / D D / Y Y Y Y 2019							
	City West Des Moines	State IA	Zip Code 50266-1702	Transaction ID : 13247078							
		C		Amount of Each Receipt this Period 42.00							
	Name of Employer (for Individual) Colonial Life	Occu Broke	pation (for Individual) er	Memo Item							
	Receipt For: A Primary General Other (specify)	Year-to-Date ▼ 294.00									
s	UBTOTAL of Receipts This Page (optional)			114.00							
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	rmation copied from such Reports and mmercial purposes, other than using				for the		pose of	soliciting	g contribu	tions		
· · · · · · · · · · · · · · · · · · ·	E OF COMMITTEE (In Full)											
	alth Underwriters Political A	Action Com	mittee									
A. Asz	lame of Individual (Last, First, Middle klar, Paul, , ,	Initial) or Full O	rganization Name		Date of Receipt							
Mailin	g Address 67 Walnut Avenue Suite 304				07 13 / Y Y Y Y 2019							
City Clark	ζ.	State NJ	Zip Code 07066-1640					1324708 Receipt th	81 nis Period			
	ID number of contributing al political committee.	С			<u> </u>		-	1.95	30.			
Kistle	e of Employer (for Individual) r Tiffany Benefits	Occi Broł	upation (for Individual) ker		M	emo	tem					
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1								
	lame of Individual (Last, First, Middle roeder, Scott, R., ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt					
	g Address 300 East First Street P O Box 327	Otata	Zin Oode		м м 07	/	D D 13	/ Y	y y 2019	Y		
City Mech	anicsville	State	Zip Code 52306-0327					1324708	a nis Period			
FEC	ID number of contributing al political committee.	С							30.	_		
Name Schro	e of Employer (for Individual) eder & Associates		upation (for Individual) sident/Agent		M	emo	o Item					
Recei	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 310.00]								
	lame of Individual (Last, First, Middle e, Philip, W., ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt					
Mailin	g Address 935 Moraga Road Suite 240				07	/	D D D 14		y y 2019	Y		
City Lafay	vette	State CA	Zip Code 94549-4542					1324708 Receipt th	38 his Period			
	ID number of contributing al political committee.	С			<u> </u>		y	, y	30.	00		
BLIS	e of Employer (for Individual) Corp. dba Lee Health Insurance Se		upation (for Individual) sident		М	emo	o Item					
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1								
SUBTO	TAL of Receipts This Page (optional).						,	. ,	90.	00		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	L					
		for each category of the Detailed Summary Page	× 11a 11b	0 11c	12	17			
Any information copied from such Reports or for commercial purposes, other than us			erson for the purpose	e of soliciting	contributi	ions			
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee							
Full Name of Individual (Last, First, Mid A. Trevino, Terrie, L., ,	ddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1822 E Townline Way			07 14 Y Y Y Y 2019						
City Meridian	State ID	Zip Code 83646-6511	Transaction Amount of Eac						
FEC ID number of contributing federal political committee.	C				30.0	0			
Name of Employer (for Individual) PayneWest Insurance	Occ Brol	upation (for Individual) ker	Memo Ite	m					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00							
Full Name of Individual (Last, First, Mid B. Durand, Tina, , ,	ddle Initial) or Full C	rganization Name	Date of Receip	ot					
Mailing Address 4717 Gollihar Road			07 / D	14 Y	2019	Y			
City Corpus Christi	State TX	Zip Code 78411-1947	Transaction I Amount of Eac						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi	Occ Bro	upation (for Individual) ker	Memo Ite	m					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 344.00							
Full Name of Individual (Last, First, Mid C. Sherrod, Jeffrey, , ,	ddle Initial) or Full C	rganization Name	Date of Receip	ot					
Mailing Address 3810 Holly Ridge Drive			07 / D	14 / Y	үүү 2019	Ŷ			
City Longview	State TX	Zip Code 75605-2500	Transaction Amount of Eac						
FEC ID number of contributing federal political committee.				,	30.0	0			
Name of Employer (for Individual) United Healthcare Group	Occ Brok	upation (for Individual) ker	Memo Ite	m					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00							
SUBTOTAL of Receipts This Page (optic	nal)				102.0	0			
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ITEMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ıe)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	f solicit		contribu	tions		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Smith, Michael, David, ,	al) or Full Oi	rganization Name		Date of Receipt								
	Mailing Address 233 West Main Street				07 14 2019								
	City Lewisville	State TX	Zip Code 75057-3863					: 13247 Receipt		Period	_		
	FEC ID number of contributing federal political committee.	С					-			30.	00		
	Name of Employer (for Individual) The Brokerage, Inc.	Occu Brok	ipation (for Individual) er		M	emc	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 860.00										
	Full Name of Individual (Last, First, Middle Initia Webb, Amy, R., ,	al) or Full Oi	rganization Name		Data of	Bo	vooint						
	Mailing Address 7 E. Main Street Suite 200			Date of	ne	2001pt			y y 2019	Y			
	City Moorestown	State NJ	Zip Code 08057-3339		Transaction ID : 13247099 Amount of Each Receipt this Perio						_		
	FEC ID number of contributing federal political committee.	C					-			30.	00		
	Name of Employer (for Individual) Saratoga Benefit Services, LLC.	Occu Brok	upation (for Individual) ker		M	emc	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
	Full Name of Individual (Last, First, Middle Initia Castellani, Lorelei, G., ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address PO Box 905				м м 07	1	D 14			2019	Y		
	City Branchville	State NJ	Zip Code 07826-0905					: 13247 Receipt		Period	_		
	FEC ID number of contributing federal political committee.	С					<u>,</u>			30.	00		
	Name of Employer (for Individual) Benefit Guidance Systems	Occupation (for Individual) Broker					tem Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00											
	UBTOTAL of Receipts This Page (optional)		r	-			, . , .	,	-	90.0)0		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mid Patton, Rhonda, L., ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address PO Box 751180	State	Zip Code	07 14 2019							
Petaluma	CA	94975-1180	Transaction ID : 13247106 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Patton & Spahr Insurance Services		upation (for Individual) Irance Agent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
Full Name of Individual (Last, First, Mid B. Jones, Cynthia, M., ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1918 Riverside Drive			07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City Los Angeles	State CA	Zip Code 90039-3705	Transaction ID : 13247109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Dickerson Employee Benefits		upation (for Individual) rketing Director	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
Full Name of Individual (Last, First, Mid C. Hain, Erica, R., ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address MC 32-20 100 North Academy Av			07 / D D / Y Y Y Y Y 2019							
City Danville	State PA	Zip Code 17822-0001	Transaction ID : 13247163							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Geisinger Health Plan		upation (for Individual) ior Director, Commercial Sales	Memo Item							
Receipt For:	I	Year-to-Date ▼	_							
Other (specify)		700.00	1							
SUBTOTAL of Receipts This Page (option	nal)		160.00							
TOTAL This Period (last page this line nu	imber only)									

SCHEDULE A (FEC Form 3X) -

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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ributio	ons
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Carter, Lori, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 27 Locksley Place				^M 07	/	D 15) / Y	, 201	9	
	City Forest	State VA	Zip Code 24551-4149					1324716 leceipt th		riod	_
	FEC ID number of contributing federal political committee.	С								42.00)
	Name of Employer (for Individual) Thompson - Brooks Insurance	Occu Brok	upation (for Individual) ser		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]							
в.	Full Name of Individual (Last, First, Middle Initia Manning, Richard, K., , Mailing Address 10315 Woodley Avenue, #131	al) or Full O	rganization Name		Date of	f Re	D D	/ Y		Y	
	City Granada Hills	State CA	Zip Code 91344-6953					1324716			
	FEC ID number of contributing federal political committee.	С			Amoun			leceipt th	-	85.00)
	Name of Employer (for Individual) Accessible Health Insurance Services.	Occu Broł	upation (for Individual) ker		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]							
с.	Full Name of Individual (Last, First, Middle Initia Easterling, Sy, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 213 Porter Ave				м м 07		15		2019		ſ
	City Biloxi	State MS	Zip Code 39530-2950					1324716 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,		30.00)
	Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur		upation (for Individual) President		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b 14	11c	12	17
	er than using the name and a	ay not be sold or used by any p ddress of any political committee	erson for the		pose of	soliciting	g contribu	tions
NAME OF COMMITTEE (In I Health Underwriters	Full) Political Action Com	mittee						
A. Rider, Susan, M., ,	, First, Middle Initial) or Full O	rganization Name	Date o		· · ·			
Mailing Address 803 Touralo	sa Dr	Zip Code	07		15		2019	Ŷ
Westfield	IN	46074-7303				1324717 Receipt th	is Period	
FEC ID number of contributir federal political committee.	ng C			_	-		63.	_
Name of Employer (for Indivi Gregory & Appel Insurance	dual) Occu Brok	upation (for Individual) ker		lemo	tem			
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 441.00	1					
Full Name of Individual (Last B. Skinner, Douglas, , ,	, First, Middle Initial) or Full O	rganization Name	Date c	of Re	eceipt			
Mailing Address PO Box 127	7		M N 07	/	D 15	/ Y	y y 2019	Y
City Bloomington	State IN	Zip Code 47402-1277				1325775 Receipt th	1 his Period	_
FEC ID number of contributir federal political committee.	C			_		- 	30.	00
Name of Employer (for Indivi Hoosier Dental Plans	idual) Occi Brol	upation (for Individual) ker	N	lemo	o Item			
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 210.00]					
Full Name of Individual (Last C. Banchy, Kate, , ,	, First, Middle Initial) or Full O	rganization Name	Date c	of Re	eceipt			
Mailing Address 4233 Southt	owne Drive		M N 07	/	D 16		2019 [°]	Y
City Eau Claire	State WI	Zip Code 54701-2652				1325798 Receipt th	34 nis Period	
FEC ID number of contributir federal political committee.	ng C			-	y	. ,	42.	
Name of Employer (for Indivi Spectrum Insurance Group	dual) Occu Brok	upation (for Individual) er		lemc	o Item			
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 336.00]					
SUBTOTAL of Receipts This P	'age (optional)				,	,	135.0	00
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		Detailed Summary Page	×	11a 13		11b		11c 15	12	17
Any information copied from such Reports a or for commercial purposes, other than usin				or the		pose		oliciting	g contribut	tions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
A. Full Name of Individual (Last, First, Midd Hynes, Bernard, J., , Mailing Address 3200 N. Central Ave. Suite 1170 City Phoenix	lle Initial) or Full C State AZ	Zip Code 85012-2419			/ acti	ion II	16 D:1	325798	2019 26 nis Period	Y
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Hynes Benefits Consulting, LLC Receipt For:	Prin	upation (for Individual) cipal Year-to-Date ▼ 210.00		Me	emo) Item	n	-9	30.	00
Full Name of Individual (Last, First, Midd B. Sullivan, Audra, I., , Mailing Address 1201 N Watson Rd Ste 287 City Arlington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Vogue Insurance Agency, LLC Receipt For: Primary General Other (specify) ▼	State TX C Occ Bro	Zip Code 76006-6222 upation (for Individual)		Amount	of	ion IC	16 D : 1 : n Re	325798	2019 9 nis Period 42.0	_
Full Name of Individual (Last, First, Midd C. Guzman, Wayne, , , Mailing Address 8608 Utica Ave, Suite 22 City Rancho Cucamonga FEC ID number of contributing federal political committee. Name of Employer (for Individual) Goosehead Insurance Receipt For: Primary General Other (specify)	20WG State CA C Brok	Zip Code 91730-4877 upation (for Individual)		Amount	/ acti of	l I	16 D : 1 n Re	325799	2019 04 iis Period 30.0	
SUBTOTAL of Receipts This Page (optionation)	,					J		,	102.0	00

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	າຫ	ittee												
Α.	Full Name of Individual (Last, First, Middle Initial) Huss, Janine, D., ,	or Full C	Drga	anization Name		_	ate c		ec							
	Mailing Address 108 CANTINA PL 	State		Zip Code		L	07 Tran		tio	L	16 ID:		[/] 325800	20	019	Y
	SAINT JOHNS	FL		32259-8016	_	A	mour	nt of	E	Ead	ch F	{ec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С	_			l			-,	,		_	-97-	_	30.	00
	Name of Employer (for Individual) MZQ Consulting, LLC		•	ation (for Individual) es Executive		[N	lemo	0	lte	÷m					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Ye	ar-to-Date ▼ 210.00												
	Full Name of Individual (Last, First, Middle Initial) Owens, David, Patrick, ,	or Full C	Drga	anization Name		D	ate c	of Re	ec	eij	pt					
	Mailing Address 101 Eisenhower Parkway Second Floor			1		l	м 07	/	′		16		/ Y	ү 20) 19	Y
	City Roseland	State NJ		Zip Code 07068-1032								-	258002 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С	_			ļ			-,	,	_	_	-9	_	85.	00
	Name of Employer (for Individual) E.B. Cohen & Co., Inc.		cupa ncip	ation (for Individual) pal			Ν	lemo	0	lte	ŧm					
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Ye:	ar-to-Date ▼ 595.00												
	Full Name of Individual (Last, First, Middle Initial) Biers, Danielle, , ,	or Full C	Drga	anization Name		D	ate c	of Re	ec	eij	pt					
	Mailing Address 3800 N. Central Ave., 9th Floor					l	[™] 07	1	′		16		/ Y)19 [°]	Y
	City Phoenix	State AZ		Zip Code 85012-1979									325800 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С	_				mou		,	-a			J.		30.	_
	Name of Employer (for Individual) Black, Gould & Associates			ation (for Individual) nt Executive			N	1em	0	lte	m					
	Receipt For: A Primary General Other (specify)	ggregate	Ye	ar-to-Date ▼ 210.00												
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Wallace, Keith, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1400 Broadway				07	/	D 16		2019	Ŷ
	City Bellingham	State WA	Zip Code 98225-3036					1325800 Receipt th)8 his Period	
	FEC ID number of contributing federal political committee.	С							250.	.00
	Name of Employer (for Individual) Wallace-Rice Benefits, LLC	Occu Brok	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00]						
в.	Full Name of Individual (Last, First, Middle Initia Shears, Debra, S., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 2961 Centerville Road Suite 300				м м 07	1	D 16		2019	Y
	City Wilmington	State DE	Zip Code 19808-1671				-	1325801 Receipt th	0 nis Period	1
	FEC ID number of contributing federal political committee.	С							30.	_
	Name of Employer (for Individual) Weiner Benefits Group	Occi Part	upation (for Individual) iner		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
С.	Full Name of Individual (Last, First, Middle Initia Douglas, James, F., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 17322 Whetmore Lane				^M 07	/	D 16		2019	Y
	City Huntington Beach	State CA	Zip Code 92647-5600					: 1325801 Receipt th	12 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	- 9	35.	.00
	Name of Employer (for Individual) Health Sync Insurance		upation (for Individual) President Employee Benefits		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			, .		315.	00
т	OTAL This Period (last page this line number o	nly)		•				-		

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Health Underwriters Political Act			
Full Name of Individual (Last, First, Middle Init Ramsay, Robert, Gene, , Mailing Address 1836 Harrison Drive	ial) or Full C	rganization Name	Date of Receipt
City	State	Zip Code	07 17 2019 Transaction ID : 13258280
Gardendale	AL	35071-3468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Your Benefits Advisor		upation (for Individual) efits Advisor	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle Init B. Tompkins, Daniel, R., ,	ial) or Full C	rganization Name	Date of Receipt
Mailing Address 1720 Windward Concourse Suite 290			07 / D D / Y Y Y Y 17 2019
City Alpharetta	State GA	Zip Code 30005-2291	Transaction ID : 13258282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Admin America, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 645.00	
Full Name of Individual (Last, First, Middle Init C. Wolfe, Rosanne, , ,	ial) or Full C	rganization Name	Date of Receipt
Mailing Address PO Box 17236			07 / D D / Y Y Y Y 17 2019
City Tucson	State AZ	Zip Code 85731-7236	Transaction ID : 13258285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	
SUBTOTAL of Receipts This Page (optional)			145.00
TOTAL This Period (last page this line number of			

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	EIVIZED RECEIF 15			Detailed Summary Page	×	11a		1	1b	110	; [12	
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	y information copied from such Reports and for commercial purposes, other than using th												
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmi	ttee									
A.	Full Name of Individual (Last, First, Middle Ir Bailey, Andrea, , ,	nitial) or Full C	Drga	nization Name		Date of	Re	ece	eipt				
	Mailing Address 3800 N. Central 9th Floor					^M 07	1	l	D D 17	1	Y	y y 2019	Y
	City Phoenix	State AZ		Zip Code 85012-1979		Trans Amount			n ID : ' ach Re			Period	
	FEC ID number of contributing federal political committee.	С						,		,		30.	00
	Name of Employer (for Individual) Black, Gould & Associates		upa side	tion (for Individual) nt		M	emo	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 360.00									
В.	Full Name of Individual (Last, First, Middle Ir Dalrymple, Eric, Douglas, ,	nitial) or Full C	Drga	nization Name		Date of	Re	ece	eipt				
	Mailing Address 1402 Pankratz Street, Ste 10					^M 07	1	l	D D 17	/	Y	y y 2019	Y
	City Madison	State WI		Zip Code 53704-4046		Trans Amount						Period	
	FEC ID number of contributing federal political committee.	С						,				30.	00
	Name of Employer (for Individual) Vista Benefits		•	tion (for Individual) Owner		M	emo	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00									
с.	Full Name of Individual (Last, First, Middle Ir Brody, Andrea, , ,	iitial) or Full C	Drga	nization Name		Date of	Re	ece	eipt				
	Mailing Address 6018 E Lowden Rd.					^M 07	1	l	D D 18	/		y y 2019	Y
	City Cave Creek	State AZ		Zip Code 85331-3004		Trans Amount			n ID : ach Re			Period	
	FEC ID number of contributing federal political committee.	C						,		. ,		38.	00
	Name of Employer (for Individual) RXBenefits		•	tion (for Individual) esident of Business Developme	en	M	emc	o l	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 218.00									
s	UBTOTAL of Receipts This Page (optional)			•	-			y		,		98.	00
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	/ information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	tions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Buechler, Anthony, C, ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 1203 Colonial Circle				^M 07	1	D 18) / Y	y y 2019	Y
	City Papillion	State NE	Zip Code 68046-6109					1325899 Receipt th	1 nis Period	
	FEC ID number of contributing federal political committee.	С					-		30.	00
	Name of Employer (for Individual) Buechler Insurance Services	Occu Brok	upation (for Individual) ser		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
	Full Name of Individual (Last, First, Middle Initia Cogdill, Barry, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 4710 4th Street Ste. 300				м м 07	1	D 18		2019	Y
	City La Mesa	State CA	Zip Code 91941-5384				-	1325899 Receipt th	2 nis Period	
	FEC ID number of contributing federal political committee.	С					-		30.	00
	Name of Employer (for Individual) Business Choice Insurance Services		upation (for Individual) sident		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
	Full Name of Individual (Last, First, Middle Initia Scott, Nicole, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6200 Northwest Pkwy				07 ^M	/	D 18		2019	Y
	City San Antonio	State TX	Zip Code 78249-3348					1325899 Receipt th	95 nis Period	
	FEC ID number of contributing federal political committee.	C			<u> </u>		y	- y	30.	00
	Name of Employer (for Individual) United Healthcare	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]						
SI	JBTOTAL of Receipts This Page (optional)			▶ _			9	,	90.	00
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mi Griffey, Don, R., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 56294 Prim Rose Circ	le		07 18 2019
City Elkhart	State IN	Zip Code 46516-1509	Transaction ID : 13258996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Hailey-Campbell, Inc	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]
Full Name of Individual (Last, First, Mi B. Rose, Vincent, J., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 620 South Lake Street			07 18 / Y Y Y Y 07 18 2019
City Marquette	State MI	Zip Code 49855-5150	Transaction ID : 13258997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) 44North	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Mi C. Samuels, Cindy, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8430 W Lake Mead #			07 / D D / Y Y Y Y Y 07 18 2019
City Las Vegas	State NV	Zip Code 89128-7674	Transaction ID : 13259003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Insurance Concepts of Nevada	Occi Age	upation (for Individual) nt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]
SUBTOTAL of Receipts This Page (optic	onal)		155.00
TOTAL This Period (last page this line r	umber only)		

SCHEDULE A (FEC Form 3X) DEAEIDTA

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any ng the name and address of any political committe	
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Committee	
Full Name of Individual (Last, First, Mide Brooks, Mark, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 10876		07 19 / Y Y Y Y 2019
City Lynchburg	StateZip CodeVA24506-0876	Transaction ID : 13259426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Personal Design Financial Services, In Receipt For:	Occupation (for Individual) Broker Aggregate Year-to-Date ▼	Memo Item
Other (specify) ▼	210.00]
Full Name of Individual (Last, First, Mide B. Ward, Michael, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3219 E. Camelback Roa #569		07 19 / Y Y Y Y 2019
City Phoenix	StateZip CodeAZ85018-2307	Transaction ID : 13259427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual) Emerging Benefits Consultants, LLC	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00]
Full Name of Individual (Last, First, Mide C. Stewart, Rachel, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1119 E Blackhawk Dr		07 ^D ^D ²⁰¹⁹ 2019
City Phoenix	StateZip CodeAZ85024-4178	Transaction ID : 13259428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) RS Assurance Receipt For:	Occupation (for Individual) Agent	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (option	' al)	▶ 102.00
TOTAL This Period (last page this line nu	mber only)	

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FOR LINE NUMBER:

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×] 11a	ı [111	b	11c		12	
						13			14		15		16	17
or	y information copied from such Reports and Staten for commercial purposes, other than using the name													
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Com	۱mi	ittee										
Α.	Full Name of Individual (Last, First, Middle Initial) of Denz, Stephanie, , ,	or Full C)rga	nization Name	1	Date	of	Re	ceij	pt				
	Mailing Address 1100 Wild Ginger Lane					[™] 07		/	Ľ	19	/	Y	y y 2019	Y
	-	State FL		Zip Code 32003-3224					-		3259	-		
			_	32003-3224	 . /	Amoi	unt	of	Ead	ch Re	eceipt	this	Perio	t
	FEC ID number of contributing federal political committee.		_						-	_			85	.00
	Name of Employer (for Individual) Aetna		•	tion (for Individual) ng Director			Me	mo	lte	m				
		ggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		-	595.00										
	Full Name of Individual (Last, First, Middle Initial) o Powell, Rita, H., ,	or Full C)rga	nization Name	1	Date	of	Re	ceij	pt				
	Mailing Address 3342 Greystone Way					[™] 07		/		19	/	Y	y y 2019	Y
	City	State		Zip Code		Tra	nsa	cti	on	ID : 1	3259	434		
	Valdosta	GA		31605-1096	4	Amoi	unt	of	Ead	ch Re	eceipt	this	Perio	b
	FEC ID number of contributing federal political committee.								,	_			63	.00
	Name of Employer (for Individual) H&H Insurance Solutions, Inc.		cupa oker	tion (for Individual)			Me	mo	Ite	m				
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 441.00										
	Full Name of Individual (Last, First, Middle Initial) o Carnall, Donna, , ,	or Full C)rga	nization Name		Date	of	Re	cei	ot				
	Mailing Address 808 Waterpoint Ct W					[™] 0	М	1		19	/		y y 2019	Y
	5	State		Zip Code		Tra	nsa	acti	ion	ID : 1	13259	835		
	Granbury	ТХ		76048-4536		Amoi	unt	of	Ead	ch Re	eceipt	this	Perio	t
	FEC ID number of contributing federal political committee.	C	_						9	_	,		365	.00
	Name of Employer (for Individual) Self	Occ Brol	•	tion (for Individual)	-		Me	mo) Ite	эm				
	Receipt For: Ag Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 365.00										
	UBTOTAL of Receipts This Page (optional)								,	+		-	513	.00

Use separate schedule(s)

