

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

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y Y Y  
10 18 2018in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2018

through

M M / D D / Y Y Y Y Y Y  
10 17 2018

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 19 2018

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">340873.40</td></tr></table>	340873.40				
Y	Y	Y	Y	Y													
2018																	
340873.40																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">319823.61</td></tr></table>	319823.61															
319823.61																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">23068.00</td></tr></table>	23068.00					<table><tr><td colspan="5">517272.46</td></tr></table>	517272.46									
23068.00																	
517272.46																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">342891.61</td></tr></table>	342891.61					<table><tr><td colspan="5">858145.86</td></tr></table>	858145.86									
342891.61																	
858145.86																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">72182.41</td></tr></table>	72182.41					<table><tr><td colspan="5">587436.66</td></tr></table>	587436.66									
72182.41																	
587436.66																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">270709.20</td></tr></table>	270709.20					<table><tr><td colspan="5">270709.20</td></tr></table>	270709.20									
270709.20																	
270709.20																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16026.00	297411.46
(ii) Unitemized .....	7042.00	210861.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23068.00	508272.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	23068.00	508272.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23068.00	517272.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23068.00	517272.46

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1044.41	15617.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1044.41	15617.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69000.00	565500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	138.00	4318.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	138.00	4318.96
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	2000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72182.41	587436.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72182.41	587436.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23068.00	508272.46
34. Total Contribution Refunds (from Line 28(d)) .....	138.00	4318.96
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22930.00	503953.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1044.41	15617.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1044.41	15617.70

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

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

FOR LINE NUMBER: PAGE 6 OF 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 6443 SW Beaverton-Hillsdale Hwy  
Suite 200

City  
Portland

State  
OR

Zip Code  
97221-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International/CFG

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2018

Transaction ID : 12438713

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

Mailing Address 145 E 5th Avenue

City

Conshohocken

State

PA

Zip Code

19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kistler Tiffany Benefits

Occupation (for Individual)  
Director of Compliance Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2018

Transaction ID : 12438714

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

Mailing Address PO Box 629

City

Roanoke

State

VA

Zip Code

24004-0629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D&S Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2018

Transaction ID : 12438723

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

384.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 73

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Blum, Gregory, J., ,**

Mailing Address 2801 Coho Street

City  
Madison

State  
WI

Zip Code  
53713-4574

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hemb Insurance Group

Occupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2018

**Transaction ID : 12439736**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Christian, Brad, L., ,**

Mailing Address 120 Washington

City  
Clatonia

State  
NE

Zip Code  
68328-5013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Investments

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2018

**Transaction ID : 12439737**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

Mailing Address 4233 Southtowne Drive

City  
Eau Claire

State  
WI

Zip Code  
54701-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spectrum Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2018

**Transaction ID : 12439742**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

557.00

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

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

FOR LINE NUMBER: PAGE 8 OF 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Moore, David, R., ,

Mailing Address PO Box 1006

City  
Burlington

State  
NC

Zip Code  
27216-1006

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2018

Transaction ID : 12439743

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Bellman, Mark, , ,

Mailing Address 1250 Capitol of Texas Hwy S  
Bldg 1, Suite 400

City  
West Lake Hills

State  
TX

Zip Code  
78746-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2018

Transaction ID : 12439746

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Brannon, William, J., ,

Mailing Address 2 Terrace Way, Suite B

City  
Greensboro

State  
NC

Zip Code  
27403-3663

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2018

Transaction ID : 12439747

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

110.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 5797 Harvey Street - Suite A

City

Norton Shores

State

MI

Zip Code

49444-6727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lakeshore Employee Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2018

**Transaction ID : 12439750**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 212 South 10 Street

City

Griffin

State

GA

Zip Code

30224-2804

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2018

**Transaction ID : 12439753**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 13222 Huisache Way

City

Helotes

State

TX

Zip Code

78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Family of Companies

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

620.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2018

**Transaction ID : 12439754**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 10 OF 73  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Adams, David, , ,**

Mailing Address 1265 Minhinette Drive  
Suite 150

City Roswell	State GA	Zip Code 30075-3656
-----------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Purchasing Alliance Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
10 / 02 / 2018