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	-	1a 3] 1 [,]	1b 4		11c 15	12	17
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	imi	ittee										
Α.	Full Name of Individual (Last, First, Middle Initial) Gadinas, Kathy, M., ,) or Full O	rga	nization Name		Da	te of	Re	ece	eipt				
	Mailing Address 16325 Boones Ferry Rd., #204	01-1-		The October			07 ^M	/	l	D 20)		2019	Y
	City Lake Oswego	State OR		Zip Code 97035-4297								325991		-1
	FEC ID number of contributing federal political committee.	C				- (11)	ount	UI	⊏a	acn f	-ie0		nis Perio 30	a).00
	Name of Employer (for Individual) Columbia Benefit Solutions	Occi Brol	•	tion (for Individual)			Me	emo	b It	tem				
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00										
	Full Name of Individual (Last, First, Middle Initial) Raymond, Garrin, Mitchell, ,) or Full O	rga	nization Name		Da	te of	Re	ece	eipt				
	Mailing Address 13201 N.W. Fwy. Suite 265						07	/	ľ	D 20		/ Y	2019	Y
	City Houston	State TX		Zip Code 77040-6165	A							325992 ceipt th	0 iis Perio	d
	FEC ID number of contributing federal political committee.	С					_		,			-9-	3().00
	Name of Employer (for Individual) Northwest General	Occ Bro		tion (for Individual)			Me	emo	b It	tem				
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 310,00										
	Full Name of Individual (Last, First, Middle Initial) Weirich, Lynn, , ,) or Full O)rga	nization Name		Da	te of	Re	ece	eipt				
	Mailing Address 500 N Loop 1604 E Ste 250						07 ^M	/	l	20)		2019	Y
	City San Antonio	State TX		Zip Code 78232-1240								325992	26 nis Perio	d
	FEC ID number of contributing federal political committee.	С	l				iount	U	,			,).00
	Name of Employer (for Individual) Business Financial Group	Occi Brok	•	tion (for Individual)			Me	emo	o li	tem				
	Receipt For: // Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 210.00										
s	UBTOTAL of Receipts This Page (optional)			•					,			9	90	0.00
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ITEMIZED RECEIPTS	2	Use separate schedule(s)	(check on	(check only one)								
	2	for each category of the Detailed Summary Page	X 11a		11b	11c	12	<u> </u>				
		A not be sold or used by any p address of any political committed		e purpo								
NAME OF COMMITTEE (In Health Underwriter:	Full) s Political Action Com	nmittee										
Full Name of Individual (Las A. Bartholomew, Rhonda,	st, First, Middle Initial) or Full C , ,	Organization Name	Date o	of Rece	eipt							
Mailing Address PO Box 50	99		M N 07	/	D D 20	/ Y	y y 2019	Y				
City Twin Falls	State ID	Zip Code 83303-5099				325992 eceipt th	7 is Period					
FEC ID number of contribut federal political committee.	ing					-9-	30.0	00				
Name of Employer (for Indix HUB International	,	upation (for Individual) oup Division Manager		/lemo l	ltem							
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 310.00]									
Full Name of Individual (Las B. Greene, Sean, C., ,	st, First, Middle Initial) or Full C	Organization Name	Date o	of Rece	eipt							
Mailing Address 6096 Innov	ation Way		07		D D 21	/ Y	y y 2019	Y				
City Carlsbad	State CA	Zip Code 92009-1741	Transaction ID : 13259931 Amount of Each Receipt this Period									
FEC ID number of contribut federal political committee.	FEC ID number of contributing federal political committee.					30.00						
Name of Employer (for Indiv Morrison Insurance Services	,	cupation (for Individual) ployee Benefit Specialist		/lemo l	ltem							
Receipt For: Primary Gen Other (specify) ▼	eral Aggregate]										
Full Name of Individual (Las c. _Johnson, Sandra, , ,	st, First, Middle Initial) or Full C	Organization Name	Date o	of Rece	eipt							
Mailing Address 12500 Net			07	M M / D D / Y Y Y Y Y								
City San Antonio	State TX	Zip Code 78249-3310				1325993 eceipt th	3 is Period					
FEC ID number of contribut federal political committee.	ing		9		,	30.0)0					
Name of Employer (for Indix Hairston, Johnson & Associa		upation (for Individual) ker	N	lemo I	ltem							
Receipt For: Primary Gen Other (specify)		Year-to-Date ▼ 290.00	1									
SUBTOTAL of Receipts This	Page (optional)					,	90.0	00				
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or	for commercial purposes, other than using the	name and a	doress of any political committe	e to s	olicit cor	ntrip	outions t	rom suc	n committe	e.			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Ini Combs, Susan, L., ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 234 Fifth Ave Ste 512				м м 07	1	D D D 21		2019	Y			
	City New York	State NY	Zip Code 10001-7607					1325993 leceipt th	34 his Period				
	FEC ID number of contributing federal political committee.	C							42.0	00			
	Name of Employer (for Individual) Combs & Company, LLC												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	1									
в.	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 3800 North Central Avenue 9th Floor City						07 / 21 / 2019 Transaction ID : 13259935						
	City Phoenix	State AZ	Zip Code 85012-1979										
	FEC ID number of contributing federal political committee.	C						ieceipt tr	nis Period 85.0	00			
	Name of Employer (for Individual) Black, Gould & Associates	al) Occupation (for Individual) Broker				emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]									
С.	Full Name of Individual (Last, First, Middle Ini McDermott, H., Luke, ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 883 West Baxter Drive				07	/	21) / Y	2019	Y			
	City South Jordan	State UT	Zip Code 84095-8506				-	1325993 leceipt th	37 nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		, ,	, ,	30.0	00			
	Name of Employer (for Individual) McDermott Company & Associates	Occupation (for Individual) Broker				emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]									
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	157.0	0			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11	H	11b	11c	12	17				
Any information copied from such Rep or for commercial purposes, other that			erson for	he p	urpose o	f soliciting	g contribu	tions				
NAME OF COMMITTEE (In Full)	r using the name and a	darees of any pointed commute		00110								
Health Underwriters Poli	tical Action Com	mittee										
Full Name of Individual (Last, First, Pittman, Joseph, E., ,	Middle Initial) or Full O	rganization Name	Date	e of F	Receipt							
Mailing Address P O Box 24133				07 21 2019								
City Omaha	State NE	Zip Code 68124-0133				: 1325993 Beceint th	38 nis Period					
EEC ID number of contributing								_				
federal political committee.	FEC ID number of contributing federal political committee.			_	-19- I		85.	00				
Name of Employer (for Individual) Creative Association Management	Occu Brok	ipation (for Individual) er		Mer	no Item							
Receipt For:												
Primary General		Year-to-Date ▼	1									
Other (specify) v		595.00										
Full Name of Individual (Last, First, B. Leavitt, Scott, A., ,	Middle Initial) or Full O	rganization Name	Date	e of F	Receipt							
Mailing Address 12988 W. Paint Dr.)7	/ 22		2019	Y				
City	State	Zip Code	Tra	ansad	tion ID	: 1325994	.3					
Boise	ID	83713-1947	Amo	ount d	of Each	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C	С				30.00						
Name of Employer (for Individual) Scott Leavitt Insurance							Memo Item					
Receipt For:												
Primary General	Aggregale	Year-to-Date ▼										
Other (specify)		210.00										
Full Name of Individual (Last, First, C. Burns, Patrick, , ,	Middle Initial) or Full O	rganization Name	Dat	e of F	Receipt							
Mailing Address 5653 Maxwelton R	oad		М)7	/ 22		2019	Y				
City	State	Zip Code	Tr	ansa	ction ID	: 1325994	16					
Oakland	CA	94618-2654	Amo	ount d	of Each	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C				, .		170.	00				
Name of Employer (for Individual) Burns Employee Benefits Insurance		ipation (for Individual) er		Mer	no Item							
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify)		1270.00										
SUBTOTAL of Receipts This Page (c	ptional)				,	,	285.0	00				
TOTAL This Period (last page this lin	e number only)					-						

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee							
Full Name of Individual (Last, First, Mid Cheney, Jessica, R., ,	ddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3033 N. Central Avenu Suite 810	1		07 / D D / Y Y Y Y 22 2019						
City Phoenix	State AZ	Zip Code 85012-2804	Transaction ID : 13259947 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Arcwood Consulting	Occ Age	upation (for Individual) Int	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, Mid B. Bergsma, Lori, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address Balanced Rock Insurar 643 Canyon Drive	07 22 2019								
City Twin Falls	State ID	Zip Code 83301-3014	Transaction ID : 13259948 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s l								
Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]						
Full Name of Individual (Last, First, Mic C. Cagliola, David, A., ,	ddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1550 Liberty Ridge Dri Suite 250		7. 0.4	07 / 22 / Y Y Y 2019						
City Chesterbrook	State PA	Zip Code 19087-5567	Transaction ID : 13259949 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) Simkiss & Block	Occ Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00]						
SUBTOTAL of Receipts This Page (option	nal)		150.00						
TOTAL This Period (last page this line n	umber only)								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
or	y information copied from such Reports and Staten for commercial purposes, other than using the nam			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comr	nittee							
Α.	Full Name of Individual (Last, First, Middle Initial) of Henry, Thomas, L., ,	or Full Or	r Full Organization Name Date of Receipt							
	Mailing Address 430 W NAPA ST. SUITE F	State	Zip Code	07 22 2019 Transaction ID : 13259950						
	-	CA	95476-6545	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			85.00						
	Name of Employer (for Individual) RealCare Insurance Marketing, Inc.	Occuj Broke	pation (for Individual) er	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	gregate Y	/ear-to-Date ▼ 595.00]						
	Full Name of Individual (Last, First, Middle Initial) o	or Full Or	ganization Name	Date of Receipt						
	Mailing Address 3724 Hearst Castle Way			07 / D D / Y Y Y Y 22 2019						
	3	State TX	Zip Code 75025-3719	Transaction ID : 13259951						
	FEC ID number of contributing			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Protect Plans	Occu Brok	pation (for Individual) er	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	gregate Y	/ear-to-Date ▼ 595.00]						
	Full Name of Individual (Last, First, Middle Initial) o Cunningham, Jerilyn, B., ,	or Full Or	ganization Name	Date of Receipt						
	Mailing Address 6570 N 130th Lane			07 22 2019						
	-	State AZ	Zip Code 85307-4506	Transaction ID : 13259953						
				Amount of Each Receipt this Period						
	Name of Employer (for Individual) Humana		pation (for Individual) ger of Engagement	Memo Item						
	Receipt For: Ag Primary General Other (specify)	gregate Y	/ear-to-Date ▼ 210.00]						
S	UBTOTAL of Receipts This Page (optional)		•••••	200.00						
т	OTAL This Period (last page this line number only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 66 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1				
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee					
Full Name of Individual (Last, First, Middl A. Boaz, Daniel, J., ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 5565 Roberts Drive Suite 100			07 22 2019				
City Atlanta	State GA	Zip Code 30338-3350	Transaction ID : 13259954 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) HealthLife Group, LLC	Memo Item						
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middl B. Lindstrom, Betty, J., ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address PO Box 4026	M M / D D / Y Y Y Y Y 07 22 2019						
City Felton	State CA	Zip Code 95018-0349	Transaction ID : 13259957 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů (
Name of Employer (for Individual) Lindstrom Insurance	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]				
Full Name of Individual (Last, First, Middl C. Wilson, Thomas, R., ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 701 Lamar			07 23 2019				
City Wichita Falls	State TX	Zip Code 76301-6824	Transaction ID : 13265841 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		170.00				
Name of Employer (for Individual) Boley Featherston Insurance Agency	Occi Brok	upation (for Individual) cer	Memo Item				
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1440.00]					
SUBTOTAL of Receipts This Page (optiona	l)		230.00				
TOTAL This Period (last page this line num	iber only)						

SCHEDULE A (FEC Form 3X) -----DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Health Underwriters Politi	cal Action Com	mittee							
Full Name of Individual (Last, First, M A. Kohlsdorf, Eric, , ,	/liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1501 Ingersoll Ave Suite 200			07 / D D / Y Y Y Y 23 / 2019						
City Des Moines	State IA	Zip Code 50309-3102	Transaction ID : 13265842 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) Prisma Strategies	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 670.00	1						
Full Name of Individual (Last, First, M B. Ackerman, Mark, K., ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3700 Forest Drive Suite 300	1-		07 / D D / Y Y Y Y Y 23 2019						
City Columbia	State SC	Zip Code 29204-4010	Transaction ID : 13265846 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ID number of contributing								
Name of Employer (for Individual) Insurance Management Group, Inc.	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]						
Full Name of Individual (Last, First, M C. Whang, Victor, , ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 33970 23 Mile Rd.		1	07 / D D / Y Y Y Y 23 / 2019						
City Chesterfield	State MI	Zip Code 48047-4005	Transaction ID : 13265847 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Insurance Warehouse	Insurance Warehouse Broker/Agent								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 410.00]						
SUBTOTAL of Receipts This Page (op	tional)		200.00						
TOTAL This Period (last page this line	number only)	·····]							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EIVILLED RECEIF 13			d Summary Page	×	11a] 11b	b	11c		12		
						13		14		15		16	17	
	y information copied from such Reports and s for commercial purposes, other than using the													
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
A.	Full Name of Individual (Last, First, Middle In Berger, Stephanie, , ,	iitial) or Full O	rganizatio	n Name		Date of	f Re	eceip	pt					
	Mailing Address 79 Daily Dr #276	I -	I		07 / D D / Y Y Y Y 23 2019									
	City Camarillo	State CA	Zip C 930	ode 10-5807		Transaction ID : 13265849 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00										
	Name of Employer (for Individual) Collaborative Insurance Solutions	Occi Brol	•	r Individual)		M	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	ate ▼ 280.00]									
в.	Full Name of Individual (Last, First, Middle In Blain, Bradford, H., ,		Date of	f Re	eceip	pt								
	Mailing Address 343 Waller Avenue Suite 101		State Zip Code					07 23 Y Y Y Y Y 2019						
	City Lexington	State KY		Trans Amount				326585 ceipt th	-	eriod				
	FEC ID number of contributing federal political committee.							-		-9-		30.0	0	
	Name of Employer (for Individual)Occupation (for Individual)Al Torstrick Insurance Agency, Inc.Broker							Memo Item						
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00													
C.	Full Name of Individual (Last, First, Middle In Hebert, Hedy, S., ,	itial) or Full O	rganizatio	n Name		Date of	f Re	eceip	pt					
	Mailing Address 390 Plaza Loop.					^M 07	Ŀ.		23		20)19 [°]	Y	
	City Bossier City	State LA	Zip C 711	code 11-4390		Trans Amount				326585 ceipt th		eriod		
	FEC ID number of contributing federal political committee.	С				85.00							0	
	Name of Employer (for Individual) Benefit Consulting Services							Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-D	ate ▼ 595.00	1									
	UBTOTAL of Receipts This Page (optional)			-	•			y	_	9	_	155.0	0	
1	OTAL This Period (last page this line number	oniy)		•••••••	•			-	-			1	_	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

IT.			Use separate schedule(s)	(ch	(check only one)						
11	EIVILED RECEIPIS		for each category of the Detailed Summary Page		× 11a		11b	11c	12		
	ny information copied from such Reports and for commercial purposes, other than using th										
<u>.</u>	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Health Underwriters Political A	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle Ir Heemskerk, Cornelis, A., ,	iitial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1901 Butterfield Road Suite 120				м м 07	/	23	/ Y	2019	Y	
	City Downers Grove	State IL	Zip Code 60515-7928					1326585 eceipt th	is Period		
	FEC ID number of contributing federal political committee.	C							20.0	00	
	Name of Employer (for Individual) Everlong Group Medical Captive Service		Me	əmc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	1							
В.	Full Name of Individual (Last, First, Middle Ir LaFay, Stacey, S., ,	iitial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 2444 East Hill Rd.						23	/ Y	2019	Y	
	City	State MI	Zip Code 48439-5098					1326585			
	Grand Blanc			Amount	of	Each R	eceipt th	nis Period			
	FEC ID number of contributing federal political committee.	С		Ľ.	_			110.0	0		
	Name of Employer (for Individual) Franklin Benefit Soutions						tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 835.00]							
С.	Full Name of Individual (Last, First, Middle Ir McClaskey, Barbara, A., ,	iitial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1965 Pine Street				м м 07	1	23		2019	Ŷ	
	City Redding	State CA	Zip Code 96001-1921				-	1326585 eceipt th	54 nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	42.0	0	
	Name of Employer (for Individual)Occupation (for Individual)Barbara McClaskey Insurance ServicesBroker						tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 344.00	1							
s	UBTOTAL of Receipts This Page (optional)						, ,	. ,	172.0	0	
т	OTAL This Period (last page this line number	only)		•			-				

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

(check only one)

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	EMIZED RECEIPTS		Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11							
				person for the purpose of soliciting contributions be to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle I Reeves, Valerie, , ,	nitial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 3702 Brownsboro Rd			07 23 2019							
	City Louisville	State KY	Zip Code 40207-1820	Transaction ID : 13265855 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Preferred Benefits, LLC	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00								
в.	Full Name of Individual (Last, First, Middle I Tellesbo-Kembel, Marsha, , ,	Organization Name	Date of Receipt								
	Mailing Address 1001 4th Avenue, Suite 3200)		07 23 2019							
	City Seattle	State WA	Zip Code 98154-1003	Transaction ID : 13265856 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	170.00								
	Name of Employer (for Individual) Tellesbo & Company	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1190.00]							
с.	Full Name of Individual (Last, First, Middle I Munger, David, , ,	nitial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 3312 W. Magistrate Loop			M M / D D / Y Y Y Y 07 23 2019							
	City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 13265860 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) Munger Insurance	Occ Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00]							
s	UBTOTAL of Receipts This Page (optional)			312.00							
Т	OTAL This Period (last page this line numbe	r only)		•							

Use separate schedule(s)	(check only one)
for each category of the	·
Detailed Summary Page	🗶 11a 🔤 11

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12								
		Detailed Summary Page									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle A. Baskett, John, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2601C Blanding Ave #222			07 23 2019								
City	State	Zip Code	Transaction ID : 13265862								
Alameda	CA	94501-1507	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) John Baskett Insurance Services	Occ Bro	upation (for Individual) ser	Memo Item								
Receipt For:		Year-to-Date ▼	_								
Primary General Other (specify) ▼											
Full Name of Individual (Last, First, Middle B. Braner, Jodie, E., ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 5 Concourse Parkway 18th Floor			07 23 2019								
City	State	Zip Code	Transaction ID : 13265863								
Atlanta	GA	30328-5350	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Willis	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00									
Full Name of Individual (Last, First, Middle C. Copeland, Bob, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1299 4th Street Suite 208			07 23 2019								
City	State	Zip Code	Transaction ID : 13265865								
San Rafael	CA	94901-3028	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Copeland Insurance Services	Brok	ker									
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify)		595.00									
SUBTOTAL of Receipts This Page (optional)			145.00								
TOTAL This Period (last page this line numb											

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 15 person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Goodwin, Carolyn, L., ,			Date of Receipt
Mailing Address 12740 Hillcrest Road Suite 275			07 23 2019
City Dallas	State TX	Zip Code 75230-7129	Transaction ID : 13265868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual)Occupation (for Individual)Goodwin Benefits Group, LLCBroker		Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 306.00]
Full Name of Individual (Last, First, Mi B. Griffey, Patricia, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 56294 Primrose Circle			07 23 2019
City Elkhart	State IN	Zip Code 46516-1509	Transaction ID : 13265869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Page 1 Medicare	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00]
Full Name of Individual (Last, First, Mi C. Howard, Michelle, S., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2850 West Grand Boulevard			07 / D D / Y Y Y Y Y 23 2019
City Detroit	State MI	Zip Code 48202-2643	Transaction ID : 13265870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ů – L		12.00
Health Alliance Plan Broker		upation (for Individual) ker	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	1
SUBTOTAL of Receipts This Page (option	nal)		154.00
TOTAL This Period (last page this line r	umber only)		

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	_		_	11t	, [11c		12	_	
	y information copied from such Reports and State for commercial purposes, other than using the na						urp				g cont			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	nmittee											
Α.	Full Name of Individual (Last, First, Middle Initial) Embry, Michael, A., ,) or Full C	Drganization Name		Date of Receipt									
	Mailing Address 26555 Evergreen Road Suite 535 City	State	Zip Code		07 23 2019 Transaction ID : 13265871									
	Southfield	MI	48076-4213		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					_	,	_		2	415.0	0	
	Name of Employer (for Individual) Comprehensive Benefits	Occ Bro	cupation (for Individual) ker			Men	no	Ite	m					
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3905.00											
в.	Full Name of Individual (Last, First, Middle Initial) Embry, Jeanne, A., ,) or Full C	Drganization Name		Date	of F	Rec	ceip	ot					
	Mailing Address 26240 Wacker Drive				[™] 07		/	D	23	/ Y	201		Y	
	City Chesterfield	State MI	Zip Code 48051-3306	Transaction ID : 13265872 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	30.00								0			
	Name of Employer (for Individual) Comprehensive Benefits		cupation (for Individual) oker		Ц	Men	no	Ite	m					
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00											
с.	Full Name of Individual (Last, First, Middle Initial) Perry, Jeff, , ,) or Full C	Drganization Name		Date	of F	Rec	ceip	ot					
	Mailing Address P O Box 51019				™07		/	D	23	/ Y	y 201		Y	
	City Idaho Falls	State ID	Zip Code 83405-1019							1326587 eceipt th		riod		
	FEC ID number of contributing federal political committee.	С					<i>/</i>	1				30.0	0	
	Name of Employer (for Individual) The Hartwell Corporation	Occ Brol	cupation (for Individual) ker			Men	no	lte	m					
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00											
s	UBTOTAL of Receipts This Page (optional)		•					,		,	2	475.0	0	
т	OTAL This Period (last page this line number onl	y)	••••••									-		

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				Detailed Summary Page	×	11a	à] 11 14	1b 4		11c 15		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the					for th			pos	se of		liciting		ntribut	ions		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mi	ttee													
Α.	Full Name of Individual (Last, First, Middle Initia Sterner, Heidi, J., , Mailing Address 3402 Cinnamon Creek Avenue	al) or Full O	ull Organization Name					Date of Receipt									
	City	State		Zip Code	07 23 2019 Transaction ID : 13265875										Ŷ		
	North Las Vegas	NV		89031-3520		Amo	unt	of	Ea	ach R	lece	eipt thi	s P	eriod			
	FEC ID number of contributing federal political committee.	C									30.0	00					
	Name of Employer (for Individual) Leavitt Group Benefits Services		•	tion (for Individual) ce Consultant			Me	emo	b lt	em							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼													
	Other (specify) ▼		- j -	360.00													
в.	Full Name of Individual (Last, First, Middle Initia Franke, Gary, , ,	al) or Full O	rga	nization Name		Date	of	Re	ece	ipt							
	Mailing Address 227 Bellevue Way NE Suite 715					™ 0		/	ľ	D D D 23	'	/ Y	ү 20	19 [°]	Y		
	City Bellevue	State WA		Zip Code 98004-5721	Transaction ID : 13265878 Amount of Each Receipt this Period						eriod						
	FEC ID number of contributing federal political committee.	С			Memo Item						30.0	00					
	Name of Employer (for Individual) Achieve Alpha Insurance, LLC		•	tion (for Individual) Insurance Broker													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 210,00													
С.	Full Name of Individual (Last, First, Middle Initia Mackin, Martin, John, ,	al) or Full O	rga	nization Name		Date	of	Re	ece	ipt							
	Mailing Address P O Box 29607					[™] 0		/	l	23		/ Y	ү 20	19 [°]	Y		
	City San Francisco	State CA		Zip Code 94129-0607								265880 eipt thi		eriod			
	FEC ID number of contributing federal political committee.	С							1			,		63.0	00		
	Name of Employer (for Individual) Foresight Benefits, Inc.	Occu Brok	•	ion (for Individual)			Me	emo	o It	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 441.00													
s	UBTOTAL of Receipts This Page (optional)				•				9	ï		y		123.0	0		
т	OTAL This Period (last page this line number o	nly)			•				-		Ţ	-					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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			Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12		17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Patton, Jesse, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1112 Maple Street				м м 07	/	D D D 23	/ Y	ү ү 2019	Y		
	City West Des Moines	State IA	Zip Code 50265-4420					1326588 eceipt th		d		
	FEC ID number of contributing federal political committee.	С					-	і. 1 тр.	41	5.00		
	Name of Employer (for Individual) Associations Marketing Group, Inc.	Occu Brok	upation (for Individual) er		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2905.00									
B.	Full Name of Individual (Last, First, Middle Initi Marsh, James, V., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 400 S McCaslin Blvd Suite 201	Ctata	Zin Codo		м м 07	1	23	/ Y	2019	Y		
	City Superior	State CO	Zip Code 80027-8700					1326588 eceipt th	-	d		
	FEC ID number of contributing federal political committee.	С					-			3.00		
	Name of Employer (for Individual) HofgardBenefits		upation (for Individual) sident		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.00]								
с.	Full Name of Individual (Last, First, Middle Initi Siino, Thomas, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1126 Clifton Avenue				^M 07	1	D D 23	/ Y	2019	Y		
	City Clifton	State NJ	Zip Code 07013-3622					1326588 eceipt th		d		
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	, ,	3(0.00		
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occu Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00									
	UBTOTAL of Receipts This Page (optional)			▶			5	5	508	3.00		
Т	OTAL This Period (last page this line number o	only)										

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mid A. Pleasants, Jennifer, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6726 Stuyvesant Ct.			07 23 2019							
City Corpus Christi	State TX	Zip Code 78414-4269	Transaction ID : 13265885 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) UnitedHealthcare Employer & Individual		upation (for Individual) ount Executive	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
Full Name of Individual (Last, First, Mid B. Tierney, Robert, J., ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 830 N Main St STE 200	Otata	Zin Oode	07 / D D / Y Y Y Y Y 23 2019							
City Meridian	State ID	Zip Code 83642-2611	Transaction ID : 13265886 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Compass Benefit Advisors	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]							
Full Name of Individual (Last, First, Mid McKittrick, Kristin, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4020 Danley Drive			07 23 2019							
City Rapid City	State SD	Zip Code 57702-6893	Transaction ID : 13265926 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Mountain Plains Insurance	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]							
SUBTOTAL of Receipts This Page (option	nal)		145.00							
TOTAL This Period (last page this line nu	Imber only)									

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initial McKittrick, Kristin, , , Mailing Address 4020 Danley Drive	l) or Full O	organization Name	Date of Receipt							
	City	State	Zip Code	07 23 2019 Transaction ID : 13265954							
	Rapid City	SD	57702-6893	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Mountain Plains Insurance	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
в.	Full Name of Individual (Last, First, Middle Initia Brown, Carey, H., ,	l) or Full O	organization Name	Date of Receipt							
	Mailing Address Six Concourse Parkway Suite 2750			07 24 Y Y Y Y 07 21 2019							
	City Atlanta	State GA	Zip Code 30328-6243	Transaction ID : 13266471 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) The Benefit Company	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
С.	Full Name of Individual (Last, First, Middle Initia McConnaughey, John, R., ,	l) or Full O	Prganization Name	Date of Receipt							
	Mailing Address PO Box 805			07 24 Y Y Y Y 07 21 0019							
	City	State	Zip Code	Transaction ID : 13266472							
	West Chester	OH	45071-0805	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) JRM & Associates Agency, Inc	Occi Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V 294.00]							
s	UBTOTAL of Receipts This Page (optional)			122.00							
т	OTAL This Period (last page this line number on	ly)	•••••								

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 78 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)			(check only one)							
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	×			11b	11c	12				
Any information copied from such Repor or for commercial purposes, other than			erson for									
NAME OF COMMITTEE (In Full)												
> Health Underwriters Politi	cal Action Com	mittee										
Full Name of Individual (Last, First, M A. Todd, Richard, H., ,	liddle Initial) or Full O	rganization Name	Da	ite of	Re	eceipt						
Mailing Address PO Box 56166			T.	07	1	D 24		2019	Y			
City Little Rock	State AR	Zip Code 72215-6166					1326647 Receipt th	73 his Period				
FEC ID number of contributing federal political committee.	C				_	-		30.	00			
Name of Employer (for Individual) The Todd Agency, Inc.	upation (for Individual) ker		Me	•mo	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
Full Name of Individual (Last, First, M B. Todd, David, , ,	liddle Initial) or Full O	rganization Name	Da	ite of	Re	eceipt						
Mailing Address PO Box 56166			Ň	07 [™]	1	D 24		ү ү 2019	Y			
City Little Rock	State	Zip Code 72215-6166					1326647					
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period							
Name of Employer (for Individual) The Todd Agency, Inc.	Occ	upation (for Individual) ker		Me	imo	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
Full Name of Individual (Last, First, M . Helms, John, S., ,	liddle Initial) or Full O	rganization Name	Da	ite of	Re	eceipt						
Mailing Address 2940 Camino Diablo # 205	State	Zin Oode	_ L	07 ^M	/	24		2019	Y			
City Walnut Creek	CA	Zip Code 94597-3992					: 132664 7 Receipt th	nis Period				
FEC ID number of contributing federal political committee.	C			_		, .	9	30.	00			
Name of Employer (for Individual) John Helms Associates	Occi Brok	upation (for Individual) ser		Me	€	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]									
SUBTOTAL of Receipts This Page (opt	ional))				,	,	90.	00			
TOTAL This Period (last page this line	number only)					-						

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

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TEIMIZED RECEIPTS		Detailed Summary Page	▼ 11a 11b 11c 12								
			13 14 15 16 17								
or for commercial purposes, other than			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)		L.,									
Health Underwriters Polit	tical Action Com	imittee									
Full Name of Individual (Last, First, Todd, Helen, M., ,	Middle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address PO Box 56166			07 24 2019								
City	State	Zip Code	Transaction ID : 13266477								
Little Rock	AR	72215-6166	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) The Todd Agency, Inc.	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	—								
Primary General Other (specify) ▼		210.00]								
Full Name of Individual (Last, First, Barrera , Rolando, G., ,	Middle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 101 N Shoreline Blv Suite 410	ď		07 24 2019								
City	State	Zip Code	Transaction ID : 13266479 Amount of Each Receipt this Period								
Corpus Christi	ТХ	78401-2825									
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Roland Barrera Insurance	Occ Age	upation (for Individual) ent	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		675.00]								
Full Name of Individual (Last, First, C. Fugitt-Hetrick, Pamela, Le		Organization Name	Date of Receipt								
Mailing Address 1123 Soquel Avenu	le		07 / D D / Y Y Y Y 24 2019								
City	State	Zip Code	Transaction ID : 13266484								
Santa Cruz	CA	95062-2105	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) DCD Financial & Insurance Services	Occ	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	—								
Primary General			1								
Other (specify)		210.00									
SUBTOTAL of Receipts This Page (op	ptional)		, 145.00								
TOTAL This Period (last page this line	e number only)										

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

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171			Use separate schedule(s)			(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c		2			
	y information copied from such Reports and St for commercial purposes, other than using the								ng conti				
	NAME OF COMMITTEE (In Full)			.0 10 30									
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Baker, Misty, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 502 Brookside Pass				м м 07	1	D 24		Y Y 201]		
	City Cedar Park	State TX	Zip Code 78613-4237					: 132664 Receipt		riod			
	FEC ID number of contributing federal political committee.	С								30.00			
	Name of Employer (for Individual) BenefitMall		upation (for Individual) President		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1									
в.	Full Name of Individual (Last, First, Middle Initi Chornak, Shelley, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 7251 Engle Rd. Suite 103		Zip Code		м м 07	1	D 24		2019				
	City Cleveland	State OH					132664 Receipt	-	riod				
	FEC ID number of contributing federal political committee.	С					-			42.00			
	Name of Employer (for Individual) Sage Partners, LLC	Occi Brol		Me	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼	L	294.00	_									
C.	Full Name of Individual (Last, First, Middle Initi Holcomb, Karen, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address Davenport Tower Hotel 111 S Post St Suite 2260 City	State	Zip Code		07	<i>'</i>	25	5	201				
	Spokane	WA	99201-4912					: 132667 Receipt		riod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .			30.00			
	Name of Employer (for Individual) Viren and Associates, Inc.		upation (for Individual) ducer		Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1									
s	UBTOTAL of Receipts This Page (optional)			•		1	,		1	02.00			
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SCHEDULE A (FEC Form 3X)

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IILIVIILED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a		11b 14	11c 15	12	17		
Any information copied from such Reports and or for commercial purposes, other than using			erson for the		pose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee								
Full Name of Individual (Last, First, Middle Reisinger Pool, Gentrie, , ,	Initial) or Full O	rganization Name	Date	of Re	eceipt					
Mailing Address 3803 Village Glen Tr.			M 07		D 25) / Y	ү ү 2019	Y		
City Arlington	State TX	Zip Code 76016-2713				1326678 Receipt th	2 iis Period			
FEC ID number of contributing federal political committee.	С				-		365.	00		
Name of Employer (for Individual) ConnectYourCare	upation (for Individual) ker	י 🗆 ו	Memo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]							
Full Name of Individual (Last, First, Middle Guttery, Porter, Brown, ,	Initial) or Full O	rganization Name	Date	of Re	eceipt					
Mailing Address 9937 Redbud Lane			07		25) / Y	2019	Y		
City Lenexa	State KS	Zip Code 66220-3737				1326678 Receipt th	4 iis Period			
FEC ID number of contributing federal political committee.	С						12.0	00		
Name of Employer (for Individual) Mid-America Insurance Services	Occ Age	upation (for Individual) nt	י 🗌 🗌	Memo	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00]							
Full Name of Individual (Last, First, Middle C. Andress, Carolyn, Marie, ,	Initial) or Full O	rganization Name	Date	of Re	eceipt					
Mailing Address 1512 Highway 138			M 07		D 25		2019	Y		
City Wall	State NJ	Zip Code 07719-3706				1326678 Receipt th	is Period			
FEC ID number of contributing federal political committee.	С				y		30.	00		
Name of Employer (for Individual) HUB International	Occi Brok	upation (for Individual) er		Memo	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]							
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb		,		-	, . , .	· ·	407.0	00		

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than u			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Polition	cal Action Com	mittee									
Full Name of Individual (Last, First, M Simpson, Anya, Y., , Mailing Address 347 S Witchduck Roa		rganization Name	Date of Receipt								
City	State VA	Zip Code 23462-3645	07 25 2019 Transaction ID : 13266790								
Virginia Beach FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) Benefit Plans, Inc.	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
Full Name of Individual (Last, First, M B. Trokey, Kevin, , ,	liddle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 215 S. Kirkwood Rd Ste 201	State	Zin Code	07 25 / Y Y Y Y Y								
City Saint Louis	State MO	Zip Code 63122-4359	Transaction ID : 13266791 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Q4intelligence	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00]								
Full Name of Individual (Last, First, M C. Gwin, David, R., ,	liddle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address P.O. Box 1396			07 25 2019								
City Irmo	State SC	Zip Code 29063-1396	Transaction ID : 13266792 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Southeastern Insurance Consultants	Occ Brok	upation (for Individual) xer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	1								
SUBTOTAL of Receipts This Page (opt	ional)		165.00								
TOTAL This Period (last page this line	number only)										

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.		tial) or Full O	organization Name	Date of Receipt									
	Mailing Address 1111 Chestnut Hills Pky	State	Zip Code	07 / 25 / 2019 Transaction ID : 13266793									
	Fort Wayne	IN	46814-8934	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Employee Plans, LLC	Occi Broł	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
В.	Full Name of Individual (Last, First, Middle Init Thal, Harry, P., ,	tial) or Full O	Prganization Name	Date of Receipt									
	Mailing Address PO BOX 2137			07 25 2019									
	City KERNVILLE	State CA	Zip Code 93238-2137	Transaction ID : 13266794 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00										
<u> </u>	Full Name of Individual (Last, First, Middle Init Musser, Ray, M., ,	tial) or Full O	Prganization Name	Date of Receipt									
	Mailing Address 880 Pebble Beach Dr.			M M / D D / Y Y Y Y 07 25 2019									
	City Upland	State CA	Zip Code 91784-9131	Transaction ID : 13266796 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Ray Musser & Associates Insurance Serv	Occi Brok	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00										
s	UBTOTAL of Receipts This Page (optional)		•••••	200.00									
т	OTAL This Period (last page this line number of	only)											

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mid A. Schneider, Chad, P., ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 848 W. Eastman St. STE 104			07 25 2019								
City Chicago	State IL	Zip Code 60642-2635	Transaction ID : 13266797 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Jellyvision	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00									
Full Name of Individual (Last, First, Mid B. Beck, Carolyn, , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 101 Plaza East Blvd			07 / ^D D / ^Y Y Y Y 25 / 2019								
City Evansville	State IN	Zip Code 47715-2870	Transaction ID : 13266798 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) SIHO Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00									
Full Name of Individual (Last, First, Mid Goodacre, James, William, ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address PO Box 22423			07 / D D / Y Y Y Y 25 / 2019								
City Carmel	State CA	Zip Code 93922-0423	Transaction ID : 13266800 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) James W. Goodacre II RHU,REBC	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1								
SUBTOTAL of Receipts This Page (optic	nal)		157.00								
TOTAL This Period (last page this line n	umber only)										

Use separate schedule(s)

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	ED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	1	2				
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	mation copied from such Reports and s nmercial purposes, other than using th													
	OF COMMITTEE (In Full)													
Hea	Ith Underwriters Political A	ction Com	mittee											
	ame of Individual (Last, First, Middle In son, Aimee, , ,	iitial) or Full O	rganization Name		Date o	f Re	ceipt							
	g Address 3111 C St. Suite 500				07	/	D 25	D / Y	y 201	ў 9	Y			
City		State	Zip Code		Trans	sact	ion ID :	1326680	6					
Ancho	orage	AK	99503-3973	_	Amoun	t of	Each F	Receipt th	nis Per	iod				
	D number of contributing I political committee.	С								30.0	0			
	of Employer (for Individual) Consulting		upation (for Individual) ount Manager		М	lemo	ltem							
Receip	ot For:	Aggregate	Year-to-Date ▼											
F	Primary General													
	Other (specify)		210.00											
	ame of Individual (Last, First, Middle In Jill, Snead, ,	iitial) or Full O	rganization Name		Date o	f Re	ceipt							
Mailing	9 Address 5232 Wythe Avenue			07 / D D / Y FY FY FY 2019										
City		State	Zip Code		Trans	acti	on ID :	1326686	8					
Richm	ond	VA	23226-1411		iod									
	D number of contributing I political committee.	С			<u> </u>					30.0	0			
	of Employer (for Individual) Benefits	Occ Bro	upation (for Individual) ker		М	lemo	Item							
Receip	ot For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) v		, 210.00											
	ame of Individual (Last, First, Middle In dl, Alycia, , ,	iitial) or Full O	rganization Name		Date o	f Re	ceipt							
Mailing	g Address 333 S 7th Street Suite 1400				07	/	26		2019		Y			
City		State	Zip Code		Trans	sact	ion ID :	1326686	69		_			
Minne	eapolis	MN	55402-0119		Amoun	t of	Each F	Receipt th	nis Per	iod				
	D number of contributing I political committee.	С					, .	7		30.0	0			
Name	of Employer (for Individual)	Occi	upation (for Individual)	_	N	lemo	ltem							
Merce		Brok	,											
Receip	ot For:	Aggregate	Year-to-Date ▼											
F	Primary General													
	Other (specify)		210.00											
SUBTOT	TAL of Receipts This Page (optional)									90.0	0			
	This Period (last page this line number							, , ,						

Use separate schedule(s)

FOR LINE NUMBER:

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	EWIZED RECEIPIS		for each category of the Detailed Summary Page		× 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)			0 10 0										
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia (Wooden) Lovincey, Rebecca, L., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 201 NE Park Plaza Dr #293				07 26 2019									
	City Vancouver	State WA	Zip Code 98684-5881		Transaction ID : 13266870 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						30.0	00					
	Name of Employer (for Individual) AIMEA Insurance, Inc.	Occu Age	upation (for Individual) nt		Me	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1										
	Full Name of Individual (Last, First, Middle Initia Morrison, James, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 6096 Innovation Way				07	1	D 26		2019	Y				
	City	State CA	Zip Code					1326687						
	Carlsbad	CA	92009-1741	_	Amount	: of	Each F	Receipt t	his Period					
	FEC ID number of contributing federal political committee.	С			Ŀ-	_	-yr- 1		85.0	00				
	Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]										
	Full Name of Individual (Last, First, Middle Initia Washko, Carla, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 7251 Engle Rd. Suite 103				^M 07	1	26		2019	Y				
	City Middlebrg Hts	State OH	Zip Code 44130-3400					: 132668 Receipt ti	74 his Period					
	FEC ID number of contributing federal political committee.	С					9	. ,	42.0	00				
	Name of Employer (for Individual) Sage Partners, LLC	Occu Ager	upation (for Individual) nt		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	1										
S	JBTOTAL of Receipts This Page (optional)			<u> </u>			y		157.(00				
т	OTAL This Period (last page this line number o	nly)	·····	•				-						

SCHEDULE A (FEC Form 3X)

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mic A. Rivera, Michael, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 13201 N.W. Fwy. Suite	265		07 26 / Y Y Y Y								
City Houston	State TX	Zip Code 77040-6165	Transaction ID : 13266875 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Northwest General Insurance	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00]								
Full Name of Individual (Last, First, Mic B. Tretter, Robert, C., ,	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6222 Spring Lake Drive	•		07 26 2019								
City Hamilton	State OH	Zip Code 45011-8189	Transaction ID : 13266878 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) National Association of Health Underwr	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00]								
Full Name of Individual (Last, First, Mic C. Niederman, Brad, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1745 Shea Center Dr 4th Floor	Otata	Zin Oode	07 / ^D D / Y Y Y Y 26 2019								
City Highlands Ranch	State CO	Zip Code 80129-1537	Transaction ID : 13266880 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) Niederman Insurance Agency Receipt For:	Brok		Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1								
SUBTOTAL of Receipts This Page (optio	nal)		157.00								
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			for each category of the Detailed Summary Page		K 11a		11b	11c	12					
	y information copied from such Reports and St for commercial purposes, other than using the													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Wolff, DianaLou, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 70 Maiden Lane 2nd Floor				07 26 / Y Y Y Y Y 07 26 2019									
	City Kingston	State NY	Zip Code 12401-4508		Transaction ID : 13266881 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0					
	Name of Employer (for Individual) Benefit Counseling Associates	Occu Brok	upation (for Individual) ker		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1										
в.	Full Name of Individual (Last, First, Middle Initi Mann, William, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 12777 Jones Road Suite 332		Zip Code		07 / 26 / 2019 Transaction ID : 13266882									
	City Houston	State TX						2 nis Period						
	FEC ID number of contributing federal political committee.	С	42.00											
	Name of Employer (for Individual) The Compliance Office	Occi CEC		Me	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate												
C.	Full Name of Individual (Last, First, Middle Initi Venditto, Michael, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 609 New Road, #D				07	1	26	6	2019	Y				
	City Linwood	State NJ	Zip Code 08221-1250					: 1326688 Receipt th	34 nis Period					
	FEC ID number of contributing federal political committee.	С			Ľ.		y		42.0	00				
	Name of Employer (for Individual) Hafetz & Associates	Occu Brok	upation (for Individual) er		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00											
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	<u> </u>	_	,	- 9	114.(00				
т	OTAL This Period (last page this line number of	only)					_							

SCHEDULE A (FEC Form 3X)

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee	
Full Name of Individual (Last, First, Midd Jurkus, Charles, , ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 823 Commerce Drive, Su	uite 350		07 26 2019
City Oak Brook	State IL	Zip Code 60523-8855	Transaction ID : 13266889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services Receipt For:	Bro		Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Midd B. Furr, Kenneth, , ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 333 Village Bl., Ste. 203			07 26 2019
City Incline Village	State NV	Zip Code 89451-8293	Transaction ID : 13266891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Menath Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00]
Full Name of Individual (Last, First, Midd C. Sale, Raymer, M., ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2905 Premiere Parkway Suite 285	Otata	Zin Oode	07 / ² 6 / ² 019
City Duluth	State GA	Zip Code 30097-5246	Transaction ID : 13266892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) E2E Benefits Services, Inc.	Occ Broł	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00]
SUBTOTAL of Receipts This Page (optional	al)		160.00
TOTAL This Period (last page this line nur	nber only)		

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PAGE 90 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
ILENIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 berson for the purpose of soliciting contribute be to solicit contributions from such committed									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mid A. Ledgerwood, Michael, , ,	,	rganization Name	Date of Receipt									
Mailing Address 12022 FOREST MOON	I DR		07 / D D / Y Y Y Y 07 26 2019									
City CYPRESS	State TX	Zip Code 77433-3834	Transaction ID : 13266893 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.1	00								
Name of Employer (for Individual) Senior Health Plans of Texas	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
Full Name of Individual (Last, First, Mid B. Grant, Staci, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 74 Glendale Ave			07 26 Y Y Y Y 2019	Y								
City Livingston	State NJ	Zip Code 07039-2310	Transaction ID : 13266894									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	_								
Name of Employer (for Individual) Henry O. Baker Insurance Group		upation (for Individual) e President	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
Full Name of Individual (Last, First, Mid C. Hatfield, Matthew, F., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2207 Springfield Avenu	e		07 / D D / Y Y Y 26 / 2019	Y								
City Fort Wayne	State IN	Zip Code 46805-1541	Transaction ID : 13266896 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.	00								
Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occi Brok	upation (for Individual) xer	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]									
SUBTOTAL of Receipts This Page (option	nal)		90.0	00								
TOTAL This Period (last page this line nu	mber only)											

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Mido A. Kite, Karen, D., ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1414 Franklin Road SW	, Suite 2		07 26 / Y Y Y Y 07 26 2019							
City Roanoke	State VA	Zip Code 24016-5233	Transaction ID : 13266897 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) D&S Agency		upation (for Individual) rier Liaison Manager	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]							
Full Name of Individual (Last, First, Mide B. Murphy, Kevin, R., ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1744 Victoria Way			07 26 2019							
City San Marcos	State CA	Zip Code 92069-9401	Transaction ID : 13266902 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Murphy Insurance Solutions		upation (for Individual) sident	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
Full Name of Individual (Last, First, Mido C. Gilbert, Debra, E., ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2331 Mustang Drive Suite 200			07 / D D / Y Y Y Y 26 2019							
City Grapevine	State TX	Zip Code 76051-1014	Transaction ID : 13266903 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) ident	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1							
SUBTOTAL of Receipts This Page (option	al)		180.00							
TOTAL This Period (last page this line nu	mber only)									

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			erson for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comi	mittee										
	Full Name of Individual (Last, First, Middle Initial) Singleton, Terry, , ,	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 1021 Douglas Ave	Otata	Zin Oode	07 27 2019									
	5	State FL	Zip Code 32714-2029	Transaction ID : 13267520									
				Amount of Each Receipt this Period 85.00									
	Name of Employer (for Individual) The Enterprise Team at Sihle Insurance	Occu Partr	ipation (for Individual) ner	Memo Item									
	Receipt For: Ag Primary General Other (specify) ▼	ggregate `	Year-to-Date ▼ 670.00]									
в.	Full Name of Individual (Last, First, Middle Initial) (Cartier, Fred, , ,	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 11920 White River Drive			M M / D D / Y Y Y Y Y 07 27 2019									
	,	State TX	Zip Code 78254-6369	Transaction ID : 13267523 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	0		42.00									
	Name of Employer (for Individual) United Health Group		upation (for Individual) ount Executive	Memo Item									
	Receipt For: Ag Primary General Other (specify) ▼	ggregate `	Year-to-Date ▼ 294.00]									
-	Full Name of Individual (Last, First, Middle Initial)	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 5951 Canoga Avenue			07 / D D / Y Y Y Y 27 2019									
	5	State CA	Zip Code 91367-5010	Transaction ID : 13267524									
		C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) rance agent	Memo Item									
	Receipt For: Ag Primary General Other (specify)	ggregate `	Year-to-Date ▼ 795.00]									
s	UBTOTAL of Receipts This Page (optional)			212.00									
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11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	contribu	itions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Reddy, Michael, S., ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 330 River Pointe Drive		Zip Code		07 27 2019								
	City Elkhart	State IN		Transaction ID : 13267527 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-		85	.00			
	Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occi Brol	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]									
в.	Full Name of Individual (Last, First, Middle Init Bechtold, Annette, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 148 Stone Cliff Trace			м м 07	/	27) / Y	y y 2019	Y				
	Cleveland	State GA	Zip Code 30528-5397					1326753 Receipt th	-	1			
	FEC ID number of contributing federal political committee.	С		47.00									
	Name of Employer (for Individual) OneDigital	Occ		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 329.00]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Hill, Donna, D., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 2905 Premiere Parkway Suite 285	State	Zin Onda		07	J.	27	JL	2019	Y			
	City Duluth	GA	Zip Code 30097-5246					1326753 Receipt th		1			
	FEC ID number of contributing federal political committee.	С			85.00								
	Name of Employer (for Individual) E2E Benefits Services Inc	Occi Brok	upation (for Individual) er		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 595.00										
s	UBTOTAL of Receipts This Page (optional)			•		1	y	. ,	217.	00			
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	EINIZED RECEIFIS		Detailed Summary Page		×	11a 13		11	- H	11 15	ŀ		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pos	se of	solici	iting	con	ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
A.	Full Name of Individual (Last, First, Middle In Mordo, David, , ,	itial) or Full O	rganization Name		D	ate of	f Re	ecei	ipt					
	Mailing Address 15 West Main St, Route 520				M M / D D / Y Y Y Y 07 27 2019									
	City Holmdel	State NJ	Zip Code 07733-2105		Transaction ID : 13267535									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) BenefitMall	Occi Brol	upation (for Individual) ker		[Me	emc	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.00											
В.	Full Name of Individual (Last, First, Middle In Severo, Daniel, , ,	itial) or Full O	rganization Name		D	ate of	f Re	ecei	ipt					
	Mailing Address 231 Chestnut St. #410			07 / 27 / 2019 Transaction ID : 13267536										
	City Meadville	State PA	Zip Code 16335-3458	_		Trans mount		-					oriod	
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) The DJB Group, Inc.	Occ Bro			Me	emc	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
С.	Full Name of Individual (Last, First, Middle In Witt, Kelly, J., ,	itial) or Full O	rganization Name		D	ate of	f Re	ecei	ipt					
	Mailing Address 1017 Pine Hill Way				I	^M 07	/	Γ	D D 27	/	Y	20 ⁻	19 [°]	Y
	City Carmel	State IN	Zip Code 46032-7701			Trans							oriod	
	FEC ID number of contributing federal political committee.	С				mount		La		eceip			30.0	00
	Name of Employer (for Individual) American Health and Wellness Group		upation (for Individual) of Operating Officer		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	Date ▼ 210.00										
s	UBTOTAL of Receipts This Page (optional)			▶				9		_			102.0	0
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	y information copied from such Reports and St. for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	oution	าร		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Jennings, Julie, A., ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120				07 27 2019								
	City Dartmouth	State MA	Zip Code 02747-1255		Transaction ID : 13267538 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							8	5.00			
	Name of Employer (for Individual) Sylvia & Co. Ins. Agency, Inc.	Occi Broł	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00]									
в.	Full Name of Individual (Last, First, Middle Initi Booth, Neil, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 23901 Calabasas Road, Suite 2				07 / 27 / 2019 Transaction ID : 13267539								
	City Calabasas	State CA	Zip Code 91302-3307						-				
	FEC ID number of contributing federal political committee.	C	31302-3307		Amoun			Receipt th		3.00			
	Name of Employer (for Individual) American Marketing Administrators INC		upation (for Individual) ker & CEO		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.00]									
с.	Full Name of Individual (Last, First, Middle Initi Johnson, Suzanne, K., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 5955 Carnegie Blvd Suite 150	-			07	1	D 27		ү ү 2019	Y]		
	City Charlotte	State NC	Zip Code 28209-4664					1326754 Receipt th		bd			
	FEC ID number of contributing federal political committee.	С			Ē		y	,	8	5.00			
	Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occu Brok	upation (for Individual) ker		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 670.00	1									
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			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribut	ions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Jackson, Jerry, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 5113 N. Executive Drive Suite 102				07 27 2019									
	City Peoria	State IL	Zip Code 61614-4893		Transaction ID : 13267543 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							42.0	00				
	Name of Employer (for Individual) Jackson Financial Services	Occu Brok	upation (for Individual) ker		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]										
B.	Full Name of Individual (Last, First, Middle Initia Fisher, Erin, B., ,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 131-6 Courtland Avenue			07 / D D / Y Y Y Y 27 2019										
	City Stamford	State CT	Zip Code 06902-3443					1326754 Receipt th	16 his Period	_				
	FEC ID number of contributing federal political committee.	С	170.00											
	Name of Employer (for Individual) Find Medicare Plans	Occu Brok		Me	emo) Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1190.00]										
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1550 Liberty Ridge Drive Suite 250	04-4-			07	/	27		2019	Y				
	City Chesterbrook	State PA	Zip Code 19087-5567					1326754 Receipt th	47 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	85.0	00				
	Name of Employer (for Individual) Simkiss & Block	Occu CPA	upation (for Individual) N		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 670.00											
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initiation Stacy, Dustin, , ,	al) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 1151 Red Mile Road				м м 07	/	D 10 27	D / Y	y y 2019	Y		
	City Lexington	State KY	Zip Code 40504-2649					1326754 Receipt th		t t		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30	.00		
	Name of Employer (for Individual) BIM Group	Occu Broł	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
в.	Full Name of Individual (Last, First, Middle Initi Starr, Gwyn, M., ,	al) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 27777 Franklin Rd, Ste 1300				07	1	D 10 27) / Y	ү ү 2019	Y		
	City Southfield	State MI	Zip Code 48034-8282	-				1326754	-			
	FEC ID number of contributing federal political committee.	С	40034-0202		Amoun	t of		Receipt th		.00		
	Name of Employer (for Individual) PriorityHealth		upation (for Individual) es Manager		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]								
С.	Full Name of Individual (Last, First, Middle Initi Nezat, Ron, J., ,	al) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address PO Box 91180				07 ^M	J.	27	J L	ү ү 2019	Y		
	City Lafayette	State LA	Zip Code 70509-1180	_				1326755 Receipt th		ł		
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	, , , , , , , , , , , , , , , , , , ,	85	.00		
	Name of Employer (for Individual) Global Financial Resources, Inc.	Occu Ager	upation (for Individual) nt		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00]								
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$\overline{\}$	NAME OF COMMITTEE (In Full)														
	Health Underwriters Political Act	tion Com	mittee												
/	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Data of Respire											
Α.	Major-Bell, Victoria, A., ,			Date of Receipt											
	Mailing Address 8363 SW 84th Place Road				07 27 2019										
	City	State	Zip Code		Trans	act	ion ID :	1326756	j o						
	Ocala	FL	34481-5564		Amount	t of	Each F	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С							30.0	00					
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	Name of Employer (for Individual)		upation (for Individual)		Me	emo	b Item								
	VMB Solutions Receipt For:	Brok													
	Primary General	Aggregate	Year-to-Date ▼	11											
	Other (specify) ▼		210.00												
	Full Name of Individual (Last First Middle Init	al) or Full O	rappization Nomo												
в.	Full Name of Individual (Last, First, Middle Initi Ruffin, Helena, , ,	ai) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 3115 Roxbury Dr				M M	/	D I) / Ү	YY	Y					
	#103	04-44-	7 : 0 1 -		07 27 2019										
	City Los Angeles	State CA	Zip Code 90035					1326756							
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	federal political committee.	С		30.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item										
	Ruffin Insurance Solutions, Inc.		sident												
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify) ▼		210.00	11											
			, , , , , , , , , , , , , , , , , , , ,	11											
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name												
C.	Clark, William, J., , Mailing Address 7323 Beckford				Date of	Re	·			_					
	Maning Address 7323 Becktord				м м 07	1	28		2019	Y					
	City	State	Zip Code		Trans	act	ion ID :	1326756	56						
	Reseda	CA	91335-2533		Amount	t of	Each F	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С							30.0	00					
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	Name of Employer (for Individual) Bill Clark Insurance Services		upation (for Individual) sident		IVI	emo	o Item								
	Receipt For:														
	Primary General	Aggregate Year-to-Date ▼													
	Other (specify)	<u> </u>	210.00	4											
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SCHEDULE A (FEC Form 3X)