**Transaction ID : 12439948**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Fitzgerald, Robert, Mark, ,**

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2018

**Transaction ID : 12439984**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Frizen, Bruce, , ,**

Mailing Address 8058 Corporate Center Dr.  
Suite 200

City Charlotte	State NC	Zip Code 28226-4359
-------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2018

**Transaction ID : 12439988**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

180.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. King, Carolyn, J., ,**

Mailing Address 6 Country Lane

City  
Sussex

State  
NJ

Zip Code  
07461-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carolyn J King Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

**Transaction ID : 12439989**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Shores, Thomas, E., ,**

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

T.A. Shores Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

**Transaction ID : 12439990**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Warwick, John, L., ,**

Mailing Address 1907 B Mangrove Ave.

City  
Chico

State  
CA

Zip Code  
95926-2381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

John Warwick Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

**Transaction ID : 12439992**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

157.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Haberman, Joshua, , ,**

Mailing Address 9301 Bryant Ave S  
Suite 105

City  
Bloomington

State  
MN

Zip Code  
55420-3473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alexander & Haberman

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

Transaction ID : 12439994

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Liechty, Brian, W., ,**

Mailing Address 120 East Washington Street

City  
Plymouth

State  
IN

Zip Code  
46563-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TCU Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

Transaction ID : 12439995

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Kennedy, Tamara, P., ,**

Mailing Address 7310 N. 16th Street, Suite 226

City  
Phoenix

State  
AZ

Zip Code  
85020-8212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rogers Benefit Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

Transaction ID : 12439997

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

200.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Lord, Justin, , ,

Mailing Address 935 East 36th Place

City  
Tulsa

State  
OK

Zip Code  
74105-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2018

Transaction ID : 12448609

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Casinelli, Patrick, , ,

Mailing Address 450 B St # 1800

City  
San Diego

State  
CA

Zip Code  
92101-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cavignac & Associates

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2018

Transaction ID : 12448610

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Ashby, Thomas, F., ,

Mailing Address P. O. Box 70

City  
Zirconia

State  
NC

Zip Code  
28790-0070

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2018

Transaction ID : 12448612

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

135.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Viola, Robert, , ,**

Mailing Address One West First Avenue Ste 305

City  
Conshohocken

State  
PA

Zip Code  
19428-6801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Megro Corporation

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2018

**Transaction ID : 12448615**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Mochan, Damian, , ,**

Mailing Address 100 Radnor Rd Ste 202

City  
State College

State  
PA

Zip Code  
16801-7986

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central PA Benefit Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2018

**Transaction ID : 12448616**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Freeman, Joann, , ,**

Mailing Address 625 Oak Street

City  
Laguna Beach

State  
CA

Zip Code  
92651-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Freeman Laguna Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2018

**Transaction ID : 12449204**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

110.00

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

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

**Health Underwriters Political Action Committee**

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

**A. Hepscher, William, , ,**

Mailing Address 38176 Medical Center Avenue

City  
Zephyrhills

State  
FL

Zip Code  
33540-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Canadian Drugstore

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449205

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Gussin, Craig, , ,**

Mailing Address 701 Palomar Airport Road #260

City  
Carlsbad

State  
CA

Zip Code  
92011-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Auerbach & Gussin Insurance and Financ

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449206

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 6 E. Chestnut St., Suite 520

City  
Augusta

State  
ME

Zip Code  
04330-5759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Worksite Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449211

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

215.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Whaley, Cynthia, , ,**

Mailing Address 408 N. Washington Street  
Suite A

City  
Easton

State  
MD

Zip Code  
21601-3704

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2018

**Transaction ID : 12449212**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Moore, Robert, L., ,**

Mailing Address 1644 Plank Rd

City

Duncansville

State

PA

Zip Code

16635-8376

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2018

**Transaction ID : 12449213**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Rianhard, Dane, , ,**

Mailing Address 1 E. Pratt St., Unit 902

City

Baltimore

State

MD

Zip Code

21202-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2018

**Transaction ID : 12449214**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

157.00



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Michaels, Norman, Joseph, ,**

Mailing Address 75 NO CENTREAL AVE

City  
Elmsford

State  
NY

Zip Code  
10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
2014

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449216

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Henning, Kristy, S., ,**

Mailing Address 806B A Street

City  
Springfield

State  
OR

Zip Code  
97477-4771

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Insurance Place

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449217

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Eberley, R. Michael, , ,**

Mailing Address 1296 Sinnissippi Park Rd.