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Blasman, Wayne, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 5210 Lewis Road, Suite 14				м м 07	/	D 10 28	D / Y	ү ү 2019	Y	
	City Agoura Hills	State CA	Zip Code 91301-2662					1326756 Receipt th	7 iis Period		
	FEC ID number of contributing federal political committee.	С					-		85.	00	
	Name of Employer (for Individual) Bridgeport Benefits Inc	Occu Brok	upation (for Individual) ker		M	emo	tem Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]							
в.	Full Name of Individual (Last, First, Middle Initia Collins, Martha, T., ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 545 N. Mountain Avenue Suite 208				^M 07	/	D 28		ү ү 2019	Y	
	City Upland	State CA	Zip Code 91786-5055					1326756	8 iis Period		
	FEC ID number of contributing federal political committee.	С							30.	00	
	Name of Employer (for Individual) Martin & Associates	Occi Brol	upation (for Individual) ker		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
с.	Full Name of Individual (Last, First, Middle Initia Lawless, James, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 710 East Main Street Suite 110	01-11-	7:0.0		07		28		2019	Y	
	City Lexington	State KY	Zip Code 40502-1602					1326756 Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	- y	42.	00	
	Name of Employer (for Individual) Epic Insurance Solutions, LLC	Occu Brok	upation (for Individual) er		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	1							
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or for commercial purposes, other than u			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Mi Ambro, Heather, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 11704 Lackland Indus	trial Drive		07 28 2019										
City	State	Zip Code	Transaction ID : 13267570										
Saint Louis	MO	63146-4209	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		85.00										
Name of Employer (for Individual) The ECCHIC Group	Occi CEC	upation (for Individual) D	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		670.00]										
Full Name of Individual (Last, First, Mi B. Danzig, Howard , , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 11704 Lackland Indus	trial Drive		07 28 2019										
City	State	Zip Code	Transaction ID : 13267571										
Saint Louis	МО	63146-4209	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		85.00										
Name of Employer (for Individual) Employers Committed To Control Health		upation (for Individual) President of Administration	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 695.00]										
Full Name of Individual (Last, First, Mi C. West, Kimberly, J., ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3205 Valley Oaks			07 28 2019										
City	State	Zip Code	Transaction ID : 13267572										
White Lake	MI	48383-3447	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item										
Kim West Insurance Benefits LTD	Age	,	-										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	7.99.09410		1										
Other (specify)		145.00											
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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			13 14 15 16 1 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl A. Selinsky, Steven, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 28638 Oak Point Drive			M M / D D / Y Y Y Y 07 28 2019
City Farmington Hills	State MI	Zip Code 48331-2706	Transaction ID : 13267587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) ector of Sales	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 670.00	1
Full Name of Individual (Last, First, Middl B. Martin, Ingrid, L., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3857 Grand Oak Drive			07 28 2019
City Brunswick	State OH	Zip Code 44212-3594	Transaction ID : 13267588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Ameritas	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]
Full Name of Individual (Last, First, Middl C. Waren, M. Hughes, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P.O. Box 7661			07 28 / Y Y Y Y 07 28 2019
City Wilmington	State NC	Zip Code 28406-7661	Transaction ID : 13267589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Ebenconcepts, Inc.	Occi Brok	upation (for Individual) xer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]
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SCHEDULE A (FEC Form 3X) -

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ITEMIZED RECEIPTS	-	Use separate schedule(s)				(check only one)							
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NAME OF COMMITTEE (In Full)													
Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, M Hazelbaker, Jay, , ,		rganization Name	Date	of R	eceipt								
Mailing Address 5007 Pine Creek Driv	9		м 0 [.]		/ D 28		y y 2019	Y					
City Westerville	State OH	Zip Code 43081-4849				: 1326759 Receipt th	90 his Period						
FEC ID number of contributing federal political committee.	C		Ē		-		42.0	00					
Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc.		upation (for Individual) sident		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]										
Full Name of Individual (Last, First, M B. Underhill, Charles, E., ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address PO Box 626			M 0'		/ D 28		y y 2019	Y					
City Woodland Hills	State CA	Zip Code 91365-0626				1326759	3 nis Period						
FEC ID number of contributing federal political committee.	C						85.0	00					
Name of Employer (for Individual) Underhill Insurance Agency	Occ	upation (for Individual) ker		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]										
Full Name of Individual (Last, First, M C. Pedersen, Jill, L., ,	iddle Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 16325 Boones Ferry	२d #204		M 0'		/ D 28		2019	Y					
City Lake Oswego	State OR	Zip Code 97035-4297				: 1326759 Receipt th	94 nis Period						
FEC ID number of contributing federal political committee.	C				9	y	65.0	00					
Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occi Brok	upation (for Individual) ker		Mem	io Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 736.00]										
SUBTOTAL of Receipts This Page (opti	onal)	······			y	5	192.0	00					
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee										
Full Name of Individual (Last, First, Middle Crosby, Neil , R., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 32110 Agoura Road			07 28 2019									
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : 13267595 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Warner Pacific Insurance Services		upation (for Individual) ctor of Sales	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00]									
Full Name of Individual (Last, First, Middle B. Buza, Raymond, F., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 214 East Lakewood Road			07 28 2019									
City West Palm Beach	State FL	Zip Code 33405-3316	Transaction ID : 13267605 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		63.00									
Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.00]									
Full Name of Individual (Last, First, Middle C. Childers, Russell, B., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 1547			07 28 2019									
City Americus	State GA	Zip Code 31709-1547	Transaction ID : 13267606 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		90.00									
Name of Employer (for Individual) Russ Childers, CLU	Occi Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 630.00]									
SUBTOTAL of Receipts This Page (optional).			238.00									

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	E OF COMMITTEE (In Full) alth Underwriters Political Act	ion Com	mit	tee										
	Name of Individual (Last, First, Middle Initi ents, Joni, Robin, ,	al) or Full O	rgan	ization Name		Date of	Re	ece	eipt					
Mailin	ng Address 10701 Melody Drive Suite 320					м м 07	/	l	28		/ Y)19)	Ŷ
City North	nglenn	State CO		Zip Code 80234-4122		Trans Amount					267609 eipt thi		eriod	
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	Jame of Individual (Last, First, Middle Initi arns, Candius, Michelle, ,	al) or Full O	rgan	ization Name		Date of	Re	ece	eipt					
	ng Address 3315 W Big Beaver Rd Ste 125					M M 07	/	l	D 28		/ Y	ү 20	ү 19	Ŷ
City Troy		State MI		Zip Code 48084-2808		Trans Amount					267613 eipt thi		eriod	
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Stear	e of Employer (for Individual) ns HR & Compliance Consulting	Occ Bro	•	ion (for Individual)		M	emo	o l'	tem					
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	Jame of Individual (Last, First, Middle Initi II, Dwight, , ,	al) or Full O	rgan	ization Name		Date of	Re	ece	eipt					
Mailin	ng Address 6107 Hazelwood Ave.					^M 07	/	l	28		/ Y		19	Ŷ
City India	napolis	State IN		Zip Code 46228-1316		Trans Amount					eipt thi		eriod	
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D Ha	e of Employer (for Individual) II & Associates	Brok	ker	on (for Individual)		M	emc	l c	tem					
	ipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 260.00										
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	NAME OF COMMITTEE (In Full)			10 0							
\rangle	Health Underwriters Political Act	tion Com	nmittee								
Α.	Full Name of Individual (Last, First, Middle Initi Kirk, Stephanie, S., ,	ial) or Full O	Drganization Name		Date of	f Re	eceipt				
	Mailing Address 18887 State Highway 305 Suite 300				м м 07	/	28	D / Y	y 2019	Y	
	City Poulsbo	State WA	Zip Code 98370-7461					1326761 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>					0.00	
	Name of Employer (for Individual) J.C. Madison Inc		supation (for Individual) ency President & Licensed Produce	er	М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
В.	Full Name of Individual (Last, First, Middle Initi Paxton, Pauline, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 194 S Grandean Way				м м 07	1	28		ү ү 2019	Y]
	City	State ID	Zip Code					1326761			
			83616-4993	-	Amoun	t of	Each F	Receipt th	nis Perio	od	_
	FEC ID number of contributing federal political committee.	C			Ľ.			-	3	0.00	
	Name of Employer (for Individual) Blue Cross of Idaho		cupation (for Individual) count Leader		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		210.00								
С.	Full Name of Individual (Last, First, Middle Initi Gant, Tom, , ,	ial) or Full O	Drganization Name		Date of	f Re	eceipt				
	Mailing Address 100 North Weinbach Avenue				м м 07	J.	28		2019	Y	
	City Evansville	State IN	Zip Code 47711-6006					: 1326762 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			Ľ.		y	7	42	2.00	
	Name of Employer (for Individual) Schultheis Life & Health Agency	Occi Age	supation (for Individual) ent		M	em	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 494.00								
s	UBTOTAL of Receipts This Page (optional)		•				,	9	102	2.00	
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SCHEDULE A (FEC Form 3X) -

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11			for each category of the Detailed Summary Page		× 11a		11b	11c	12	
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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	Solicit Cor	ntric	outions	from suc	n committe	ee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Stubbs, Guy, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 337				м м 07	/	28		ү ү 2019	Y
	City Jerome	State ID	Zip Code 83338-0337					1326762 Receipt th	23 nis Period	
	FEC ID number of contributing federal political committee.	С						-	30.0	00
	Name of Employer (for Individual) Hall and Associates	Occu Age	upation (for Individual) nt		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 310.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Pearson, E.J., , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 369 Stone Falls Ave SE Apt 201				07	/	28		ү ү 2019	Y
	City Ada	State MI	Zip Code 49301-7923					1326762		
	FEC ID number of contributing federal political committee.	С	49301-7923		Amount	C OT		Receipt tr	nis Period 30.0	00
	Name of Employer (for Individual) Varipro		upation (for Individual) jonal Sales Executive		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
с.	Full Name of Individual (Last, First, Middle Initi Lubenow, Douglas, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 214 West Main Street Suite 101		7.0.1		07	1	28		2019	Y
	City Moorestown	State NJ	Zip Code 08057-2345					: 132676 2 Receipt th	25 nis Period	
	FEC ID number of contributing federal political committee.	С					y	9	85.0	00
	Name of Employer (for Individual) Lubenow Agency	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 560.00]						
s	UBTOTAL of Receipts This Page (optional)						y .	9	145.0	00
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SCHEDULE A (FEC Form 3X)

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ITC	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)						
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Grava, A. Andra, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 40 E. McDermott				м м 07	/	D 28		Y	ү ү 2019	Y		
	City Allen	State TX	Zip Code 75002-2802				ion ID Each			7 is Period			
	FEC ID number of contributing federal political committee.	С					-y		- -	250.	00		
	Name of Employer (for Individual) The DI Center	Occu Brok	upation (for Individual) er		M	emo	b Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1590.00]									
	Full Name of Individual (Last, First, Middle Initia Flowers, Jeannette, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 601 Hickory Street				м м 07	1	28		Y	y y 2019	Y		
	City Liverpool	State NY		Transaction ID : 13267628 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							7	30.	00		
	Name of Employer (for Individual) Pomco	Occi Broł	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
	Full Name of Individual (Last, First, Middle Initia Carothers, Christopher, B., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 3161 East Warm Springs Rd #3	800			07 ^M	/	D 28		Y	ү ү 2019	Y		
-	City Las Vegas	State NV	Zip Code 89120-3144				i on ID Each	-		3 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		y	12.	00		
	Name of Employer (for Individual) Carothers Insurance Agency, Inc. Receipt For:	Ager	upation (for Individual) ncy Owner		M	emo	o Item						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 334.00	1									
	JBTOTAL of Receipts This Page (optional)			-			, .	-	9	292.	00		

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	EWIZED RECEIPTS			Summary Page	×	11a] 11b	b	11c		12	
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	y information copied from such Reports and St for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)			., pontour committee									
	Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Barta, James, , ,	ial) or Full O	rganization	Name		Date of	Re	eceip	ot				
	Mailing Address 331 TownePark Circle Suite 200					м м 07	1	D	28	/ Y)19	Ŷ
	City LOUISVILLE	State KY	Zip Coo 40243	le 3-2351						326763 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						-		-	_	30.0	0
	Name of Employer (for Individual) The Legacy Benefits Group	Occi Sale	upation (for es	Individual)		M	emo	b Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	210.00									
	Full Name of Individual (Last, First, Middle Initi Bull, Lynn, M., ,	ial) or Full O	rganization	Name		Date of	Re	eceip	ot				
	Mailing Address P O Box 3277					M M 07	/	D	28	/ Y	20	ү 19	Y
	City Turlock	State CA	Zip Coo 95381							326763 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						-			_	30.0	0
	Name of Employer (for Individual) Winton-Ireland Insurance Agency, Inc.		upation (for efits Dept. N	,		M	emo	b Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	210.00]								
	Full Name of Individual (Last, First, Middle Initi Hoover, Shelley, , ,	ial) or Full O	rganization	Name		Date of	Re	eceip	ot				
	Mailing Address 15431 Washington St.					^M 07	1	D	28	/ Y		19 [°]	Y
	City Riverside	State CA	Zip Coo 92506							326763 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						<u>y</u>			_	30.0	0
	Name of Employer (for Individual) Dickerson Employee Benefits	Occu Brok	upation (for er	Individual)		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	210.00									
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			for each category of the Detailed Summary Page		K 11a		11b	11c	12			
	y information copied from such Reports and St		ay not be sold or used by any p									
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrib	outions	from suc	h committ	ee.		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Olson, Trenton, M., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 9980 S. 300 W. Suite 140				м м 07	/	28		2019	Y		
	City Sandy	State UT	Zip Code 84070-3641					: 132676 4 Receipt th	11 his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-	1.95	30.	00		
	Name of Employer (for Individual) Senior Benefits Insurance Services	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1								
в.	Full Name of Individual (Last, First, Middle Initi Blackford, Stephen, I, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 11481 Old St. Augustine Rd., #				м м 07	1	28		y y 2019	Y		
	City Jacksonville	State FL	Zip Code 32258-1475					1326764 Receipt th	15 his Period			
	FEC ID number of contributing federal political committee.	С			[.				30.	00		
	Name of Employer (for Individual) The Blackford Group		upation (for Individual) urance Agent		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
— С.	Full Name of Individual (Last, First, Middle Initi Hanson, Sabrina, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5809 Acorn Knoll Place				^M 07	1	28		2019	Y		
	City Mebane	State NC	Zip Code 27302-7194					: 132676 4 Receipt th	49 his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, y	30.	00		
	Name of Employer (for Individual) TASC		upation (for Individual) ional Director		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1								
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	90.	00		
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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Banchy, Kate, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 4233 Southtowne Drive				м м 07	1	28		y y 2019	Y		
	City Eau Claire	State WI	Zip Code 54701-2652					1326767 Receipt th		1		
	FEC ID number of contributing federal political committee.	С					-y		42	.00		
	Name of Employer (for Individual) Spectrum Insurance Group	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	1								
в.	Full Name of Individual (Last, First, Middle Initi Christenson, Shawnee, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address PO Box 16394				07	1	29		2019	Y		
	City Minneapolis	State MN	Zip Code 55416-0394					1326815 Receipt th		1		
	FEC ID number of contributing federal political committee.	С							100	.00		
	Name of Employer (for Individual) Crosstown Insurance		upation (for Individual) urance Agent		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00]								
C.	Full Name of Individual (Last, First, Middle Initi Ashmore, Elizabeth, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 6102 82nd St, Bldg #6				07 ^M	1	01		2019	Y		
	City Lubbock	State TX	Zip Code 79424-0803					: 1327026 Receipt th		1		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		50	.00		
	Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occu Brok	upation (for Individual) ker		М	em	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1070.00	1								
s	UBTOTAL of Receipts This Page (optional)						,	. ,	192.	.00		
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	Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Health Underwriters Political Action Con	nmittee	
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name	
McCormack, Buffy, M., ,		Date of Receipt
Mailing Address 6118 Caroline Green Ct.		07 01 2019
City State	Zip Code	Transaction ID : 13270261
Spring TX	77373-4912	Amount of Each Receipt this Period
FEC ID number of contributing		365.00
federal political committee.		
	cupation (for Individual)	Memo Item
Passint For:	P, Group Benefits e Year-to-Date ▼	
Primary General		
Other (specify)	515.00	
Full Name of Individual (Last, First, Middle Initial) or Full	Organization Name	
McKittrick, Kristin, , ,	organization Name	Date of Receipt
Mailing Address 4020 Danley Drive		07 23 2019
City State	Zip Code	Transaction ID : 13270294
Rapid City SD	57702-6893	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0.00
Mountain Diaina Induranda	ccupation (for Individual) oker	Memo Item
	e Year-to-Date ▼	
Primary General Other (specify) ▼	, 210.00	Refund(s) on Schedule B Totaling \$30.00 This ch the YTD Total to \$210.00
Full Name of Individual (Last, First, Middle Initial) or Full Villagran, Denise, S., ,	Organization Name	Date of Receipt
Mailing Address 1016 Santa Fe, #205		M = M / D = D / Y = Y = Y = Y
City State	Zip Code	07 31 2019 Transaction ID : PR433061221109
Corpus Christi TX	78404-2343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		42.00
	cupation (for Individual) oker	Memo Item
I	e Year-to-Date ▼	P/R Deduction (\$42.00 Monthly)
Receipt For: Aggregate Primary General Other (specify)	222.00	
Primary General	- 4 ¹	407.00

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\ \	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Comi	nittee										
	Full Name of Individual (Last, First, Middle Initia Schreder, Lynn, M., ,	l) or Full Or	ganization Name	[Date of	Re	ceipt						
	Mailing Address 130 North 25th Street				^M 07	1	31) / Y	2019				
	City Fort Dodge	State IA	Zip Code 50501-4338					PR43307 Receipt th			-		
	FEC ID number of contributing federal political committee.	С								0.00			
	Name of Employer (for Individual) KHI Solutions	Occu Brok	pation (for Individual) er		Me	emc	ltem						
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 700.00] P/	/R Ded	uctio	on (\$10	0.00 Mon	ithly)				
	Full Name of Individual (Last, First, Middle Initia Adams, Carla, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address PO Box 7630			07 / D D / Y Y Y Y 2019					Y]			
City State Horseshoe Bay TX			Zip Code 78657-7630		Transaction ID : PR433095021109 Amount of Each Receipt this Period								
-	FEC ID number of contributing federal political committee.	С			42.00								
	Name of Employer (for Individual) TASC	Occu Brok	pation (for Individual) er		Me	emc	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 296.00	P/	'R Dedi	uctio	on (\$42.	00 Month	nly)				
	Full Name of Individual (Last, First, Middle Initia Deacon, Joseph, H., ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 221 1/2 Hale Street PO Box 2831				07	/	31		2019]		
	City Charleston	State WV	Zip Code 25301-2207					PR43312 Receipt th					
	FEC ID number of contributing federal political committee.	С					,	Jeoolpt un		0.00			
	Name of Employer (for Individual) Deacon & Deacon Insurance Agency	Occu Broke	pation (for Individual) er		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00] P.	/R Ded	ucti	on (\$30	.00 Montl	hly)				
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				person for the purpose of soliciting contributions to solicit contributions from such committee.								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee									
/												
Α.	Full Name of Individual (Last, First, Middle McFerrin, Dwane, C., ,	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 8420 West Dodge Road Suite 510			07 / D D / Y Y Y Y Y 2019								
	City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168121109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Brok	ipation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)								
D	Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	Dete of Dessint								
Б.	Barrett, William, J., , Mailing Address 6 Keswick Commons			Date of Receipt								
	City	State	Zip Code	Transaction ID : PR433180621109								
	New Albany	OH	43054-8231	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Custom Design Benefits	Occu Broł	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
с.	Full Name of Individual (Last, First, Middle Christensen, H Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3013 Sonora Canyon Rd			07 / D D / Y Y Y Y 07 31 2019								
	City Weatherford	State TX	Zip Code 76087-8215	Transaction ID : PR433187721109								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United Senior Services of Texas	Occu Brok	ipation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
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		Detailed Summary Page	13 14 15 16 17						
or	for commercial purposes, other than using the		person for the purpose of soliciting contributions tee to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Committee							
۹.	Full Name of Individual (Last, First, Middle Initia Rifkin, Robert, L., ,	al) or Full Organization Name	Date of Receipt						
	Mailing Address 7 Stonewall Lane		07 / D D / Y Y Y Y 07 31 2019						
	City Mamaroneck	State Zip Code NY 10543-1025	Transaction ID : PR433196821109						
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 42.00						
	Name of Employer (for Individual) Insurance & Financial Services	Occupation (for Individual) Broker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)						
	Full Name of Individual (Last, First, Middle Initia Dorman, Harry, , ,	al) or Full Organization Name	Date of Receipt						
	Mailing Address 1500 N Casaloma Dr Suite 411	07 31 2019							
	City Appleton	StateZip CodeWI54913-8219	Transaction ID : PR433197421109 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	30.00						
	Name of Employer (for Individual) Medicare Masters, LLC	Occupation (for Individual) Agent	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
	Full Name of Individual (Last, First, Middle Initia Long, Scott, W., ,	al) or Full Organization Name	Date of Receipt						
	Mailing Address 1715 Greenway Village Dr.		07 / D D / Y Y Y Y Y 2019						
	City Katy	StateZip CodeTX77494-2175	Transaction ID : PR433206821109						
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00						
	Name of Employer (for Individual) Beazley Group	Occupation (for Individual) Sales Manager	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12					
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Corr	mittee						
Full Name of Individual (Last, First, Middle Brittain, Jennifer, , , Mailing Address 208 N. Mill	Initial) or Full C	organization Name	Date of Receipt					
City	State	Zip Code	07 31 2019 Transaction ID : PR433214321109					
Pryor	ОК	74361-2422	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) Brown & Brown, Inc.	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, Middle B. Gerken, Barbara, Ann, ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 1775 Indian Wood Circle	07 / D D / Y Y Y Y Y 07 31 2019							
City Maumee	State OH	Zip Code 43537-4010	Transaction ID : PR433268321109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) First Insurance Group		upation (for Individual) ector	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle C. Shooshanian, Barbara, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 39500 High Pointe Blvd Ste 400	1		07 / D D / Y Y Y Y Y 2019					
City Novi	State MI	Zip Code 48375-5517	Transaction ID : PR433298721109					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Health Alliance Administrators	Occ Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements ma g the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl A. Vetter, Leah, M., ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10050 Regency Circle Suite 300			07 31 2019							
City Omaha	State NE	Zip Code 68114-3721	Transaction ID : PR433302721109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Arthur J. Gallagher	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Midd B. Thams, Todd, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1209 Broadway	State	Zip Code	07 / D D / Y Y Y Y 2019							
Denison	IA	51442-2632	Transaction ID : PR433308321109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Thams Agency	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, First, Middl C. Spleet, Michael, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2444 East Hill Rd.			07 / D D / Y Y Y Y Y 2019							
City Grand Blanc	State MI	Zip Code 48439-5098	Transaction ID : PR433316621109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		120.00							
Name of Employer (for Individual) Franklin Benefit Soutions	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 885.00	P/R Deduction (\$120.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona	l)		235.00							
TOTAL This Period (last page this line nun	nber only)									

Use separate schedule(s)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12					
			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee					
	iy the name and a	duress of any political committee	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Midd	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 239 W. Court St.			07 / D D / Y Y Y Y Y 2019					
City	State	Zip Code	Transaction ID : PR433463221109					
Woodland	CA	95695-3080	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		42.00					
Name of Employer (for Individual) Ornellas & Associates	upation (for Individual) ker	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼	P/R Deduction (\$42.00 Monthly)							
Full Name of Individual (Last, First, Midd B. Willison, Clover, Denise, ,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 355 Sprowel Creek Rd	07 31 2019							
City	State	Zip Code	Transaction ID : PR433468621109					
Garberville	CA	95542-3110	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Clover Willison Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Monthly)					
Full Name of Individual (Last, First, Midd C. Drake, Laura, , ,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 401 Gooding St N #106			07 31 2019					
City	State	Zip Code	Transaction ID : PR433504421109					
Twin Falls	ID	83301-6177	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		42.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Laura Drake Insurance	Age		-					
Receipt For:		Year-to-Date ▼						
Primary General Other (specify)		294.00	P/R Deduction (\$42.00 Monthly)					
SUBTOTAL of Receipts This Page (optional	al)		184.00					
TOTAL This Period (last page this line nur	mber only)	••••••						

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		-	1b	_	11c	12	
	y information copied from such Reports and Stateme for commercial purposes, other than using the name							se of	sol			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Com	mittee									
λ.	Full Name of Individual (Last, First, Middle Initial) or Coogan, Michael, , ,	Full O	rganization Name	[Date d	of Re	ece	ipt				
	Mailing Address 118 North Bedford Road Suite 100	ate	Zin Code		м 07	л /	[D D 31		/ Y	y y 2019	
	5	Y	Zip Code 10549-2555								8021109 s Perioc	-
	FEC ID number of contributing federal political committee.				Inou				iece		42.	
	Name of Employer (for Individual) Coogan FX Insurance LLC	upation (for Individual) ncy Founder		N	/lemo	o It	em					
	Design Fam	-	Year-to-Date ▼ 246.00	P/	R De	ducti	ion	(\$42.	.00	Month	ly)	
3.	Full Name of Individual (Last, First, Middle Initial) or VanDuine, Dustin, , ,	Full O	rganization Name		Date d	of Re	ece	ipt				
	Mailing Address 2850 W Grand Blvd				07 31 2019							
	City St Detroit N	ate /I	Zip Code 48202-2643								2621109 s Perioc	
	FEC ID number of contributing federal political committee.			anou		1			, pr tri	30	_	
	Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) ount Executive		N	/lemo	o It	em				
	Receipt For: Agg Primary General Other (specify) ▼	regate	Year-to-Date ▼ 210.00	P/	R Deo	ducti	on	(\$30.	00 1	Month	ly)	
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or GOLDEN, Johnna, , ,	Full O	rganization Name		Date o	of Re	ece	ipt				
	Mailing Address 3800 Centerpoint Dr., Ste 940				[™] 07	/	[31		/ Y	2019	Ŷ
	3	ate K	Zip Code 99503-5825								282110	
	FEC ID number of contributing federal political committee.	_			rnour		Ea		iece	ipt thi	s Perioc 30	
	Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas		upation (for Individual) bunt Manager		Ν	/lemo	o It	em				
	Receipt For: Agg Primary General Other (specify)	regate	Year-to-Date ▼ 210.00	P	'R De	ducti	ion	(\$30	.00	Month	ıly)	
s	UBTOTAL of Receipts This Page (optional)			•			,	_		9	102.	00