City  
Sterling

State  
IL

Zip Code  
61081-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449218

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Sweatt, Shelly, , ,

Mailing Address 14 Commerce Road

City  
Newtown

State  
CT

Zip Code  
06470-1607

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : 12449221

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. DeBruin, Teresa, F., ,

Mailing Address 45 Technology Pkwy South  
Suite 225

City  
Peachtree Corners

State  
GA

Zip Code  
30092-3456

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2018

Transaction ID : 12449778

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Sklar, Erika, , ,

Mailing Address 1415 Walton Blvd

City  
Rochester Hills

State  
MI

Zip Code  
48309-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Crawford Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2018

Transaction ID : 12449779

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

143.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Webb, Charles, A., ,**

Mailing Address 2670 Electric Rd

City  
Roanoke

State  
VA

Zip Code  
24018-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2018

**Transaction ID : 12449781**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Odegard, James, , ,**

Mailing Address 21308 John Milless Drive  
Suite 102

City  
Rogers

State  
MN

Zip Code  
55374-4875

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2018

**Transaction ID : 12449782**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Sautter, Robert, E., ,**

Mailing Address 36 South 400 West  
Suite 201

City  
Vineyard

State  
UT

Zip Code  
84058-5370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paylogics

Occupation (for Individual)  
Client Adviser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2018

**Transaction ID : 12449794**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

334.00

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

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

**Health Underwriters Political Action Committee**

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

**A. Johnson, Sandra, , ,**

Mailing Address 12500 Network Blvd, # 403

City  
San Antonio

State  
TX

Zip Code  
78249-3310

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2018

**Transaction ID : 12449795**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Boop, Deborah, R., ,**

Mailing Address 145 North Chestnut Street  
Suite 202

City  
Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2018

**Transaction ID : 12449796**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Pendorf, Paul, , ,**

Mailing Address 31666 W. Nine Dr.

City  
Laguna Niguel

State  
CA

Zip Code  
92677-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independent Financial Group LLC

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2018

**Transaction ID : 12449797**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 21 OF 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bremer, Emily, Black, ,**

Mailing Address 8000 Bonhomme Ave., # 213

City  
Saint Louis

State  
MO

Zip Code  
63105-3515

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2018

Transaction ID : 12449800

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**B. Deru, Scott, E., ,**

Mailing Address PO Box 336

City  
Layton

State  
UT

Zip Code  
84041-0336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2018

Transaction ID : 12449804

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Galardini, Richard, F., ,**

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1168.00

Date of Receipt

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

Transaction ID : 12449817

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

288.00

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

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

FOR LINE NUMBER: PAGE 22 OF 73  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Balla, Donald, L., ,**

Mailing Address 371 Steeplechase Drive

City

Cranberry Twp

State

PA

Zip Code

16066-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CHS Alera Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : 12449818**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Rice, Russell, Lee, ,**

Mailing Address 8000 IH-10 West, # 715

City

San Antonio

State

TX

Zip Code

78230-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVESIS, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

925.00

Date of Receipt

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

**Transaction ID : 12449819**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Sullivan, Ashley, , ,**

Mailing Address PO Box 99565

City

Louisville

State

KY

Zip Code

40269-0565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Van Zandt Emrich and Cary

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

**Transaction ID : 12449820**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

157.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 23 OF 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Jennings, Julie, A., ,**

Mailing Address 500 Faunce Corner Rd  
Bldg 100, Suite 120

City  
Dartmouth

State  
MA

Zip Code  
02747-1255

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

**Transaction ID : 12449821**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Matsushita, David, , ,**

Mailing Address 25B Hanover Road Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : 12449822**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Patrician, James, P., ,**

Mailing Address 923 N. Plum Grove Road, Suite C

City

Schaumburg

State

IL

Zip Code

60173-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coordinated Benefits Company

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : 12449824**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

160.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Deagle, Michael, P., ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID : 12449825