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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Mailing Address 2800 Civic Circle Suite 200 City State Zip Code Amarillo TX 79109-1619 FEC ID number of contributing C Amount of Each Receipt to federal political committee. C Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Butler Benefits & Consulting, LLC Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mon Primary General 210.00 P/R Deduction (\$30.00 Mon Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Schneider, JoEllen, , , Mailing Address 2807 W Taft St Date of Receipt	16 17
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Butler, Allison, , , Mailing Address 2800 Civic Circle Suite 200 City Amarillo FEC ID number of contributing federal political committee. Name of Employer (for Individual) Butler Benefits & Consulting, LLC Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schneider, JoEllen, , , Mailing Address 2807 W Taft St	
A. Butler, Allison, , , Date of Receipt Mailing Address 2800 Civic Circle Suite 200 Image: Circle Suite 200 Image: Circle Suite 200 City State Zip Code Transaction ID : PR4334 Amarillo TX 79109-1619 Amount of Each Receipt to an other sector in the se	
City State Zip Code Transaction ID : PR4334 Amarillo Tx 79109-1619 Amount of Each Receipt for FEC ID number of contributing federal political committee. C Amount of Each Receipt for Name of Employer (for Individual) Occupation (for Individual) Memo Item Butter Benefits & Consulting, LLC Broker Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mon Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Schneider, JoEllen, , , Mailing Address 2807 W Taft St Date of Receipt	
Amarillo TX 79109-1619 FEC ID number of contributing federal political committee. C Amount of Each Receipt for factorial committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Butler Benefits & Consulting, LLC Broker Memo Item Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mon Other (specify) ▼ Schneider, JoEllen, , , Date of Receipt Mailing Address 2807 W Taft St Memo / DD /	Y Y Y Y 2019
FEC ID number of contributing federal political committee. C Annount of Ladin Receipt Receipt For Individual) Butler Benefits & Consulting, LLC Broker Memo Item Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mon Other (specify) ▼ Eull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Schneider, JoEllen, , , Mailing Address 2807 W Taft St Date of Receipt	
Butler Benefits & Consulting, LLC Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Schneider, JoEllen, , , Date of Receipt Mailing Address 2807 W Taft St M M / D D /	30.00
Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mon Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mon Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Schneider, JoEllen, , , Mailing Address 2807 W Taft St M M / D D / D	
B. Schneider, JoEllen, , , Date of Receipt Mailing Address 2807 W Taft St M M / D D / D	nthly)
07 31	2019
City State Zip Code Transaction ID : PR4337 Boise ID 83703-5015 Amount of Each Receipt to the second se	
FEC ID number of contributing federal political committee.	42.00
Name of Employer (for Individual) Occupation (for Individual) Memo Item Insurance Professionals Benefit Consultant Memo Item	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	nthly)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Skinner, Roger, W., ,	
Mailing Address 5518 Hammock Glen Drive	2019
CityStateZip CodeTransaction ID : PR436IndianapolisIN46235-9779Amount of Each Receipt t	
FEC ID number of contributing federal political committee.	30.50
Name of Employer (for Individual) Occupation (for Individual) Memo Item Argus Dental & Vision Broker	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 213.50	nthly)
SUBTOTAL of Receipts This Page (optional)	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee									
Full Name of Individual (Last, First, Midd A. Rippinger, John, F., ,	le Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 12253 N 115th St			07 31 / Y Y Y Y 07 31 2019								
City Scottsdale	State AZ	Zip Code 85259-2618	Transaction ID : PR436793521109 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Rippinger Financial Group, Inc.	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Midd B. Trautwein, Janet , , ,	Date of Receipt 07 31 2019										
Mailing Address 1212 New York Ave. NW											
City Washington	State DC	Zip Code 20005-3987	Transaction ID : PR436821421109 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		170.00								
Name of Employer (for Individual) NAHU	Occ CE	upation (for Individual) O	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1190.00	P/R Deduction (\$170.00 Monthly)								
Full Name of Individual (Last, First, Midd C. Rios-Carl, Elizabeth, E., ,	le Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 210 North Campbell			07 / D D / Y Y Y Y 07 31 2019								
City El Paso	State TX	Zip Code 79901-1406	Transaction ID : PR436824521109 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Self-Employed	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line nur											

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

FOR LINE NUMBER:

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	the name and ac	ddress of any political committee	Image: Second state sta						
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Health Underwriters Political Full Name of Individual (Last, First, Middle Berman, David, A, ,	the name and ac	ddress of any political committee	person for the purpose of soliciting contributions						
Full Name of Individual (Last, First, Middle Berman, David, A, ,									
Berman, David, A, ,		nillee							
Mailing Address 8805 Sawleaf Road	e Initial) or Full Or	ganization Name	Date of Receipt						
			07 / D D / Y Y Y Y 07 31 2019						
City Indianapolis	State IN	Zip Code 46260-1534	Transaction ID : PR436829721109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) Neace Lukens Holding Company, Inc.	Occu Brok	pation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 670.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Middle 3. Ashmore, Elizabeth, , ,	Initial) or Full Or	ganization Name	Date of Receipt						
Mailing Address 6102 82nd St, Bldg #6			07 / ¹ 2019						
City Lubbock	State TX	Zip Code 79424-0803	Transaction ID : PR436830321109						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occu Brok	pation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1290.00	P/R Deduction (\$170.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Grundman, Robert, A., ,	Initial) or Full Or	ganization Name	Date of Receipt						
Mailing Address 7412 Karl Drive			07 / D D / Y Y Y Y 31 2019						
City Lincoln	State NE	Zip Code 68516-4368	Transaction ID : PR436838921109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		50.00						
Name of Employer (for Individual) Senior Benefit Strategies	Occu Broke	pation (for Individual) ər	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)						
SUBTOTAL of Receipts This Page (optional))		305.00						

Use separate schedule(s)

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for	commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
\	AME OF COMMITTEE (In Full) lealth Underwriters Political Act	ion Com	mittee								
A C	III Name of Individual (Last, First, Middle Initi Cociu, Dorothy, M., ,	al) or Full O	rganization Name	Date of Receipt							
	ailing Address P.O. Box 6677	State	Zip Code	07 31 2019 Transaction ID : PR436844621109							
	ullerton	CA	92834-6677	Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		85.00							
	ame of Employer (for Individual) Ivanced Benefit Consulting & Insuranc	Occu Broł	upation (for Individual) ker	Memo Item							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 670.00	P/R Deduction (\$85.00 Monthly)							
	ll Name of Individual (Last, First, Middle Initi Vright, Keith, L., ,	al) or Full O	rganization Name	Date of Receipt							
	ailing Address 401 W Front St Ste 4		07 31 2019								
Ci [.] Tr	ty averse City	State MI	Zip Code 49684-2259	Transaction ID : PR436848521109 Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		P/R Deduction (\$42.00 Monthly)							
	ame of Employer (for Individual) right Insurance Group	Occi Brol	upation (for Individual) ker								
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00								
	III Name of Individual (Last, First, Middle Initi Bean, Darrald, T., ,	al) or Full O	rganization Name	Date of Receipt							
Ma	ailing Address 3922 Rampart ST			07 31 2019							
Ci ⁻	ty oise	State ID	Zip Code 83704-4557	Transaction ID : PR436853321109 Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		30.00							
Be	ame of Employer (for Individual) ean Insurance	Occu Brok	upation (for Individual) er	Memo Item							
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
SUB	TOTAL of Receipts This Page (optional)			157.00							
тот	AL This Period (last page this line number c	only)									

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initia Trebing, C. Louanne, , ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 1806 Patton Drive	State	Zip Code	07 31 2019 Transaction ID : PR436856921109								
	Garland	TX	75042-8205	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Trebing Insurance Services	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Freeman, Michael, J., ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 2333 Camino Del Rio South Suite 200			07 / D D / Y Y Y Y Y 2019								
	City San Diego	State CA	Zip Code 92108-3600	Transaction ID : PR436861821109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occ Age	upation (for Individual) ent	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
C.	Full Name of Individual (Last, First, Middle Initia Mobley, Sandra, V., ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 137 Executive Dr. Suite D			07 / D D / Y Y Y Y 2019								
	City Madison	State MS	Zip Code 39110-8456	Transaction ID : PR436869321109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) Mobley Insurance Agency LLC	Occi Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)		•••••	110.00								
T	OTAL This Period (last page this line number of	nly)	••••••									

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			Use separate schedule(s)	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and ad	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initia Wilson, Paula, L., ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 31930 Daniel Way			07 31 2019								
	City Temecula	State CA	Zip Code 92591-2129	Transaction ID : PR436873521109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Paula Wilson, Inc.	Occu Brok	upation (for Individual) ser	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Trahin, Cindy, K., ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 7127 Homestead Road Suite B	Otata	7. 0.1	07 / D D / Y Y Y Y 2019								
City	Fort Wayne	State IN	Zip Code 46814-4601	Transaction ID : PR436875621109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) Trahin Insurance Services LLC	Occu Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Stuart, Rodney, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 484 E Carmel Dr Suite 358	1		07 / D D / Y Y Y Y 2019								
	City Carmel	State IN	Zip Code 46032-2812	Transaction ID : PR436883321109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) Strategic Insurance Inc.	Occu Brok	upation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			165.00								
т	OTAL This Period (last page this line number on	ıly)										

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

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				Summary Page	×	-		11b		11c		12	_		
An	y information copied from such Reports and S	Statements ma	A not be so	old or used by any p	erson f	13 or the	purp	14 pose o	of Si	15 oliciting		16 ntribut	17 ions		
or	for commercial purposes, other than using the	e name and a	uuress of a	ny political committe	ະ ເບ SOI	ICIE COI	ILLID	ulions	110	nn suci	1 CO	TITIT	H.		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Ini Spragins, Jackie, L., ,	tial) or Full C	al) or Full Organization Name Date of Receipt												
	Mailing Address P O Box 2073					07 31 2019									
	City	State	Zip Co			Trans	acti	ion ID	: P	R43689) 532	21109			
	Wichita Falls	ТХ	7630	7-2073	A	mount	of	Each	Rea	ceipt th	is P	Period			
	FEC ID number of contributing federal political committee.	С								-9-	_	50.0	0		
	Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura		upation (for ducer	Individual)		M	emo	Item							
	Receipt For:	Aggregate	Year-to-Dat	e V											
	Primary General Other (specify) ▼		т. т. і.	350.00	P/	'R Ded	uctio	on (\$50).00	0 Montł	າly)				
в.	Full Name of Individual (Last, First, Middle Ini Janway, Leah-Anne, , ,	tial) or Full C	Organization	Name		Date of Receipt									
	Mailing Address 2225 SW 96				07 31 2019										
	City	State	Zip Co			Trans	acti	on ID	: PI	R43690)152	1109			
	Oklahoma City	OK	73159	9-6861	A	Amount of Each Receipt this Perio									
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Self		Occupation (for Individual) Broker					Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	P/	P/R Deduction (\$30.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Ini Morrow, Todd, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Morrow, Todd						ceipt							
	Mailing Address 453 CLEAR WATER TRAIL			07 31 / Y Y Y Y 07 31 2019											
	City HOLLY LAKE RANCH	State TX	Zip Co	de 5-7313						R4369					
			/5/65	5-7313	A	Mount	of	Each	Rec	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С				_		,	_	9	_	42.0	0		
	Name of Employer (for Individual)	Occ	upation (for	Individual)		Μ	emo	ltem							
	Kilpatrick Companies LLC	Brok	ker												
	Receipt For:	Aggregate	Year-to-Dat	e 🔻											
	Other (specify)		294.00					P/R Deduction (\$42.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)							, ,		9		122.0	0		
т	OTAL This Period (last page this line number	only)								-					

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)	FOR LINE NUMBER: (check only one)							
for each category of the Detailed Summary Page	X 11a 11b							

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II LIVIIZED REGEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Midd Booth, Tonya, S., ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 275 W. Campbell Road Suite 215 - LB 16			07 31 Y Y Y Y 07 31 2019							
City Richardson	State TX	Zip Code 75080-8001	Transaction ID : PR436911021109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Upshaw Insurance Agency	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 674.00	P/R Deduction (\$100.00 Monthly)							
Full Name of Individual (Last, First, Midd 3. Shaffer, Annette, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 418 South Main Street		- 1	07 31 Y Y Y Y 07 31 2019							
City Findlay	State OH	Zip Code 45840-3273	Transaction ID : PR436917221109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Group Benefit Consultants	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Midd Kaczmarek, Lawrence, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 145 N. Chestnut St., Ste. 202			07 / D D / Y Y Y Y Y 2019							
City Ravenna	State OH	Zip Code 44266-4009	Transaction ID : PR436923421109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		31.00							
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brok	upation (for Individual) Ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 217.00	P/R Deduction (\$31.00 Monthly)							
SUBTOTAL of Receipts This Page (option	al)		161.00							
TOTAL This Period (last page this line nur	mber only)									

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Use separate schedule(s)

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	×]11a		11b		11c	12	<u> </u>		
Any information copied from such Reports or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mide A. Cason, Louie, L., ,	dle Initial) or Full C	itial) or Full Organization Name Date of Receipt										
Mailing Address PO Box 11229				м м 07	/		31	/ Y	ү ү 2019	Y		
City	State SC	Zip Code							34821109			
Columbia	30	29211-1229	_	Amount	of	Eacl	h Reo	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C					-			85.	00		
Name of Employer (for Individual) The Cason Group, Inc.	Occ Bro	upation (for Individual) ker		Me	emo) Iter	n					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/	P/R Deduction (\$85.00 Monthly)								
Full Name of Individual (Last, First, Mide 3. Stenger, James, R., ,	dle Initial) or Full C	rganization Name		Date of Receipt								
Mailing Address 8926 Crown Colony Bou	llevard			07 31 2019								
City	State	Zip Code		Transaction ID : PR436939921109 Amount of Each Receipt this Period								
Fort Myers	FL	33908-5627	A									
FEC ID number of contributing federal political committee.	С					- 7 -		-1	85.	00		
Name of Employer (for Individual) MVS Consulting	Occ Bro	upation (for Individual) ker		Me	emo	lter	n					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00		R Dedu	uctic	on (\$	85.00) Month	ıly)			
Full Name of Individual (Last, First, Mide C. Seifert, Gregory, J., ,	dle Initial) or Full C	rganization Name		Date of	Re	ceip	t					
Mailing Address P.O. Box 189 916 Main Street				м м 07	/		31	/ Y	y y 2019	Y		
City	State	Zip Code		Trans	acti	ion I	ID : P	R43694	41621109	1		
Vancouver	WA	98666-0189	A	Amount	of	Eacl	h Reo	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С					y		y	85.	00		
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	b Iter	m					
West Coast Ins Services dba Biggs Ins	Brok	er										
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		745.00	P/	/R Ded	uctio	on (\$	\$85.0	0 Month	וy)			
SUBTOTAL of Receipts This Page (option	ıal)					7		9	255.	00		
TOTAL This Period (last page this line nu	mber only)					,		-7				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than u			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politic	cal Action Com	mittee								
Full Name of Individual (Last, First, M Woods, John, T., ,		rganization Name	Date of Receipt							
Mailing Address 9400 East Market Stre	State	Zip Code	07 31 2019							
Warren	OH	44484-5514	Transaction ID : PR436950021109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, M B. Holland, Robert, V., ,	iddle Initial) or Full C	Date of Receipt								
Mailing Address PO Box 698			07 31 2019							
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961721109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		63.00							
Name of Employer (for Individual) Centralia General Agencies	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 342.00	P/R Deduction (\$63.00 Monthly)							
Full Name of Individual (Last, First, M C. Schneider, John, E, ,	-	rganization Name	Date of Receipt							
Mailing Address 4701 Trousdale Dr. S	1		07 / D D / Y Y Y Y 31 2019							
City Nashville	State TN	Zip Code 37220-1386	Transaction ID : PR436963521109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Colonial Life	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (opti-	' onal)		123.00							
TOTAL This Period (last page this line r	number only)									

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175			Use separate schedule(s)			(check only one)							
			for each category of the Detailed Summary Page		X 11a		11b	11c	12				
	/ information copied from such Reports and Sta for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)			0									
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Parker, John, C., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 38 Hope St Unit 1312				м м 07	/	D 31		2019	Υ			
	City Niantic	State CT	Zip Code 06357-2454						86821109 nis Period				
	FEC ID number of contributing federal political committee.	С							100.	00			
	Name of Employer (for Individual) Parker Agency	Occu Brok	upation (for Individual) ker		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 775.00]	P/R Dedu	ucti	on (\$10)0.00 Mor	nthly)				
	Full Name of Individual (Last, First, Middle Initia Splawn, William, Craig, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 800 Avenue C				07	/	31		2019	Y			
	City Katy	State TX	Zip Code 77493-2302	_			-		92821109 his Period				
	FEC ID number of contributing federal political committee.	С				U			50.0	00			
	Name of Employer (for Individual) Splawn & Associates	Occu Brol	upation (for Individual) ker		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00] '	P/R Dedu	uctio	on (\$50	.00 Mont	hly)				
C.	Full Name of Individual (Last, First, Middle Initia Phillips, Paige, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1434 Hwy 301				^M 07	1	D 31		2019	Y			
	City Calera	State AL	Zip Code 35040-5466						93021109 his Period)			
	FEC ID number of contributing federal political committee.	С					, .	. ,	100.	00			
	Name of Employer (for Individual) Anderson, Williams, Mckinnis	Occu Brok	upation (for Individual) er		Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1	P/R Ded	ucti	on (\$10	0.00 Moi	nthly)				
	JBTOTAL of Receipts This Page (optional)			• •	[. [.	-	9 I 9 I	· ·	250.0	00			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Fristoe, Kelly, Don, ,	Date of Receipt										
	Mailing Address 807 8th Street, Suite 300			07 / D D / Y Y Y Y 2019								
	City Wichita Falls	State TX	Zip Code 76301-3317	Transaction ID : PR437002321109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Financial Partners	Occ Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	ceipt For: Primary General Aggregate Year-to-Date ▼										
	Full Name of Individual (Last, First, Middle Initi Thorn, Ryan, P., ,	al) or Full O	organization Name	Date of Receipt								
	Mailing Address 10342 South Springcrest Lane			07 / D D / Y Y Y Y 07 31 2019								
	City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004021109 Amount of Each Receipt this Period 40.00								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occ Bro	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Monthly)								
C.	Full Name of Individual (Last, First, Middle Initi Buie, Scott, T., ,	al) or Full O	organization Name	Date of Receipt								
	Mailing Address 4525 S 2300 E Ste 201	1-		07 / D D / Y Y Y Y 2019								
	City Salt Lake City	State UT	Zip Code 84117-4639	Transaction ID : PR437010521109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	50.00										
	Name of Employer (for Individual) Buie Insurance Services	Occi Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)		•	120.00								
T	OTAL This Period (last page this line number o	nly)	••••••									

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TEIVILZED RECEIPTS for each category of the Detailed Summary Page			X 11a 11b 11c 12											
Any information copied from such Reports and s or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mittee												
Full Name of Individual (Last, First, Middle In A. Gray, Michael, D., ,	nitial) or Full C	rganization Name	Date of Receipt											
Mailing Address 233 South 13th Street, Suite	1		07 / D D / Y Y Y Y 07 31 2019											
City	State NE	Zip Code	Transaction ID : PR437016721109											
Lincoln		68508-2036	_ Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		100.00											
Name of Employer (for Individual) The Harry A. Koch Co	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General													
Full Name of Individual (Last, First, Middle In B. Duhon, Keith, M., ,	hitial) or Full C	rganization Name	Date of Receipt											
Mailing Address PO Box 80158			07 31 2019											
City	State	Zip Code	Transaction ID : PR437017121109											
Lafayette	LA	70598-0158	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) The Family Insurance Center, Inc.	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Middle In Kaczmarek, T. Darlene, , ,	nitial) or Full C	rganization Name	Date of Receipt											
Mailing Address 145 N. Chestnut St., Suite 20			07 / D D / Y Y Y Y 07 31 2019											
City	State OH	Zip Code	Transaction ID : PR437026321109											
Ravenna		44266-4009	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.		31.00												
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occ Brol	upation (for Individual) ser	Memo Item											
Receipt For:		Year-to-Date ▼												
Primary General Other (specify)		217.00	P/R Deduction (\$31.00 Monthly)											
SUBTOTAL of Receipts This Page (optional)	<u> </u>	_	161.00											
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116	EWIZED RECEIPTS for each category of the Detailed Summary Page		×	_	1a 3		111	-	11c	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for	the p		pos	e of s	solicitin	g contrib	utions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mit	tee												
A.	Full Name of Individual (Last, First, Middle Initia Blizman, Donna, J., ,		Date of Receipt													
	Mailing Address 1939 Racimo Dr					M	07 [™]	/		31	/	2019	Y			
	City	State FL		Zip Code		Т	ransa	acti	ion	ID : F	PR4370	3152110	9			
	Sarasota			34240-9426	- 1	Am	nount	of	Ead	ch Re	eceipt t	his Perio	d			
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) Employee Benefits Marketing Group	Occu Brok	•	on (for Individual)			Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 210.00	P	P/R	Dedu	uctic	on ((\$30.0	0 Mon	thly)				
	Full Name of Individual (Last, First, Middle Initia Moore, Wesley, P., ,	l) or Full O	rgan	ization Name		Da	te of	Re	cei	pt						
	Mailing Address P O Box 604					07 31 2019										
	City	State Zip Code					Transaction ID : PR437039421109									
	Darlington	SC 29540-0604						Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C					30.00									
	Name of Employer (for Individual) Moore Insurance Agency, LLC	Occupation (for Individual) Broker						Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 210.00	P	?/R	Dedu	uctio	on (\$30.0	0 Mont	hly)				
	Full Name of Individual (Last, First, Middle Initia Hayes, Leesa, Kay, ,	l) or Full O	rgan	ization Name		Da	te of	Re	cei	pt						
	Mailing Address 812 Lyndon Lane Suite 101					M	07 [™]	/		31	/	2019	Y			
	City	State		Zip Code		Т	rans	acti	ion	ID : I	PR4370	4332110)9			
	Louisville	KY		40222-3844	4	Am	nount	of	Ead	ch Re	eceipt t	his Perio	d			
	FEC ID number of contributing federal political committee.								y		,	30	0.00			
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occu Brok	•	on (for Individual)		Ľ	Me	emo) Ite	em						
	Paggint For:	I			_											
	Primary General Other (specify)	Aggregate	year	210.00	P	P/R	Dedu	uctio	on ((\$30.0	0 Mon	thly)				
s	JBTOTAL of Receipts This Page (optional)			••••••					7			90	0.00			
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IIEWIZED RECEIPTS for each category of the Detailed Summary Page		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12											
			13 14 15 16 17											
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Corr	mittee												
Full Name of Individual (Last, First, Middle A. Ellingson, Susan, Katherine , ,	Date of Receipt													
Mailing Address 4100 Victoria St			07 31 2019 Transaction ID : PR437048721109											
City	State MN	Zip Code												
Minnetonka	IVIIN	55345-1963	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Above & Beyond Benefits	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For:	Aggregate	Year-to-Date V												
Other (specify) ▼		210.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Middle B. Olson, Terri, M., ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address P. O. Box 21479			07 31 2019											
City														
Keizer	er OR 97307-1479													
FEC ID number of contributing federal political committee.	С		65.00											
Name of Employer (for Individual) Olson Insurance	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General													
Full Name of Individual (Last, First, Middle C. Alberts, Suzetta, E., ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 26555 Evergreen Drive Ste 535			07 31 2019											
City	State	Zip Code	Transaction ID : PR437076121109											
Southfield	MI	48076-4213	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		84.00											
Name of Employer (for Individual) Comprehensive Benefits	Memo Item													
Receipt For:														
Other (specify)		Year-to-Date ▼ 713.00	P/R Deduction (\$84.00 Monthly)											
SUBTOTAL of Receipts This Page (optional)			179.00											
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17	Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 1 ¹							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Smith, Kevin, W., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2000 RiverEdge Parkway Suite 1010			07 31 2019							
	City Sandy Springs	State GA	Zip Code 30328-4657	Transaction ID : PR437077221109 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) KSA Insurance Agency, LLC	Occu Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
в.	Full Name of Individual (Last, First, Middle Initia Lopez, Juan, R., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 22431 Antonio Pkwy Suite B160-420		7.0.1	07 / D D / Y Y Y Y 2019							
	City Rancho Santa Margarita	State CA	Zip Code 92688-2804	Transaction ID : PR437079021109 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Self		upation (for Individual) Isultant	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initia Douglas, Paul, L., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 100 Independence Place, Suite			07 / D D / Y Y Y Y Y 2019							
	City Tyler	State TX	Zip Code 75703-1310	Transaction ID : PR437080221109 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer (for Individual) Douglas & Associates Insurance	Occu Brok	upation (for Individual) er	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			145.00							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17												
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee													
Full Name of Individual (Last, First, Middle A. Koehler, Linda Rose, , ,	Date of Receipt														
Mailing Address 2 Treeble Ct			07 31 2019 Transaction ID - PP437090131109												
City Greensboro	State NC	Zip Code 27406-5375	Transaction ID : PR437090121109												
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 30.00												
Name of Employer (for Individual) Self	Occ Bro	upation (for Individual) ker	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	P/R Deduction (\$30.00 Monthly)												
Full Name of Individual (Last, First, Middle B. Henehan, Joseph, E., ,	e Initial) or Full C	rganization Name	Date of Receipt												
Mailing Address 685 Carnegie Dr., Ste. #2			Mon M / D D / Y Y Y Y Y 07 31 / 2019 Transaction ID : PR437097921109 Amount of Each Receipt this Period												
City San Bernardino	State CA	Zip Code 92408-3550													
FEC ID number of contributing federal political committee.	С		255.00 Memo Item												
Name of Employer (for Individual) The Henehan Company	Occ Bro	upation (for Individual) ker													
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1785.00	P/R Deduction (\$255.00 Monthly)													
Full Name of Individual (Last, First, Middle C. Roiz, Mario, , ,	e Initial) or Full C	rganization Name	Date of Receipt												
Mailing Address 10446 NW 31st Terrace			07 / D D / Y Y Y Y 2019												
City Doral	State FL	Zip Code 33172-1200	Transaction ID : PR437104921109												
FEC ID number of contributing federal political committee.	С	33172-1200	Amount of Each Receipt this Period 42.00												
Name of Employer (for Individual)	Memo Item														
HR Benefit Services, Inc. Receipt For: Primary General Other (specify)	Aggregate	xer Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)												
SUBTOTAL of Receipts This Page (optiona	l)		327.00												
TOTAL This Period (last page this line num	,	r													

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 136 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)							
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee							
Full Name of Individual (Last, First, Mid Stephens, James, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 100 Mansell Ct East Suite 400			07 31 2019						
City Roswell	State GA	Zip Code 30076-4859	Transaction ID : PR437110721109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Humana	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mid B. Garner, G. Russell, , ,		rganization Name	Date of Receipt						
Mailing Address 1308 Murraywood Drive			07 31 Y Y Y Y Y 2019						
City Columbia	State SC	Zip Code 29212-1159	Transaction ID : PR437113221109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) G. Russell Garner LLC	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mid MCEVILLY, BRIAN, J., ,		rganization Name	Date of Receipt						
Mailing Address 7260 West Azure Drive #140-201 City	State	Zip Code	07 / D D / Y Y Y Y 07 31 2019						
Las Vegas	NV	89130-7999	Transaction ID : PR437117721109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) McEvilly Benefits	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 560.00	P/R Deduction (\$50.00 Monthly)						
SUBTOTAL of Receipts This Page (option	nal)		110.00						
TOTAL This Period (last page this line nu	,								

Use separate schedule(s)

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ITEMIZED RECEIPTS	Use separate schedule(s)	(ch	(check only one)									
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c		12		
	y information copied from such Reports and St for commercial purposes, other than using the								ng cont			
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
]	Health Underwriters Political Act	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Roberts, Joseph, K., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1128 Lincoln Mall Suite 200				м м 07	1	D 31		ΥΥΥ 201	ү 19		
	City Lincoln	State NE	Zip Code 68508-2878	_				: PR437 Receipt				
	FEC ID number of contributing federal political committee.	С					-			170.00)	
	Name of Employer (for Individual) UNICO	Occu Brok	upation (for Individual) ker		Me	emc	ltem					
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1190.00]	P/R Ded	ucti	on (\$17	70.00 Mc	onthly)				
R	Full Name of Individual (Last, First, Middle Initi Benton, Bruce, D., ,	ial) or Full O	rganization Name		Date of	Re	ceint					
	Mailing Address 17200 Ventura Blvd Suite 312				07	/	31		y y 201	ү ү 9		
	City Encino	State CA	Zip Code 91316-5018					PR437				
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 85.00)	
	Name of Employer (for Individual) Genesis Financial & Insurance Services	Occu Brol	upation (for Individual) ker		Me	emc	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00] F	P/R Dedu	uctio	on (\$85	5.00 Mor	ithly)			
C.	Full Name of Individual (Last, First, Middle Initi Antongiovanni, Joanna, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2929 Allen Parkway Suite 2500				^M 07	1	D 31		Y Y 201			
	City Houston	State TX	Zip Code 77019-2178					: PR437 Receipt				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,		30.00)	
	Name of Employer (for Individual) Marsh Wortham	Occupation (for Individual) Broker			Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]	P/R Ded	ucti	on (\$3(0.00 Mor	nthly)			
	UBTOTAL of Receipts This Page (optional)			▶ -			9		ź	285.00		

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)	(check only one)							
II EIVIIZED REGEIPIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12	_، ר					
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Midd A. Friedrich, Linda, K., ,	lle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1128 Lincoln Mall Suite 200			07 31 Y Y Y Y Y Y 2019]					
City Lincoln	State NE	Zip Code 68508-2878	Transaction ID : PR437129121109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	50.00							
Name of Employer (for Individual) UNICO Group, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General								
Full Name of Individual (Last, First, Midd B. Papenfus, Jeffrey, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 32110 Agoura Road			07 / D D / Y Y Y Y 2019						
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : PR437137821109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Warner Pacific Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Midd C. Walsh, Timothy, P., ,	le Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 701 Oyster Catcher Driv	e State	Zip Code	07 31 2019]					
City Hampstead	NC	28443-8340	Transaction ID : PR437149421109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Advanced Insurance Systems	Occ Brol	upation (for Individual) ker	Memo Item	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 210.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optional	al)		110.00						
TOTAL This Period (last page this line nur	nber only)			1					

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		ach category of the iled Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
or for commercial purposes, other than us	and Statements may not b ing the name and address	e sold or used by any p of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Committe	e												
Full Name of Individual (Last, First, Mi A. Hebert, Laura, L., ,	ddle Initial) or Full Organiza	tion Name	Date of Receipt											
Mailing Address 5151 Flynn Pkwy Suite 403 City	State Zip	Code	07 31 2019 Transaction ID : PR437154821109											
Corpus Christi	TX 7	8411-4372	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		42.00											
Name of Employer (for Individual) Hebert Insurance Group	Occupation Broker	(for Individual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Tear-to-Date V													
Full Name of Individual (Last, First, Mi Allard, Terry, , ,	ddle Initial) or Full Organiza	tion Name	Date of Receipt											
Mailing Address 3000 A Street, Suite 4			07 / D D / Y Y Y Y 2019											
City Anchorage	'	0 Code 9503-4040	Transaction ID : PR437182321109 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		250.00											
Name of Employer (for Individual) The Wilson Agency, LLC	Occupation Broker	(for Individual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1800.00	P/R Deduction (\$250.00 Monthly)											
Full Name of Individual (Last, First, Mi C. Murray, Neal, , ,	ddle Initial) or Full Organiza	tion Name	Date of Receipt											
Mailing Address 1314 East Atlantic Bou			07 31 / Y Y Y Y Y 2019											
City Pompano Beach		0 Code 3060-6745	Transaction ID : PR437183421109											
FEC ID number of contributing federal political committee.	C	5000-0743	Amount of Each Receipt this Period 30.00											
Name of Employer (for Individual) Frank H. Furman, Inc	Occupation Broker	(for Individual)	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate Year-to	Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)											
SUBTOTAL of Receipts This Page (option	nal)		322.00											
TOTAL This Period (last page this line n	umber only)													

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 1	ŀ		11b	11c		2				
	ation copied from such Reports and nercial purposes, other than using			erson for		ourp			ng cont					
	DF COMMITTEE (In Full) h Underwriters Political /													
	ne of Individual (Last, First, Middle e, Dale, , ,	Initial) or Full O	rganization Name	Da	te of	Red	ceipt							
	Address 235 Highlandia Drive Suite 100				07 ^M	/	D 1		y y 201	ү ү 19				
City Baton R	Rouge	State LA	Zip Code 70810-6056					PR437 Receipt						
	number of contributing political committee.	ů (y	-		42.00)			
Health P	f Employer (for Individual) Plus Consulting Services	Occi Broł	upation (for Individual) ser		Me	mo	Item							
Pr	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 294.00				Dedu	ctio	n (\$42	.00 Mor	ithly)					
B. Deble	ne of Individual (Last, First, Middle r, Johnnie, O., ,	Initial) or Full O	rganization Name	Da	te of	Red	ceipt							
	Address 1102 E. Laurel St.	Ctoto	Zin Code		07 [™]	/	D 31		201	9 9]			
City Rockpor	rt	State Zip Code TX 78382-2815			Amount of Each Receipt this Period									
FEC ID	number of contributing political committee.				30.00									
	f Employer (for Individual) surors Group	Occu Brol	upation (for Individual) ker		Me	mo	Item							
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R	Dedu	ctio	n (\$30	00 Mon	thly)					
	ne of Individual (Last, First, Middle ers, Scott, R., ,	Initial) or Full O	rganization Name	Da	te of	Red	ceipt							
	Address 2211 Lee Road, Suite 100			_ L	07 ^M	/	31	11	y y 201	9				
City Winter F	Park	State FL	Zip Code 32789-1849					PR437 Receipt						
	number of contributing political committee.			_		,			30.00)				
Fringe B	f Employer (for Individual) Benefit Plans, Inc.		Occupation (for Individual) Broker					Memo Item						
	imary General iher (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R	Dedu	ictio	on (\$30	.00 Mor	nthly)					
		1		1										

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the	(check only one)								
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 Derson for the purpose of soliciting contributions Dere to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middle Braden, Victoria, J., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3875 Johns Creek Parkwa			07 / D D / Y Y Y Y Y 07 31 2019						
City Suwanee	State GA	Zip Code 30024-1294	Transaction ID : PR437201921109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Braden Benefit Strategies, Inc	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	P/R Deduction (\$250.00 Monthly)						
Full Name of Individual (Last, First, Middle B. Nace, Joshua, D., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 100 W. Harrison Street, S	uite S440		07 / D D / Y Y Y Y 07 31 2019						
City Seattle	State WA	Zip Code 98119-4116	Transaction ID : PR437203321109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) Dental Health Services	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Wilson, Lon, G., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3000 A Street, Suite 400			07 / D D / Y Y Y Y 07 31 2019						
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437204321109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) The Wilson Agency, LLC	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (optiona)		365.00						
TOTAL This Period (last page this line num	ber only)								

Use separate schedule(s)

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		2	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson fo	r the		pose of	solicitin	g cont	ributic	ons			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comi	mittee											
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bundy-Cobb, Jennifer, , ,				Date of Receipt									
	Mailing Address 3000 A Street, Suite 400				07 31 2019									
	City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437204421109 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			85.00									
	Name of Employer (for Individual) The Wilson Agency, LLC		Occupation (for Individual) Broker				Memo Item							
	Receipt For:	Aggregate Y	Year-to-Date ▼ 430.00	P/R Deduction (\$85.00 Monthly)										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garbina, James, S., ,				ate of	^r Re	eceipt							
	Mailing Address 14010 FNB Pkwy Ste 300				07 31 2019									
	City Omaha	State Zip Code NE 68154-5235			Transaction ID : PR437212221109 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C				85.00								
	Name of Employer (for Individual) The Harry A. Koch Co	upation (for Individual) ker		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cooper, Catherine, L., ,					Re	eceipt							
	Mailing Address 39500 High Pointe Blvd., Suite 400				07 / D D / Y Y Y Y 31 2019									
	City Novi	State MI	Zip Code 48375-5517					PR4372						
	FEC ID number of contributing federal political committee.			nouni		Each F	Receipt t		112.00)				
	Name of Employer (for Individual) Health Alliance Administrators	ipation (for Individual) er		M	emo	tem								
	Receipt For: Primary General Other (specify)	Aggregate	P/F	R Ded	ucti	on (\$11	2.00 Mo	nthly)						
s	UBTOTAL of Receipts This Page (optional)						, ,		2	282.00)			
т	OTAL This Period (last page this line number on	ly)	►	Ē						-				

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TEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Fu	n) Political Action Committe	96								
A _Daubert, Jim, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Daubert, Jim, , ,									
Mailing Address P.O. Box 6722	07 / D D / Y Y Y Y 2019									
City Lincoln	State Z	ip Code 68506-7220	Transaction ID : PR437219621109							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00							
Name of Employer (for Individu Daubert and Butler Associates	al) Occupation Broker	n (for Individual)	Memo Item							
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-t	o-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, I Musser, Rita, A. , ,	Date of Receipt									
Mailing Address 3330 Thames	07 31 2019									
City Fort Wayne		ip Code 46815-5994	Transaction ID : PR437229121109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individu Senior Insurance Solutions	al) Occupatio Broker	n (for Individual)	Memo Item							
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-t	o-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, F C. Gardner, Joy, K., ,	irst, Middle Initial) or Full Organiz	ation Name	Date of Receipt							
Mailing Address 9424 Double F	Mailing Address 9424 Double R Blvd									
City Reno		ip Code	Transaction ID : PR437231221109							
FEC ID number of contributing federal political committee.	C	89521-5977	Amount of Each Receipt this Period 47.00							
Name of Employer (for Individu	, , , , , , , , , , , , , , , , , , , ,	n (for Individual)	Memo Item							
Comstock Insurance Agencies, Receipt For: Primary Genera Other (specify)	Aggregate Year-t	o-Date ▼ 479.00	P/R Deduction (\$47.00 Monthly)							
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17			Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a		11b	11c	12	_			
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Rowe, Peter, L., ,	al) or Full Organization Name			Date of Receipt								
	Mailing Address 3033 N. Central Ave Suite 810				07 / D D / Y Y Y Y Y 2019								
	City Phoenix	State AZ	Zip Code 85012-2804	_					36921109 his Period				
	FEC ID number of contributing federal political committee.	C			170.00								
	Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occupation (for Individual) Broker				emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1240.00	F	P/R Deduction (\$170.00 Monthly)								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Norris, Michael, A., ,					Re	ceipt						
	Mailing Address 295 E Palmer Street				07 31 2019								
	City Franklin	State NC	Zip Code 28734-3049		Transaction ID : PR4372500211								
	FEC ID number of contributing federal political committee.	C				42.00							
	Name of Employer (for Individual)Occupation (for Individual)Wayah Employee Benefits / EbenConceptsBroker				Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	P	P/R Deduction (\$42.00 Monthly)									
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barton-Lewis, Diane, L., ,					Re	ceipt						
	Mailing Address Arthur J Gallagher & Co 615 E. Britton Road				07 / D D / Y Y Y Y 31 / 2019								
	City Oklahoma City	State OK	Zip Code 73114-7710		Transaction ID : PR437254121109 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C			<u> </u>		y	,	30.0	00			
	Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occupation (for Individual) Broker			Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00				uctio	on (\$30.	.00 Mont	hly)				
s	UBTOTAL of Receipts This Page (optional)						,	. ,	242.0	00			
т	OTAL This Period (last page this line number o	nly)	••••••		L.,								

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	INIZED RECEIPTS			Detailed Summary Page	×	11a	L	1'	1b		11c	12	_			
				, ,		13		14			15	16	17			
	information copied from such Reports and S for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	m	ttee												
	Full Name of Individual (Last, First, Middle Ini McLane, Mark, A., ,	tial) or Full O	rga	nization Name		Date o	f Re	ece	ipt							
	Mailing Address 3301 Veterans Drive, Suite 2	10				^M 07	/	I	D 31)	/ Y	ү ү 2019	Y			
	City Traverse City	State MI		Zip Code 49684-4575	Transaction ID : PR437258321109 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			30.00											
I	Name of Employer (for Individual) Mark McLane Insurance	Occi Brol	•	tion (for Individual)	Memo Item											
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00] P	/R Dec	luctio	on	(\$30	.00) Month	ıly)				
	Full Name of Individual (Last, First, Middle Ini Powers-Booth, Sandra, Lee, ,	tial) or Full O	rga	nization Name		Date o	f Re	ece	ipt							
	Mailing Address 4817 S. 175th Street					м м 07	/	I	D 1)	/ Y	y y 2019	Y			
	City Seatac	State WA		Zip Code 98188-3710				-				4321109 is Period				
	FEC ID number of contributing federal political committee.	С						-			-7	42.	00			
	Name of Employer (for Individual) Health Benefits Northwest	Occ Bro	•	tion (for Individual)		M	emc	o It	em							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 294.00] Р.	/R Ded	uctio	on	(\$42	.00	Month	ly)				
	Full Name of Individual (Last, First, Middle Ini Hardy, Allen, D., ,	tial) or Full O	rga	nization Name		Date o	f Re	ece	ipt							
	Mailing Address 802 Kosciusko Road P.O. Box 89					^M 07	J.	l	D 31			2019 ^Y				
	City Philadelphia	State MS		Zip Code 39350-3555								54921109 is Period				
	FEC ID number of contributing federal political committee.	С						y			9	30.	00			
	Name of Employer (for Individual) Philadelphia Security Insurance	Occi Brok	•	tion (for Individual)		N	lemo	o li	em							
I	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 210.00]	P/R Dec	ducti	ion	(\$30	.00) Month	nly)				

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	y information copied from such Reports and State for commercial purposes, other than using the na						or the					soli	citing	con	ntribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	nmit	ttee												
A.	Full Name of Individual (Last, First, Middle Initial) Harte, Heather, Roberts, ,	or Full C	Drgar	nization Name		C	ate c	of Re	ece	eip	t					
	Mailing Address 11365 Avant Lane	Otata		Zie Oode		l	^M 07		′		31		Y	20) 19	
	City Cincinnati	State OH		Zip Code 45249-2373	_	•							43726			
	FFC ID number of contributing	C				A	mour	IT OT	Ē	aci	n Re	ece	ipt thi	s Pe	30.	00
	Name of Employer (for Individual) HSA Bank	Occ Brol	•	ion (for Individual)			N	lemo	οI	lter	n					
	Receipt For: A Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 210.00		P/	R Deo	ducti	ior	า (\$	30.0	00 1	Month	ly)		
B.	Full Name of Individual (Last, First, Middle Initial) Toups, Jennifer, L., ,	or Full C	Drgar	nization Name		C	ate c	of Re	ece	eip	t					
	Mailing Address #1 Galleria Blvd, Suite 1122					l	^M 07	/	′		31	/	Y	ү 20	19	Y
	City Metairie	State LA		Zip Code 70001-2092									13727 ipt thi			
	FEC ID number of contributing federal political committee.	С				ļ			-,		_		-g		85.	00
	Name of Employer (for Individual) Humana		cupat oker	tion (for Individual)		l	N	lemo	οI	lter	n					
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 595.00	ŀ	P/I	R Dec	lucti	ion	n (\$	85.0	00 N	Monthl	ly)		
с.	Full Name of Individual (Last, First, Middle Initial) Hissong, James, H., ,	or Full C	Drgar	nization Name		C	ate c	of Re	ece	eip	/t					
	Mailing Address 8401 Widmer Rd					l	^M 07	/	/		31	/	Y	ү 20	19 [°]	Ŷ
	City	State		Zip Code			Tran	sact	tio	n I	D : I	PR4	43727	472	1109	
	Lenexa	KS		66215-5416	_	A	mour	nt of	E	ac	h Re	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С				ļ	_		,		_		y		30.	00
	Name of Employer (for Individual) Self	Occ Age	•	ion (for Individual)			N	lem	0	lter	m					
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 210.00		P/	R De	ducti	ior	n (\$	\$30.0	00	Month	ly)		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle Summers, James, F., ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 8420 West Dodge Road,	5th Foor		07 31 2019										
City Omaha	State NE	Zip Code 68114-3443	Transaction ID : PR437281021109 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		125.00										
Name of Employer (for Individual) Senior Market Sales, Inc.	Occi Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	P/R Deduction (\$125.00 Monthly)										
Full Name of Individual (Last, First, Middle B. Grossnickle, Jeffrey, R., ,		rganization Name	Date of Receipt										
Mailing Address 1405 North College Avenu	State	Zip Code	07 31 2019 Transaction ID : PR437294721109										
Bloomington	IN	47404-2417	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) First Insurance Group Inc.	Occ Age	upation (for Individual) ent	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle C. Yarberry, Luann, S., ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1300 10th Street			07 / D D / Y Y Y Y Y 2019										
City Wichita Falls	State TX	Zip Code 76301-3227	Transaction ID : PR437301021109 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Higginbotham Ins Agency, Inc.	Occi Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mi	ttee												
۹.	Full Name of Individual (Last, First, Middle Initia Sullivan, T.J., , ,	l) or Full O	rgar	nization Name	[Date o	f Re	eceipt								
	Mailing Address 1786 State Street	1				м м 07	/		^р 31	/ Y	үүү 2019	Y				
	City Salem	State OR		Zip Code 97301-4341				-			0521109					
			_	97301-4341	_ ^	moun	t of	Each	Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С						-		-	30.	00				
	Name of Employer (for Individual) Huggins Insurance Services, Inc.	Occu Brok	•	ion (for Individual)		М	emc	ltem	I							
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	210.00	P/	'R Ded	luctio	on (\$:	30.0	0 Month	nly)					
3.	Full Name of Individual (Last, First, Middle Initia Bell, Marie, D., ,	l) or Full O	rgar	nization Name		Date o	f Re	eceipt								
	Mailing Address 701 4th Ave S. #1500					м м 07	/		р 31	/ Y	y y 2019	Ŷ				
	City	State		Zip Code		Trans	acti	ion ID) : P	R43732	23321109					
	Minneapolis	MN		55415-1637	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) DeRuyter-Bell, LLC	Occi Brol	•	ion (for Individual)	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
	Full Name of Individual (Last, First, Middle Initia Mihalyi-Stiffler, Patricia, , ,	l) or Full O	rgar	nization Name		Date o	f Re	eceipt								
	Mailing Address 155 N. Riverview Drive					^м 07	1		^р 31	/ Y	2019	Y				
	City	State		Zip Code		Trans	sact	ion II) : P	PR43732	2612110)				
	Anaheim	CA		92808-1225	A	moun	t of	Each	Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С						y		y	85.	00				
	Name of Employer (for Individual) Options in Insurance	Occu Brok	•	ion (for Individual)		М	emo	b Item	ı							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 634.00	P/	R Dec	lucti	on (\$8	85.0	0 Month	nly)					
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			ay not be sold or used by any p ddress of any political committe												
\	COMMITTEE (In Full) Jnderwriters Political	Action Com	mittee												
Full Name o A. Pittman, S	of Individual (Last, First, Middle Susan, R., ,	Initial) or Full O	rganization Name		Date of Receipt										
Mailing Addr	ress 1010 South 336th Street Suite 305				07 / D D / Y Y Y Y 31 2019										
City Federal Wa	у	State WA	Zip Code 98003-7355		Transaction ID : PR437343521109 Amount of Each Receipt this Period										
	nber of contributing cal committee.	C		50.00											
Name of Em Insure NW Ir	nployer (for Individual) nc.	Occu Brok	upation (for Individual) ker		Me	emo	ttem								
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 350.00] '	P/R Dedi	uctio	on (\$50	0.00 Montl	hly)						
	f Individual (Last, First, Middle ki, Catherine, A., ,	Initial) or Full O	rganization Name	Date of Receipt											
	ress 188 Industrial Drive, Suite		Zin Oode	07 31 2019 Transaction ID : PR437361121109											
City Elmhurst		State IL	Zip Code 60126-1610				-		61121109 his Period						
	nber of contributing cal committee.	С			42.(00									
Name of En CB Health In	nployer (for Individual) Isurance	Occi Brol	upation (for Individual) ker		Memo Item										
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 294.00] F	P/R Dedu	uctio	on (\$42	.00 Montł	ıly)						
Full Name o C. Block, D	of Individual (Last, First, Middle avid, M., ,	Initial) or Full O	rganization Name		Date of	Re	eceipt								
	ress POBox 1809				м м 07	1	D 31		ү ү 2019	Y					
City Candler		State NC	Zip Code 28715-1809						64421109 nis Period						
FEC ID number of contributing federal political committee.						,	7	30.0	00						
Insurance S	nployer (for Individual) pecialties, Inc.	Occu Brok	upation (for Individual) er		Me	emc	tem Item								
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 210.00	1	P/R Ded	ucti	on (\$30).00 Mont	hly)						
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle PAULUS, Raquel, E., ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1368 Business Park Drive			07 / D D / Y Y Y Y Y 2019										
City Traverse City	State MI	Zip Code 49686-8640	Transaction ID : PR437367921109 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) Peterson McGregor & Associates	Occi Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle Thomas, Jeffery, C. , , Mailing Address 3072 Arborwood Blvd.	e Initial) or Full O	rganization Name	Date of Receipt										
City	State	Zip Code	07 / 31 / 2019										
Spring Arbor	MI	49283-9663	Transaction ID : PR437385421109 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Small Business Assocation of Michigan	Occ	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle Cutting, Brenda, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4356 Bonney Road Suite 2-101	State	Zip Code											
City Virginia Beach	VA	Zip Code 23452-1200	Transaction ID : PR437388321109 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) Sterling Benefits, LLC	Occi Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)										
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\ \	ME OF COMMITTEE (In Full) ealth Underwriters Political Acti	on Com	mittee												
	ll Name of Individual (Last, First, Middle Initia ensen, Cerrina, , ,	l) or Full Or	rganization Name	Date	of Re	eceipt									
Ma	ailing Address 2520 Venture Oaks Way #240				07 / D D / Y Y Y Y 07 31 2019										
Cit Sa	y acramento	State CA	Zip Code 95833-4228	Transaction ID : PR437391221109 Amount of Each Receipt this Period											
	C ID number of contributing leral political committee.	С		50.00											
Co	me of Employer (for Individual) preMark Insurance Services Inc	Occu Brok	ipation (for Individual) er		Mem	o Item									
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R D	educt	ion (\$50.	00 Month	nly)							
вС	II Name of Individual (Last, First, Middle Initia llingan, Nedra, C., ,	l) or Full Or	rganization Name			eceipt									
Ma Cit	ailing Address 13222 Huisache Way	State	Zip Code	07 / 31 / 2019 Transaction ID : PR437397721109											
	elotes	TX	78023-3606					is Period							
	C ID number of contributing deral political committee.	С		30.00											
	ame of Employer (for Individual) naissance Family of Companies	Occu Brok	upation (for Individual) Ker	Memo Item											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R De	educti	on (\$30.	00 Month	ıly)							
	ll Name of Individual (Last, First, Middle Initia Gutierrez, Antonio, , ,	l) or Full Or	rganization Name	Date	of Re	eceipt									
	ailing Address 12833 River Dance Dr.			07	7	31		2019 [°]	Y						
Cit R	y aleigh	State NC	Zip Code 27613-7093					02021109 is Period							
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Be	me of Employer (for Individual)	Occu Brok	ipation (for Individual) er	Memo Item											
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	y information copied from such Reports and Sta for commercial purposes, other than using the														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Cramer, Valerie, Lynn, ,	al) or Full Oi	rganization Name		Date of Receipt										
	Mailing Address 588 - 3 Mile Road, NW Suite 101				^M 07	/	D D D 31	/ Y	2019	Y					
	City Grand Rapids	State MI	Zip Code 49544-8221	Transaction ID : PR437416421109 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						-	100.0	00					
	Name of Employer (for Individual) TGG Solutions	Occu Brok	upation (for Individual) ker		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	P	/R Dedu	uctio	on (\$100	0.00 Mor	ithly)						
в.	Full Name of Individual (Last, First, Middle Initia Gandy, Hollie, , ,	al) or Full Oi	rganization Name	Date of Receipt											
	Mailing Address 2920 Duniven Circle, #2			07 31 2019											
	City Amarillo	State TX	Zip Code 79109-1650				-		2 5021109 nis Period						
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Senior Solutions Group	Occu Brok	upation (for Individual) ker	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P	/R Dedu	uctic	on (\$30.	00 Montl	nly)						
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 7548 Preston Road				^M 07	/	31		2019 [°]	Y					
	City Frisco	State TX	Zip Code 75034-5683						27221109 his Period						
	FEC ID number of contributing federal political committee.	С				_	y .	, ,	42.0	00					
	Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occu Brok	upation (for Individual) er	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	P	P/R Ded	uctio	on (\$42.	.00 Mont	hly)						
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	for commercial purposes, other than using the nar										
$\overline{\backslash}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Health Underwriters Political Action	n Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initial) Rosenblum, Joel, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 230 Lipan Way				07 ^M	/	E	D D 31	/ Y	ү ү 2019	Y
	,	State	Zip Code		Trans	acti	ion	ID : P	R43742	27421109	
	Boulder	СО	80303-3635	/	Amount	of	Ead	ch Re	ceipt th	nis Period	
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	Name of Employer (for Individual) Insurance for Asset Protection	Occi Broł	upation (for Individual) ker		M	emc	o Ite	em			
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	Primary General Other (specify) ▼	99.09410	294.00	P	/R Ded	uctio	ion ((\$42.0	0 Montł	าly)	
В.	Full Name of Individual (Last, First, Middle Initial) Carlson, Daryl, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 200 W Vine Street Ste 300				м м 07	1		31	/ Y	2019	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R43744	42121109	
	Lexington	KY	40507-1620	/	Amount	of	Ead	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	C					-7-		-9-	15.	00
	Name of Employer (for Individual) BB&T Insurance Services, Inc.	Occ Bro	upation (for Individual) ker		M	emc	o Ite	em			
	Receipt For: Age Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 255.00	P	/R Ded	uctio	on ((\$15.0	0 Month	ıly)	
с.	Full Name of Individual (Last, First, Middle Initial) Mutter, Amy, D., ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 2670 Electric Road				^M 07	1	L	31	/ Y	ү ү 2019	
	,	State VA	Zip Code		Trans	act	tion	ID : F	R4374	54921109)
	Roanoke	VA	24018-3511	/	Amount	of	Ead	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	0					y		y	63.	00
	Name of Employer (for Individual) Innovative Insurance Group, LLC	Occi Brok	upation (for Individual) ser		M	emo	o Ite	em			
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or	for commercial purposes, other than using the	name and a	addre	ess of any political committee	to sol	icit cor	ntrib	pus	ons fro	onclung om sucl	h co	mmitte	e.			
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	Health Underwriters Political Ac	tion Com	nmit	ttee												
A.	Full Name of Individual (Last, First, Middle Init Smith, David, C., ,	ial) or Full C	Drgar	nization Name		Date of	Re	eceij	ipt							
	Mailing Address 110 N. Corcoran St. #1205					м м 07	/		D D D 31	/ Y	ү 20) 019	Y			
	City	State NC		Zip Code				-		R4374	-					
	Durham	NC		27701-5020		mount	of	Ead	ch Re	ceipt th	nis F	Period				
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	Name of Employer (for Individual) Ebenconcepts Company	Occ Brol		ion (for Individual)		M	emo) Ite	em							
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	1240.00	P/	R Ded	uctio	on ((\$170.)	00 Mor	ithly))				
В.	Full Name of Individual (Last, First, Middle Init Creasy, Marcus, , ,	ial) or Full C	Drgar	nization Name		Date of	Re	eceij	ipt							
	Mailing Address P. O. Box 220					м м 07	/		31	/ Y	20)19	Y			
	City	State		Zip Code		Trans	acti	ion	ID : P	R43747	7492	1109				
	Heber Springs	AR		72543-0220	A	mount	of	Ead	ch Re	ceipt th	nis F	eriod				
	FEC ID number of contributing federal political committee.	С						-		-9		30.0	0			
	Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.		cupat oker	ion (for Individual)		M	emo) Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ , 210.00	P/R Deduction (\$30.00 Monthly)											
С.	Full Name of Individual (Last, First, Middle Init Fiala, Colby, , ,	ial) or Full C	Drgar	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 195 River Vista Place Suite #	206				^M 07	/		D D D 31	/ Y)19 [°]	Y			
	City	State ID		Zip Code		Trans	acti	ion	ID : P	R4374	7512	21109				
	Twin Falls			83301-3189	A	mount	of	Ead	ch Re	ceipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	C				_	_	9		y		30.0	00			
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		М	emo	o Ite	em							
	Magic Valley Insurance	Brok	ker													
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼					(000 0							
	Other (specify)		-	310.00		R Ded	uctio	on ((\$30.0	0 Mont	hly)					
s	UBTOTAL of Receipts This Page (optional)			••••••				7				230.0	0			
т	OTAL This Period (last page this line number of	only)		•••••				-		-						

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

(check only one)

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			Detailed Summary Page	X	11a		11b		11c		12	
			Detailed Summary Faye		13		14		15		16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big)$	Health Underwriters Political Action	on Comi	nittee									
Α.	Full Name of Individual (Last, First, Middle Initial Pennington, Carol, C., ,) or Full Or	ganization Name	[Date of	Re	ceipt					
	Mailing Address 4640 Woodbridge Drive	1			^м М 07	1	D 31		/ Y)19	Y
	City	State	Zip Code		Trans	acti	ion ID	: PI	R43748	3542	1109	
	Kernersville	NC	27284-8850	A	mount	of	Each	Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С							-17-	_	30.0	0
	Name of Employer (for Individual) Pennington Associates	Occu Brok	pation (for Individual) er		Me	emo	Item					
	Receipt For:	Aggregate `	lear-to-Date ▼									
	Primary General Other (specify) ▼		210.00	P/	'R Ded	uctio	on (\$30	0.00) Month	ıly)		
в.	Full Name of Individual (Last, First, Middle Initial Cohn, Barry, S., ,) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 21515 Vanowen St Ste 200				м м 07	/	D 31		/ Y	ү 20	ү 19	Y
	City	State	Zip Code		Trans	acti	on ID	: PF	R43749	732	1109	
	Canoga Park	CA	91303-2715	A	mount	of	Each	Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С			_		-		- J -	_	30.0	0
	Name of Employer (for Individual) Really Great Employee Benefits	Occu Brok	pation (for Individual) er		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate `	/ear-to-Date ▼ 210.00	P/	R Dedi	uctio	on (\$30).00) Month	ly)		
с.	Full Name of Individual (Last, First, Middle Initial Stedt, Margaret, Evelyn, ,) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 486 Calle Amigo				м м 07	/	D 31		/ Y	ү 20	19	Y
	City	State	Zip Code		Trans	act	ion ID	: P	R43752	2992	21109	
	San Clemente	CA	92673-3003	A	mount	of	Each	Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		y	Ξ	100.0	0
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emc	ltem					
	Stedt Insurance Services	Broke	,									
	Receipt For:	Aggregate `	lear-to-Date ▼									
	Primary General Other (specify)		745.00	P	/R Ded	ucti	on (\$1(00.0	00 Mon	thly))	
s	UBTOTAL of Receipts This Page (optional)		••••••				, .		9		160.0	0
Т	OTAL This Period (last page this line number on	ly)	······	Ī						_		

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middle Swanson, Cynthia, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 501 Shelley Drive			07 31 2019						
City Tyler	State TX	Zip Code 75701-9540	Transaction ID : PR437544921109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Hibbs Hallmark & Company	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Middle Giardina, Charles, J., , Mailing Address 5440 Mounes Street, Suite		rganization Name	Date of Receipt						
City	State	Zip Code	07 31 2019 Transaction ID : PR437562821109						
New Orleans	LA	70123-3296	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) MassMutual	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Contorno, David, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 106 Langtree Village Dr Suite 301	State	Zin Oode	07 / D / Y Y Y Y 07 31 2019						
City Mooresville	NC	Zip Code 28117-7571	Transaction ID : PR437566621109 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) E Powered Benefits	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)			114.00						

Use separate schedule(s)

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		Use separate schedule(s)	(ch	(check only one)									
ITEMIZED RECEIF	13		for each category of the Detailed Summary Page		1 1a		11b	11c	12	<u> </u>			
			not be sold or used by any polices of any political committee										
NAME OF COMMITTEE Health Underwrit	(In Full) ers Political Action	n Comm	nittee										
Full Name of Individual A. Mobley, Dennis, F., ,	(Last, First, Middle Initial)	or Full Org	anization Name		Date of	Re	ceipt						
Mailing Address 137 Ex Suite D					м м 07	/	31		ү ү 2019	Y			
City Madison		State MS	Zip Code 39110-8456	_					87521109 nis Period				
FEC ID number of contr federal political committe	ů.	C					.		50.	00			
Name of Employer (for Mobley Insurance Agenc	,	Occup Broker	ation (for Individual)		Me	emo	Item						
Receipt For: Aggrega Primary General Other (specify) ▼			ear-to-Date ▼ 350.00		P/R Dedu	uctio	on (\$50	.00 Mont	hly)				
Full Name of Individual B. Waller, Doris, , ,	(Last, First, Middle Initial)	or Full Org	anization Name		Date of	Re	ceipt						
Mailing Address 1778 N. Plano Rd. Suite 310			7.0.1		м м 07	1	31		y y 2019	Y			
City Richardson		State TX	Zip Code 75081-1958				-		91521109 his Period				
FEC ID number of contr federal political committee	ů.	C Occupation (for Individual) Broker				U	7		85.	_			
Name of Employer (for Pan-American Life Insura						Memo Item							
Receipt For: Primary 0 Other (specify) ▼	Receipt For: Aggregat			P/R Deduction (\$85.00 Monthly)									
Full Name of Individual c. Robinson, Judith,	(Last, First, Middle Initial)	or Full Org	anization Name		Date of	Re	ceipt						
Mailing Address POBo					м м 07	1	31		2019	Y			
City Tyler		State TX	Zip Code 75711-0071						94121109 his Period				
FEC ID number of contr federal political committe	ů.	C			<u> </u>		,	,	85.	00			
Name of Employer (for I CFG Insurance	ndividual)	Occupation (for Individual) Broker				Memo Item							
Receipt For: Primary Other (specify)	General Ag	ggregate Ye	ear-to-Date ▼ 595.00		P/R Ded	uctio	on (\$85	.00 Mont	hly)				
SUBTOTAL of Receipts T				• -			,		220.	00			

Use separate schedule(s)

FOR LINE NUMBER:

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Any information of the second	ommercial purposes, other than using the Correct of Committee (In Full) alth Underwriters Political A Name of Individual (Last, First, Middle In inton, Ryan, R., , ng Address 1128 Lincoln Mall Suite 200 oln ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. sipt For: Primary General Other (specify) ▼ Name of Individual (Last, First, Middle In	ie name and a ction Com hitial) or Full O State NE C Occu Brok	ddress of any political committee mittee rganization Name Zip Code 68508-2878 upation (for Individual)	X 11a 11b 11c 12 13 14 15 16 erson for the purpose of soliciting contributions from such committee. Date of Receipt 07 31 2019 Transaction ID : PR437594921109 Amount of Each Receipt this Period 85.00 Memo Item P/R Deduction (\$85.00 Monthly)				
A. Sw A. City City Linc FEC fede	ommercial purposes, other than using the Correct of Committee (In Full) alth Underwriters Political A Name of Individual (Last, First, Middle In inton, Ryan, R., , ng Address 1128 Lincoln Mall Suite 200 oln ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. sipt For: Primary General Other (specify) ▼ Name of Individual (Last, First, Middle In	ie name and a ction Com hitial) or Full O State NE C Occu Brok	ddress of any political committee mittee rganization Name Zip Code 68508-2878 upation (for Individual) ter Year-to-Date ▼	Date of Receipt Transaction ID : PR437594921109 Amount of Each Receipt this Period Memo Item				
A. Full A. Sw Maill City Linc FEC fede	E OF COMMITTEE (In Full) alth Underwriters Political A Name of Individual (Last, First, Middle In inton, Ryan, R., , ng Address 1128 Lincoln Mall Suite 200 oln ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. eipt For: Primary General Other (specify) ▼	ction Com hitial) or Full O State NE C Occu Brok	mittee rganization Name Zip Code 68508-2878 upation (for Individual) er Year-to-Date ▼	Date of Receipt 07 / 31 / 2019 Transaction ID : PR437594921109 Amount of Each Receipt this Period 85.00 Memo Item				
He Full A. Sw Mail City Lind FEC fede Narr UNI0	alth Underwriters Political A Name of Individual (Last, First, Middle In inton, Ryan, R., , ng Address 1128 Lincoln Mall Suite 200 oln ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. bipt For: Primary General Other (specify) ▼	State NE C Brok	rganization Name Zip Code 68508-2878 upation (for Individual) ker Year-to-Date ▼	Mmm / D / 2019 Transaction ID : PR437594921109 Amount of Each Receipt this Period 85.00 Memo Item				
A. Sw Mail City Linc FEC fede Nam UNIO	inton, Ryan, R., , ng Address 1128 Lincoln Mall Suite 200 oln ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. pipt For: Primary General Other (specify) ▼	State NE C Occu Brok	Zip Code 68508-2878	Mmm / D / 2019 Transaction ID : PR437594921109 Amount of Each Receipt this Period 85.00 Memo Item				
City Linc FEC fede Nam UNI	Suite 200 oln ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. pipt For: Primary General Other (specify) ▼ Name of Individual (Last, First, Middle In	NE C Occu Brok	68508-2878 upation (for Individual) ker Year-to-Date ▼	07 31 2019 Transaction ID : PR437594921109 Amount of Each Receipt this Period 85.00 Memo Item				
Lind FEC fede Nam UNI	ID number of contributing ral political committee. e of Employer (for Individual) CO Group, Inc. eipt For: Primary General Other (specify) ▼	NE C Occu Brok	68508-2878 upation (for Individual) ker Year-to-Date ▼	Amount of Each Receipt this Period 85.00 Memo Item				
fede Nam UNI	ral political committee. e of Employer (for Individual) CO Group, Inc. sipt For: Primary General Other (specify) ▼ Name of Individual (Last, First, Middle In	Occu Brok	xer Year-to-Date ▼	Memo Item				
UNI	CO Group, Inc. sipt For: Primary General Other (specify) ▼ Name of Individual (Last, First, Middle In	Brok	xer Year-to-Date ▼					
Rec	Primary General Other (specify) ▼ Name of Individual (Last, First, Middle In	Aggregate		P/R Deduction (\$85.00 Monthly)				
				1				
	ırks, Eugene, , ,	nitial) or Full O	rganization Name	Date of Receipt				
	ng Address 613 Crescent Circle Suite 201			07 / D D / Y Y Y Y Y 31 2019				
City	eland	State MS	Zip Code 39157-8686	Transaction ID : PR437603121109				
FEC	ID number of contributing al political committee.	C		Amount of Each Receipt this Period				
Nam Bene	e of Employer (for Individual) fit Administration Services, Ltd.	Occu Brok	upation (for Individual) ser	Memo Item				
Reco	eipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 720.00	P/R Deduction (\$85.00 Monthly)				
	Name of Individual (Last, First, Middle II Iliams, George, , ,	nitial) or Full O	rganization Name	Date of Receipt				
	ng Address 4109 Woodway Dr.			07 / D D / Y Y Y Y 2019				
City Mor	roe	State LA	Zip Code 71201-2218	Transaction ID : PR437605721109 Amount of Each Receipt this Period				
	ID number of contributing ral political committee.	С		30.00				
Fina	e of Employer (for Individual) ncial Planning Resources	Occu Brok	upation (for Individual) er	Memo Item				
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)				
SUBT	DTAL of Receipts This Page (optional)			200.00				

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

(check only one)

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TEIVIIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	12					
				13		14		15	16	17				
Any information copied from such Reports and or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee												
Full Name of Individual (Last, First, Middle LaRocco, Andrew, M., ,	Initial) or Full C	organization Name	D	Date of Receipt										
Mailing Address 5880 Live Oak Parkway, # :	230			07 31 2019 Transaction ID : PR437640921109										
City	State	Zip Code												
Norcross	GA	30093-1740	A	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			40.00 Memo Item										
Name of Employer (for Individual) The LaRocco Companies	Occ Brol	upation (for Individual) ker	1											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼	280.00	P/I	R Ded	uctic	on (\$	\$40.0	0 Montł	nly)						
Full Name of Individual (Last, First, Middle 3. Israel, Steven, , ,	D	ate of	Re	ceip	ot									
Mailing Address 4204 Manor Forest Trail				м м 07	/	D	31	/ Y	y y 2019	Y				
City	State	Zip Code		Trans	actio	on I	D : P	R43765	54421109					
Boynton Beach	FL	33436-8851	A	mount	of	Eac	h Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					,		-9	42.	00				
Name of Employer (for Individual) S. Florida Affiliated Health Insurers,	Occ Bro	upation (for Individual) ker		P/R Deduction (\$42.00 Monthly)										
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/F											
Other (specify) v		, 294.00												
Full Name of Individual (Last, First, Middle Siciliano, Dominic, , ,		organization Name	D	ate of	Re	ceip	ot							
Mailing Address 500 Cascade Road SE Sui	1			^M 07	/	L	31		2019					
City Grand Rapids	State MI	Zip Code 49546-2166				-			69521109					
i		49540-2100	A	mount	of	Eac	h Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C		ļĻ		_	9		y	30.	00				
Name of Employer (for Individual) Benefit Profiles, Inc.	Occ Brok		Me	emo	lte	m								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify)		210.00	P/I	R Ded	uctio	on (S	\$30.0	0 Montl	hly)					
SUBTOTAL of Receipts This Page (optional).									112.	00				
TOTAL This Period (last page this line number						,		7						

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LIVILLU REGEIFIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee						
Full Name of Individual (Last, First, Middle A. Strouse, Marcie, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9854 Colby Ave			07 31 2019					
City Clive	State IA	Zip Code 50325-6422	Transaction ID : PR437683121109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) KHI Solutions	Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Middle B. Atkinson, Lynn, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3800 Electric Road, # 406	;		07 31 2019					
City Roanoke	State VA	Zip Code 24018-4568	Transaction ID : PR437687321109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Humana	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle C. Granado, Arthur, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 418 Peoples, # 505			07 / D D / Y Y Y Y 2019					
City Corpus Christi	State TX	Zip Code 78401-2350	Transaction ID : PR437693221109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) The Granado Group	Occi Brok	upation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)					
SUBTOTAL of Receipts This Page (optiona			200.00					
TOTAL This Period (last page this line num	ber only)							

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nmittee								
A.	Full Name of Individual (Last, First, Middle Initia Webb, Yolanda, Marie, ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 6117 Clover Ct.			07 31 / Y Y Y Y 07 31 2019							
	City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705621109 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) Webb Insurance Solutions	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Monthly)							
В.	Full Name of Individual (Last, First, Middle Initia Kirsch, Cara, , ,	Organization Name	Date of Receipt								
	Mailing Address 720 Grenoble Drive			07 31 / Y Y Y Y 07 31 2019							
	City Bellevue	State NE	Zip Code 68123-4158	Transaction ID : PR437731121109 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Silver Stone Group		cupation (for Individual) e President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initia Berry, Ernest, , ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 5121 69th St., A9A			07 31 2019							
	City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737421109 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) Berry Agency	Occi Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)							
	UBTOTAL of Receipts This Page (optional)		· · · · · ·	160.00							

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LIVILLU REGEIFIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma ing the name and a	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee						
Full Name of Individual (Last, First, Mic A. Conto, Teresa, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 15800 Crabbs Branch	Way #350		07 / D D / Y Y Y Y 07 31 2019					
City Rockville	State MD	Zip Code 20855-2697	Transaction ID : PR437740821109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Gallagher Benefit Services	Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Mic B. Williams, Leslie, A., ,	Idle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2295 Hilltop Drive Suite 5	1		07 / ¹ 2019					
City Redding	State CA	Zip Code 96002-0515	Transaction ID : PR437742921109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, Mic C. Edwards, Susan, Christense		rganization Name	Date of Receipt					
Mailing Address 40 S. Roop St.			07 / D D / Y Y Y Y 2019					
City Susanville	State CA	Zip Code 96130-4336	Transaction ID : PR437755521109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) E. Christensen Insurance Agency, Inc.	Occu Brok	upation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)					
SUBTOTAL of Receipts This Page (optio	nal)		122.00					
TOTAL This Period (last page this line nu	umber only)							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		tor each category of the Detailed Summary Page				11b 14		1c 5	12 16	17			
Any information copied from such Reports and or for commercial purposes, other than using th						oose o	f soli	citing	contribu	tions			
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee											
Full Name of Individual (Last, First, Middle Ir A. Cade, Kareim, R., ,	nitial) or Full C	rganization Name		Date of Receipt									
Mailing Address 28411 Northwestern Hwy., S	Ste 950			07 31 2019									
City	State	Zip Code		Transaction ID : PR437778621109									
Southfield	MI	48034-5515	A	_ Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			85.00									
Name of Employer (for Individual) Great Lakes Benefit Group	Occ Bro	upation (for Individual) ker		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	 P/	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Middle Ir B. Heider, Ryan, , ,		Date of	Re	ceipt									
Mailing Address 195 River Vista Place Suite	#206			07 / D D / Y Y Y Y 07 31 2019									
City	State	Zip Code		Trans	acti	on ID :	: PR4	3779	2221109				
Twin Falls	ID	83301-3189	A	Amount	of	Each I	Recei	pt thi	s Period				
FEC ID number of contributing federal political committee.	С						- J -	30.	00				
Name of Employer (for Individual) Magic Valley Ins.	Occ Bro	upation (for Individual) ker		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle Ir C. Schell, Gregory, J., ,	nitial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address 545 South Third Street Suite 300				м м 07	/	D 31		Y	2019	Y			
City	State	Zip Code		Trans	acti	ion ID	: PR4	13779	7621109)			
Louisville	KY	40202-1936	A	Amount	of	Each I	Recei	pt thi	s Period				
FEC ID number of contributing federal political committee.	С					,		9	85.	00			
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item									
Sterling G. Thompson Company	Brok	ker											
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify)		P/R Deduction (\$85.00 Monthly)											
SUBTOTAL of Receipts This Page (optional)		•							200.	00			
TOTAL This Period (last page this line number	r only)		i			, , ,		-					

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PAGE 164 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 1 berson for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl A. Purcilly, Amy, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 7028			07 31 Y Y Y Y Y 07 31 2019							
City Troy	State MI	Zip Code 48007-7028	Transaction ID : PR437814921109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Mason-McBride, Inc.	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middl B. Taggart, Liz, , , Mailing Address 7134 Brunswick Circle	e Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	07 31 2019 Transaction ID : PR437825121109							
Boynton Beach	FL	33472-2534	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) United Healthcare Medicare Solutions	Occ Bro	upation (for Individual) ker	Memo Item							
Possint For:		Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middl C. Daricek, Natalie, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2444 W Las Palmaritas E			07 / D D / Y Y Y Y 2019							
City Phoenix	State AZ	Zip Code 85021-4860	Transaction ID : PR437834921109 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		12.00							
Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For:	Acco	upation (for Individual) punt Executive	Memo Item							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$12.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	·		72.00							

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PAGE 165 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	_		
	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Hediger, Debbie, R., ,	al) or Full O	rganization Name	Date o	of Re	eipt					
	Mailing Address 4830 W Kennedy Blvd Ste 850			M N 07	/	D 31		y y 2019	Y		
	City Tampa	State FL	Zip Code 33609-2593				Receipt th	52421109 is Period			
	FEC ID number of contributing federal political committee.	С			_	-		50.0	00		
	Name of Employer (for Individual) HUB International Limited	Occu Brok	upation (for Individual) ker		/lemo	b Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 302.00	P/R Deduction (\$50.00 Monthly)							
в.	Full Name of Individual (Last, First, Middle Initia Little, Cathy, , ,	al) or Full O	rganization Name	Date o	of Re	eceipt					
	Mailing Address 1145 2nd Street #A-269			M N 07		31		2019	Ŷ		
	City Brentwood	State CA	Zip Code 94513-2292				PR4378				
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Broker			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Essential Exchange Insurance Services				Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 268.00	P/R Deduction (\$38.00 Monthly)							
C.	Full Name of Individual (Last, First, Middle Initia Emidy, Mike, , ,	al) or Full O	rganization Name	Date o	of Re	eipt					
	Mailing Address P O Box 2021			07		D 31		2019	Y		
	City Ridgeland	State MS	Zip Code 39158-2021				: PR4378 Receipt th	78321109 is Period			
	FEC ID number of contributing federal political committee.	С				9	, j	30.0	00		
	Name of Employer (for Individual) Colonial Life	Occu Brok	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R De	ducti	on (\$30).00 Montl	nly)			
s	UBTOTAL of Receipts This Page (optional)				+	,	. ,	118.0	0		
Т	OTAL This Period (last page this line number of	nly)	••••••	L	_	-					

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PAGE 166 OF

	I	Detailed Summary Page		X 11a			11b 11c 1									
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Any information copied from such Rope for commercial purposes, other the																
NAME OF COMMITTEE (In Full) Health Underwriters Po	olitical Action Com	mittee														
Full Name of Individual (Last, First, McDonald, Jesse, D., ,	st, Middle Initial) or Full O	rganization Name		Date of	Re	cei	pt									
Mailing Address 111 River St #7			07 / D D / Y Y Y Y Y Y 31 2019													
City Milford	State CT	Zip Code 06460-3326		Transaction ID : PR437887921109 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	C						30.00								
Name of Employer (for Individual) Modern Insurance) Occu Brok	ipation (for Individual) er		M	emo	lte	em									
Receipt For: Primary General Other (specify) ▼	ry General Aggregate real-to-Date V						P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Atencio, Linda, K., ,	rganization Name		Date of	Re	cei	pt										
Mailing Address PO Box 87021			м м 07	/		31	/ Y	y y 2019	Y							
City Phoenix	State AZ	Zip Code 85080-7021				-			5692110 nis Perio	-						
FEC ID number of contributing federal political committee.	C	C						30.00 Memo Item								
Name of Employer (for Individual Payday HCM	, 	Occupation (for Individual) Broker														
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 210.00					P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Waltman, Jessica, , ,	st, Middle Initial) or Full O	rganization Name		Date of	Re	cei	pt									
Mailing Address 10 Doyle Road				^M 07	1		31	/ Y	2019	Ŷ						
City Wayne	State PA	Zip Code 19087-3903							0012110 his Perior							
FEC ID number of contributing federal political committee.	C					y		,	85	.00						
Name of Employer (for Individual) Forward Health Consulting) Occu Princ	ipation (for Individual) sipal		M	emo) lte	em									
Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 670.00					P/R Deduction (\$85.00 Monthly)									
	(optional)				-	1	-		145	.00						

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 167 OF

	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1					
Any information copied from such Reports or for commercial purposes, other than usi	and Statements ma ng the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Mide Riley, Amanda, Danielle, ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 22706 SE 279th ST.			07 31 2019					
City Maple Valley	State WA	Zip Code 98038-5112	Transaction ID : PR476686821109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) ional Sales Director	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Mide B. Wakamoto-Lee, Sue, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6386 Sussex Ct	1-		07 / ^D D / Y Y Y Y 2019					
City Dublin	State CA	Zip Code 94568-7443	Transaction ID : PR476908121109					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Ava Science Inc.		upation (for Individual) ducer/ Consultant	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, Mide C. Stevens, Kenneth, W., ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4916 Bellemeade Ave			07 / D D / Y Y Y Y 2019					
City Evansville	State IN	Zip Code 47715-4130	Transaction ID : PR496323821109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Stevens Insurance Advisors		upation (for Individual) pendent Agent & Broker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)					
SUBTOTAL of Receipts This Page (option	al)		157.00					
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PAGE 168 OF

	13 14 15 16 17 rson for the purpose of soliciting contributions to solicit contributions from such committee.								
and address of any political committee	to solicit contributions from such committee.								
Full Organization Name									
	Date of Receipt								
	07 / D D / Y Y Y Y 07 31 2019								
te Zip Code	Transaction ID : PR528187221109								
	Amount of Each Receipt this Period								
Occupation (for Individual) Producer Consultant	Memo Item								
egate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
Full Organization Name	Date of Receipt								
	07 31 Y Y Y Y Y 2019								
	Transaction ID : PR528190321109 Amount of Each Receipt this Period								
	12.00								
Occupation (for Individual) Regional Sales Director	Memo Item								
egate Year-to-Date ▼ 234.00	P/R Deduction (\$12.00 Monthly)								
Full Organization Name	Date of Receipt								
	07 31 2019								
	Transaction ID : PR742659121109 Amount of Each Receipt this Period								
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Occupation (for Individual) CFO	Memo Item								
egate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
	Producer Consultant egate Year-to-Date ▼ 210.00 Full Organization Name te Zip Code 53704-3136 Occupation (for Individual) Regional Sales Director egate Year-to-Date ▼ 234.00 Full Organization Name te Zip Code 29576-9740 Occupation (for Individual) CFO egate Year-to-Date ▼								

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PAGE 169 OF

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NAME OF COMMITTEE (In Full)												
> Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middl A. Nichols, Thomas, L., ,	e Initial) or Full C	rganization Name	[Date of Receipt								
Mailing Address 2888 Shadowlake Dr				07 31 2019								
City	State	Zip Code		Transaction ID : PR840269921109								
Oklahoma City	OK	73159	A	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C							85.				
Name of Employer (for Individual) Colonial Life		upation (for Individual) rict General Manager		M	emo	ttem						
Receipt For:		Year-to-Date ▼	_									
Primary General Other (specify) ▼		340.00	P/	P/R Deduction (\$85.00 Monthly)								
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Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	tem						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			1									
Other (specify) v		<u>, , , , , , , , , , , , , , , , , , , </u>										
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name		Date of	f Re	eceipt						
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City	State	Zip Code		Amount	t of	Each Re	ceipt th	is Period	_			
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Receipt For:	Aggregate	Year-to-Date ▼	\neg									
Primary General	00 . 0		1									
Other (specify)												
SUBTOTAL of Receipts This Page (optiona	l)					, .	. ,	85.	00			
TOTAL This Period (last page this line num	ber only)							36576.	82			

S	CHEDULE B (FEC Form 3X)			F	OR I		NUMBEF	<u>}:</u>			PA	GE	170 OF 180	
IT	EMIZED DISBURSEMENTS	Use sepa for each		heck	c only	one)	 	7	_			1.07		
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	y information copied from such Reports and State for commercial purposes, other than using the na					perso	n for the		pose		solicitir		ntributions	
\backslash	NAME OF COMMITTEE (In Full)	0	•											
	Health Underwriters Political Action	on Comm	ittee											
A.	Full Name (Last, First, Middle Initial) Merchant Services						Date of Disbursement						V V	
	Mailing Address 7300 Chapman Way						07			02			019	
	City Knoxville	State TN	Zip Code 37920		FEC Identifica						Numbe	r		
	Purpose of Disbursement Credit Card Fees		37320	C	01		С			. 15	4000	054		
	Candidate Name				egor ype	y/) : 1326 isburse		this Period	
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe						Credit Card Fees						
	State: District:							emo	Item					
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852								sburse				019	
	City Phoenix	Zip Code 85072				FEC I	dent	ificatio	n ľ	Numbe	r			
	Purpose of Disbursement Credit Card Fees	C	001 C Transaction ID : 132685					8510	j					
	Candidate Name		Cate	egor ype	y/	Amou	nt of	Each	Di	isburse	men	this Period		
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify))				Itam	Cr	redit Ca	rd F	49.91 ees	
	State: District:	J						enio	Item					
C.	Full Name (Last, First, Middle Initial) PayPal						Date of Disbursement							
	Mailing Address 2211 North First Street						M 07		3	31			019	
	City San Jose Purpose of Disbursement	State CA	Zip Code 95131				_	dent	ificatio	n I	Numbe	r	-	
	Credit Card Fees Candidate Name	Cate	001 egory	y/) : 1326 isburse		1 : this Period			
	Office Sought: House Disbursement For: Senate Primary General						L			Cr	redit Ca	1	1265.85 ees	
	State: District: Other (specify)						Memo Item							
⊢	UBTOTAL of Disbursements This Page (optional)						[.		- y				1506.67	
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Detailed Summary Page 28a 28b 28c 29 42 Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitiding committee to solicit contributions from such committee 5000000000000000000000000000000000000	Y Y
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such corr NAME OF COMMITTEE (in Full) Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Burchett For Congress Mailing Address PO Box 51345 City Knowille Purpose of Disbursement 6/26 Lunch Cardidate Name Burchett, Tim, , Rep., Office Sought: X Burchett, Tim, , Rep., Office Sought: Y Purpose of Disbursement Office Sought: Y President Other (specify) Transaction D: 13247205 Amount of Each Disbursement tor Total action Number Version Congress Mailing Address 205 5th Avenue S Room 428 City State Via Corsse Purpose of Disbursement Transaction D: 13247484 Amount of Each Disbursement Total actions Mailing Address 205 5th Avenue S Room 428 City State	Y Y
Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Burchett For Congress Mailing Address PO Box 51345 City Knoxville Purpose of Disbursement 6/26 Lunch Candidate Name Burchett, Tim, , Rep., Office Sought: X House State: TN Disbursement Xate: TN B. Kind For Congress Committee Mailing Address 205 5th Avenue S Room 428 City Mailing Address 205 5th Avenue S Room 428 City Candidate Name Mailing Address 205 5th Avenue S Room 428 City City La Crosse Purpose of Disbursement TV11 Reception Office Sought: Y House Disbursement For: 200 Kind, Ron, , Rep., Orbic respectivity Senate President President President <	
A. Burchett For Congress Date of Disbursement Mailing Address PO Box 51345 07 15 201 City State TN 37950 FEC Identification Number Purpose of Disbursement 011 Catdgagory/ 6/26 Lunch 011 FEC Identification Number Candidate Name 011 Category/ Type Transaction ID : 13247205 Amount of Each Disbursement to 10 6/26 Lunch Office Sought: X House Disbursement For: 2020 General 6/26 Lunch State: TN Distract: 02 Other (specify) Date of Disbursement 6/26 Lunch State: TN Distract: 02 Date of Disbursement 6/26 Lunch Memo Item Full Name (Last, First, Middle Initial) B. Kind, Ron, , Rep., Disbursement For: 2020 FEC Identification Number City Senate VI State Zip Code FEC Identification Number City Senate VI State Zip Code FEC Identification Number City Senate VI State Zip Code FEC Identification Number City Senate Dis	
Mailing Address PO Box 51345 07 15 201 City State TN Zip Code 37950 FEC Identification Number Purpose of Disbursement 011 011 Category/ Transaction ID: 13247205 Amount of Each Disbursement For: 2020 Amount of Each Disbursement to: 101 Office Sought: X Primary General 6/26 Lunch State: TN Disbursement For: 2020 6/26 Lunch Full Name (Last, First, Middle Initial) B. Kind For Congress Committee Date of Disbursement Mailing Address 205 5th Avenue S State Zip Code FEC Identification Number Mailing Address 205 5th Avenue S State Zip Code FEC Identification Number Mailing Address 205 5th Avenue S State Zip Code FEC Identification Number Cardidate Name Mailing Address Poly State Primary General Office Sought: Transaction ID: 13247484 Mailing Address PO Box 2334 Memo Item Other (specify) Transaction ID: 13247484 Mount of Each Disbursement It Transaction ID: 13247484 Mou	
Knoxville TN 37950 Purpose of Disbursement 6/26 Lunch 011 Candidate Name 011 Burchett, Tim, , Rep., 011 Office Sought: x Burchett, Tim, , Rep., Disbursement For: 2020 Senate President Office Sought: x Full Name (Last, First, Middle Initial) B. Kind For Congress Committee Mailing Address 205 5th Avenue S Room 428 City State City Senate Purpose of Disbursement 7/11 Reception Candidate Name Kind, Ron, , Rep., Office Sought: x President State: WI Disbursement For: 2020 Senate President Purpose of Disbursement 7/11 Reception Candidate Name Kind, Ron, , Rep., Office Sought: x President Disbursement For: 2020 Senate President President Other (specify) Thus test will barriet: 03 Disbursement For: 2020 Full Name (Last, First, Middle Initial)<	
6/26 Lunch 011 Candidate Name 011 Burchett, Tim, , Rep., 011 Office Sought: X House Disbursement For: 2020 Senate President President 0ther (specify) State: TN District: 02 Full Name (Last, First, Middle Initial) B. Kind For Congress Committee Mailing Address 205 5th Avenue S Room 428 City State Purpose of Disbursement 7/11 Reception Candidate Name Kind, Ron, , Rep., Office Sought: Y President State: Wi Disbursement For: 2020 Y Y Office Sought: Y President Other (specify) State: Wi Disbursement For: 2020 Y Primary Office Sought: Y President Y State: Wi Disbursement For: 2020	_
Burchett, Tim, , Rep., Type Office Sought: Image: Senate President Senate President Other (specify) Disbursement For: 2020 State: TN District: 02 Full Name (Last, First, Middle Initial) B. Kind For Congress Committee Date of Disbursement Mailing Address 205 5th Avenue S Room 428 Zip Code State Date of Disbursement City La Crosse State Zip Code State FEC Identification Number Cardidate Name Office Sought: Image: President Senate Disbursement For: 2020 FEC Identification Number Cardidate Name Office Sought: Image: President Senate Disbursement For: 2020 Transaction ID : 13247484 Condidate Name Disbursement For: 2020 Image: President Senate Other (specify) Transaction ID : 13247484 Condidate Name Disbursement For: 2020 Image: President Senate Other (specify) Transaction ID : 13247484 State: WI District: 03 Disbursement For: 2020 Transaction ID : 13247484 Citu Senate President Other (specify) Date of Disbursement for: 2020 Transaction ID : 13247484 Full Name (Last, First, Middle In	is Period
B. Kind For Congress Committee Date of Disbursement Mailing Address 205 5th Avenue S Room 428 City City State Purpose of Disbursement 011 7/11 Reception 011 Candidate Name 011 Kind, Ron, , Rep., 011 Office Sought: Image: Committee Image: Senate Disbursement For: President Disbursement For: State: WI District: 03 Full Name (Last, First, Middle Initial) C. Michael Burgess For Congress Mailing Address PO Box 2334	00.00
City State Zip Code La Crosse WI 54601 Purpose of Disbursement 011 7/11 Reception 011 Candidate Name Category/ Kind, Ron, , Rep., Disbursement For: 2020 Office Sought: X House Disbursement For: 2020 Senate Primary President Other (specify) State: WI District: 03 Full Name (Last, First, Middle Initial) Date of Disbursement C. Michael Burgess For Congress Mailing Address PO Box 2334 City State Zin Code	
Candidate Name Category/ Type Transaction ID : 13247484 Kind, Ron, , Rep., Category/ Type Category/ Type Office Sought: Image: Content of the system o	1
C. Michael Burgess For Congress Mailing Address PO Box 2334 City	is Period
Denton TX 76202 Purpose of Disbursement 011 7/12 Breakfast 011 Candidate Name Category/ Burgess, Michael, C., Rep., M.D. Category/	is Period
Office Sought: ★ House Disbursement For: 2020 10 Senate Primary General 7/12 Breakfast President Other (specify) Memo Item	00.00
SUBTOTAL of Disbursements This Page (optional)	

SCHEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER: PAGE 172 OF 180					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Sta or for commercial purposes, other than using the n									
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Health Underwriters Political Activ	on Comm	nittee							
Full Name (Last, First, Middle Initial) A. MCCARTHY VICTORY FUND				Date of Disbursement					
Mailing Address PO BOX 13307									
City BAKERSFIELD	State CA	Zip Code 93389		FEC Identification Number					
Purpose of Disbursement 7/16 Dinner		93369	011	С					
Candidate Name			Category/ Type	Transaction ID : 13247486 Amount of Each Disbursement this Period					
Office Sought: House Disburs	sement For: Primary Other (spe	General General	Type	2500.00 7/16 Dinner					
State: District:		<i>57</i> •		Memo Item					
Full Name (Last, First, Middle Initial) B. Anna Eshoo For Congress Mailing Address 555 Capitol Mall, Suite 1425	Date of Disbursement 07 / D D / Y Y Y Y 15 / 2019								
City Sacramento		FEC Identification Number							
Purpose of Disbursement 7/17 Breakfast Sponsor	011	C C00258475							
Candidate Name									
·	ement For: Primary Other (spe	General	Туре	2500.00 7/17 Breakfast Sponsor Memo Item					
Full Name (Last, First, Middle Initial) C. Bilirakis For Congress				Date of Disbursement					
Mailing Address PO Box 606				07 / D D / Y Y Y Y 15 / 2019					
City Tarpon Springs	State FL	Zip Code 34688		FEC Identification Number					
Purpose of Disbursement 7/16 Lunch Candidate Name Bilirakis, Gus, M., Rep.,	-		011 Category/ Type	C C00408534 Transaction ID : 13248338 Amount of Each Disbursement this Period					
Office Sought: X House Disburs Senate President X State: FL District: 12		1000.00 7/16 Lunch Memo Item							
SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number on	-			6000.00					

	CHEDULE B (FEC Form 3X)	Use sepa				E NUMBER: PAGE 173 OF 18							
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C		k only 21b 28a	22 🗶 23	3 3c	26 29		27 30b		
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee										
Α.	Full Name (Last, First, Middle Initial) Dan Lipinski For Congress						Date of Disbursement						
	Mailing Address P.O. Box 520						07 <u>15</u> <u>2019</u>						
	City Western Springs Purpose of Disbursement	State IL	Zip Code 60558				FEC Identification Number						
	7/16 Sponsor Candidate Name			Cat	011	rv/	C C0040 Transact Amount of Ea	ion IE					
	Lipinski, Daniel, William, Rep., Office Sought:	ment For: 2	2020 General		ype					2	2500.00		
	State: IL District: 03	Other (spec					Memo Ite		16 Spor	nsor			
В.	Full Name (Last, First, Middle Initial) Hern For Congress					D D			Y Y				
	Mailing Address 8630 S Peoria Avenue			15			019						
	Tulsa Purpose of Disbursement 7/17 Dinner	(011		FEC Identifica	6092							
	Candidate Name Hern, Kevin, , Rep., Office Sought: x House Disburse	ement For: 2020							Amount of Ea	ich D		ment	
	State: OK District: 01	Primary Other (spec	General cify)				Memo Ite	7/	17 Dinn	er			
C.	Full Name (Last, First, Middle Initial) Perlmutter For Congress						Date of Disbursement						
	Mailing Address 3440 Youngfield Street #264						M M / 07	15			019		
	City Wheat Ridge Purpose of Disbursement	State CO	Zip Code 80033				FEC Identifica			r	-		
	7/18 Lunch Candidate Name Perlmutter, Edwin, , Rep.,	Cat)11 egoi ýpe		C C00410639 Transaction ID : 13249764 Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President State: CO District: 07	Senate ✔ Primary General President Other (specify) ▼					7/18 Lunch Memo Item						
s	UBTOTAL of Disbursements This Page (optional).					• ▶					4500.00		
Т	OTAL This Period (last page this line number only	/)				•	L,		,				

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE								
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b							
	ny information copied from such Reports and State for commercial purposes, other than using the na											
\backslash	NAME OF COMMITTEE (In Full)											
	Health Underwriters Political Actio	n Comm	ittee									
Α.	Full Name (Last, First, Middle Initial) Perdue Victory Inc.				Date of Disbursement							
	Ferdde victory life.											
	Mailing Address 1010 Wisconsin Avenue, NW Suite 570				07 15 2019							
	City	State	Zip Code		FEC Identification Number							
	Washington Purpose of Disbursement	DC	20007									
	7/18 Lunch			011	С							
	Candidate Name				Transaction ID : 13257644 Amount of Each Disbursement this Period							
				Category/ Type	Amount of Each Disbursement this Fehou							
	Office Sought: House Disburse	ment For:			1500.00							
	Senate	Primary	General		7/18 Lunch							
	State: District:	Other (spe	cify) 🔻		Memo Item							
	Full Name (Last, First, Middle Initial)											
B.	Tony Cardenas For Congress		Date of Disbursement									
	Mailing Address 249 E. Ocean Blvd. Suite 685		07 22 2019									
	City	State	Zip Code		FEC Identification Number							
	Long Beach Purpose of Disbursement	CA	90802		0 000400070							
	7/24 Lunch			011	C C00498873							
	Candidate Name			Category/	Transaction ID : 13259969 Amount of Each Disbursement this Period							
	Cardenas, Tony, , Rep.,			Туре								
		ment For:			1000.00							
	Senate x		General		7/24 Lunch							
	State: CA District: 29	Other (spe	city)		Memo Item							
_	Full Name (Last, First, Middle Initial)											
C.	Chrissy Houlahan For Congress				Date of Disbursement							
	Mailing Address PO Box 222				07 / D D / Y Y Y Y 22 / 2019							
	City	State	Zip Code		FEC Identification Number							
	Devon Purpose of Disbursement	PA	19333		0 000037074							
	7/24 Breakfast			011	C C00637371							
	Candidate Name	Category/	Transaction ID : 13259970 Amount of Each Disbursement this Period									
	Houlahan, Chrissy, , ,	Type										
	Office Sought: 🗶 House Disburse		1000.00									
	Senate x	Primary	General		7/24 Breakfast							
	State: PA District: 06	Other (spe	city) 🔻		Memo Item							
	State: PA District: 06											
s	SUBTOTAL of Disbursements This Page (optional).			••••••	3500.00							
т	OTAL This Period (last page this line number only	<i>ı</i>)		••••••								

	CHEDULE B (FEC Form 3X)	Use sepa				NUMBER: PAGE 175 OF 18							
	EMIZED DISBURSEMENTS	for each	category of the Summary Page			k only 21b 28a	` _	c 23 28c	2		27 30b		
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or us ress of any polition	ed by cal con	any nmit	perso tee to	n for the pu solicit conti	irpose ibutions	of solic s from	iting c such d	ontributions committee.		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee										
Α.	Full Name (Last, First, Middle Initial) McEachin For Congress						Date of Disbursement						
	Mailing Address PO Box 7020												
	City Richmond Purpose of Disbursement	State VA	Zip Code 23221										
	7/24 Breakfast Candidate Name)11		C C Tran	71 nt this Period					
	McEachin, A. Donald, , Rep., Office Sought:	ement For: 2	2020 General	Cate T	egor ype	y/		- j -		-	1000.00		
	State: VA District: 04	Other (spec					Mem	o Item	7/24 B	reakfa	st		
в.	Full Name (Last, First, Middle Initial) Carper For Senate			Date of I)isburse			Y Y Y					
	Mailing Address PO Box 2882		07	2	22		2019						
	City Wilmington Purpose of Disbursement 7/24 Lunch	FEC Identification Num C C00349217 011					ber						
	Candidate Name Carper, Thomas, R., Sen., Office Sought: House Disburse	ment For:	2024	Category Type		ry/		saction of Each			72 ht this Period		
	x Senate President State: DE	1	General				Mem	o Item	7/24 L		1 40 1		
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement						
	Mailing Address PO Box 250						07	/ 2	22		2019		
	City Pierre	State SD	Zip Code 57501				FEC Ider			ber			
	Purpose of Disbursement 7/24 Lunch Candidate Name Rounds, Mike, , Sen.,	011 Category/ Type											
	Office Sought: House Disbursement For: 2020 ★ Senate Primary General President Other (specify) ▼						Mem	o Item	7/24 L	unch	2000.00		
s	UBTOTAL of Disbursements This Page (optional).					•		T		, , , , , , , , , , , , , , , , , , ,	4000.00		
т	OTAL This Period (last page this line number only	/)								,			

	CHEDULE B (FEC Form 3X)		arato pohodulo(-)	FOR LINE						
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b					
	ny information copied from such Reports and State for commercial purposes, other than using the na									
\setminus	NAME OF COMMITTEE (In Full)	0	· · · · ·							
	Health Underwriters Political Action	on Comm	littee							
Α.	Full Name (Last, First, Middle Initial) Rounds For Senate				Date of Disbursement					
	Mailing Address PO Box 250				07 22 2019					
	City Pierre	State SD	Zip Code 57501		FEC Identification Number					
	Purpose of Disbursement 7/24 Lunch	30	57501		C C00532465					
	Candidate Name			011	Transaction ID : 13259974					
	Rounds, Mike, , Sen.,			Category/ Type	Amount of Each Disbursement this Period					
		ement For:	2020	71	500.00					
	x Senate President	Primary Other (spe	General		7/24 Lunch					
	State: SD District:		uiy) ▼		Memo Item					
	Full Name (Last, First, Middle Initial)									
В.	Kinzinger For Congress				Date of Disbursement					
	Mailing Address PO Box 2365		07 22 2019							
	City									
	Ottawa Purpose of Disbursement		C C00458877							
	7/25 Lunch	011	Transaction ID : 13259975							
	Candidate Name Kinzinger, Adam, , Rep.,			Category/ Type	Amount of Each Disbursement this Period					
		ement For:	2020	туре	1000.00					
		Primary	General		7/25 Lunch					
	State: IL District: 16	Other (spe	cify)		Memo Item					
_	Full Name (Last, First, Middle Initial)									
C.	Clarke For Congress				Date of Disbursement					
	Mailing Address 111-36 200th. Street				07 / D D / Y Y Y Y 22 2019					
	City Hollis	State NY	Zip Code 11412		FEC Identification Number					
	Purpose of Disbursement 7/25 Coffee	1			C C00415331					
	Candidate Name			011 Category/	Transaction ID : 13259977 Amount of Each Disbursement this Period					
	Clarke, Yvette, D., Rep.,			Туре						
	Office Sought: X House Disburse		1000.00							
	President X		7/25 Coffee Memo Item							
_	State: NY District: 09	_								
s	UBTOTAL of Disbursements This Page (optional)			••••••	2500.00					
⊢										
II	OTAL This Period (last page this line number only	y)		••••••						

	HEDULE B (FEC Form 3X)	Use separate schedule(s)					NUMBER: PAGE 177 OF 1						
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C		c only 21b 28a	one) 22 × 23 26 27 28b 28c 29 30b						
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may r me and addr	not be sold or us ress of any politic	ed by al con	any nmitt	perso tee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee										
	Full Name (Last, First, Middle Initial) Walorski For Congress Inc						Date of Disbursement						
	Mailing Address PO Box 954						07 22 2019						
	City Mishawaka Purpose of Disbursement	State IN	Zip Code 46546				FEC Identification Number						
	7/25 Dinner Candidate Name			less.)11		C C00468579 Transaction ID : 13259978 Amount of Each Disbursement this Period						
	Walorski, Jackie, , Rep., Office Sought: x House Disburse	ment For: 2	2020		egor ype	y/	1500.00						
	State: IN District: 02	Primary Other (spec	General cify) ▼				7/25 Dinner Memo Item						
B.	Full Name (Last, First, Middle Initial) Susie Lee For Congress		Date of Disbursement										
	Mailing Address 5130 S Fort Apache Rd Ste. 215-382		07 22 2019										
	City Las Vegas Purpose of Disbursement 7/26 Breakfast	State NV			FEC Identification Number								
	Candidate Name Lee, Susie, , , Office Sought: 🙀 House Disburse	ment For: 2		011 Category/ Type		y/	Transaction ID : 13259979 Amount of Each Disbursement this Perior 1500.00						
	Office Sought: Senate President State: NV District: 03	1	General				7/26 Breakfast Memo Item						
	Full Name (Last, First, Middle Initial) Friends Of Dan Kildee						Date of Disbursement						
	Mailing Address P.O. Box 248						07 22 Y Y Y Y 2019						
	City Flint Purpose of Disbursement	State MI	Zip Code 48501				FEC Identification Number						
	7/26 Breakfast Candidate Name Kildee, Dan, , Rep.,	Cate	911 egor ype	y/	C C00499947 Transaction ID : 13259980 Amount of Each Disbursement this Period								
	Office Sought:						7/26 Breakfast Memo Item						
\vdash	JBTOTAL of Disbursements This Page (optional).						4000.00						
T	DTAL This Period (last page this line number only	()											

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 178 OF 180						
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na										
\setminus	NAME OF COMMITTEE (In Full)		•								
	Health Underwriters Political Actio	n Comm	littee								
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement						
	Mailing Address 499 South Capitol Street SW Suite 420				07 29 2019						
	City Washington	State DC	Zip Code 20003		FEC Identification Number						
	Purpose of Disbursement 7/30 Event		20003		С						
	Candidate Name			011	Transaction ID : 13267681						
				Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		7/30 Event Memo Item						
	State: District:]									
в.	Full Name (Last, First, Middle Initial) Steve Daines For Montana Mailing Address PO Box 1598				Date of Disbursement						
	City Helena		FEC Identification Number								
	Purpose of Disbursement 7/29 Dinner	011	C C00491357 Transaction ID : 13268170								
	Candidate Name Daines, Steven, , ,			Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For:		Type	500.00						
	x Senate x President	Primary Other (spe	cify)		7/29 Dinner Memo Item						
C.	Full Name (Last, First, Middle Initial) Madison PAC				Date of Disbursement						
	Mailing Address 235 STATE STREET #206				07 / D D / Y Y Y Y 2019						
	City SPRINGFIELD	State MA	Zip Code 01103		FEC Identification Number						
	Purpose of Disbursement Void - Madison PAC	1		011	C C00426809 Transaction ID : 13270103						
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President		- 2500.00 Void - Madison PAC								
_	State: District:				Memo Item						
⊢	UBTOTAL of Disbursements This Page (optional).				- 500.00						

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 179 OF 180
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 28a 28b 28c 29 30b
		sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	0	
Health Underwriters Political Action	n Committee	
Full Name (Last, First, Middle Initial) A. REPUBLICAN MAINSTREET PAI		Date of Disbursement
Mailing Address C/O G&W 2201 WISCONSIN AVI	E., NW	07 312019
City WASHINGTON	StateZip CodeDC20007	FEC Identification Number
Purpose of Disbursement Void - REPUBLICAN MAINSTREET PARTNERSH	IIP PAC	011 C C00165159
Candidate Name		Transaction ID : 13270104 Category/ Type
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Void - REPUBLICAN Memo Item MAINSTREET PARTNERSHIP
State: District:		PAC
Full Name (Last, First, Middle Initial) B. Anthony Brown For Congress Mailing Address 12138 Central Ave #671	Date of Disbursement	
City Bowie	State Zip Code MD 20721	FEC Identification Number
Purpose of Disbursement Void - Anthony Brown For Congress Candidate Name		011 C C00574640 Transaction ID : 13270105
Brown, Anthony, , ,		Category/ Amount of Each Disbursement this Period
Office Sought: X House Disburse Senate President	ement For: 2018 Primary X General Other (specify)	- 1000.00 Void - Anthony Brown For Congre
State: MD District: 04 Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		C
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼	
State: District:		
SUBTOTAL of Disbursements This Page (optional).		- 6000.00
TOTAL This Period (last page this line number only	/)	21000.00

SC	HEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 180 OF 180		
ITE	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only			
		Detailed	Summary Page	X 28a	22 23 20 27 28b 28c 29 30b		
or fo	information copied from such Reports and State or commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee							
-	Full Name (Last, First, Middle Initial) McKittrick, Kristin, , ,				Date of Disbursement		
N	Mailing Address 4020 Danley Drive				07 23 2019		
	City Rapid City	State SD	Zip Code 57702-6893		FEC Identification Number		
F	Purpose of Disbursement Mistaken contribution			010	C		
C	Candidate Name			Category/	Transaction ID : 13265956 Amount of Each Disbursement this Period		
ō		ment For:		Туре	30.00		
	Senate President	Primary Other (spec	General cify) ▼		Mistaken contribution Memo Item		
	State: District:						
в. '					Date of Disbursement		
N	Mailing Address						
Ċ	Dity	State	Zip Code		FEC Identification Number		
F	Purpose of Disbursement			· · · ·]	C		
C	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
ō							
S	President	Other (spec			Memo Item		
F	Full Name (Last, First, Middle Initial)						
C.					Date of Disbursement		
N	Mailing Address						
C	City	State	Zip Code		FEC Identification Number		
F	Purpose of Disbursement				C		
Ō	Candidate Name Category Type				Amount of Each Disbursement this Period		
C	Office Sought: House Disbursement For: Senate Primary General				1 1 9 ² 1 1 9 ² 1 1 4 ²		
S	President District:	Other (specify)			Memo Item		
	BTOTAL of Disbursements This Page (optional).				30.00		
то	TAL This Period (last page this line number only	/)		••••••	30.00		