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Pendergraff, Ross, W., ,**

Mailing Address 21820 Burbank Blvd,  
North Building, Suite 300

City  
Woodland Hills

State  
CA

Zip Code  
91367-6476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leavitt Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID : 12449826

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Schwartz, Matt, B., ,**

Mailing Address 2950 Breckenridge Lane, Suite 8

City  
Louisville

State  
KY

Zip Code  
40220-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schwartz Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID : 12449829

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

370.00



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 8069 Little Circle Road

City  
Noblesville

State  
IN

Zip Code  
46060-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Creative Insurance Concepts Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : 12449830**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Burgess, Robbi, M., ,**

Mailing Address 1250 S Capital of Texas Hwy  
Building 1

City  
West Lake Hills

State  
TX

Zip Code  
78746-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

**Transaction ID : 12449834**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. Garcia, J., Michael, ,**

Mailing Address 820 Jordan Street  
Suite 400

City  
Shreveport

State  
LA

Zip Code  
71101-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moreman, Moore & Co. Inc.

Occupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

**Transaction ID : 12449835**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

67.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1203 Colonial Circle

City  
Papillion

State  
NE

Zip Code  
68046-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buechler Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450612**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Eserman, Clifton, W.,**

Mailing Address 2435 N Dixie Hwy

City

Wilton Manors

State

FL

Zip Code

33305-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Incompas Financial, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450613**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Scholz, Paul, Joseph,**

Mailing Address 17445 Arbor St  
Suite 310

City

Omaha

State

NE

Zip Code

68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450614**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

157.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Buffington, Tammy, , ,**

Mailing Address 3112 South 13th

City  
Lincoln

State  
NE

Zip Code  
68502-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A+ Brokerage

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450615**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Snowden, Scott, D., ,**

Mailing Address 812 Lyndon Lane, Suite 101

City  
Louisville

State  
KY

Zip Code  
40222-3844

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450617**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Blomgren, Laura, , ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450618**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rice, Lori, R., ,**

Mailing Address 3611 Paesanos Pkwy  
Ste 100

City  
San Antonio

State  
TX

Zip Code  
78231-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450619**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Forshee, Dee, , ,**

Mailing Address 203 E Main #B

City  
Union

State  
MO

Zip Code  
63084-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ming Senior Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450620**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Pierce, Mary, Jeannette, ,**

Mailing Address 500 NE Multnomah St. #100

City  
Portland

State  
OR

Zip Code  
97232-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450621**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Sansevieri, Paul, F., ,**

Mailing Address P O Box 641

City

Corona Del Mar

State

CA

Zip Code

92625-0641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sansevieri Insurance Services, Inc.

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450624**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Perry, Amy, , ,**

Mailing Address 851 International Pkwy  
Suite 120

City

Richardson

State

TX

Zip Code

75081-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OneDigital

Occupation (for Individual)

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450627**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 4136 Inslake Dr. # B

City

Glen Allen

State

VA

Zip Code

23060-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Independent Benefits LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2018

**Transaction ID : 12450631**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

310.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Goldmann, Donald, W., ,

Mailing Address 8502 East Chapman Ave.  
Suite 168

City  
Orange

State  
CA

Zip Code  
92869-2461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : 12451056

Amount of Each Receipt this Period

1680.00

☐ Memo Item

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

B. Southan, Tamela, L., ,

Mailing Address 101 W. Renner Rd., Ste 330

City

Richardson

State

TX

Zip Code

75082-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Solutions By Design

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2018

Transaction ID : 12451318

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. O'Connell, Daniel, J., ,

Mailing Address 5080 Spectrum Dr  
Suite 1200E

City

Addison

State

TX

Zip Code

75001-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Next Level Insurance Agency

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID : 12451320

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

2265.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Nigro, Samuel, , ,**

Mailing Address 17117 Oak Drive  
Suite D

City  
Omaha

State  
NE

Zip Code  
68130-2193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

**Transaction ID : 12451321**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Hartmann, Chris, , ,**

Mailing Address 1212 New York Ave, Suite 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : 12451332**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. McLaughlin, Kenneth, , ,**

Mailing Address 1001 Elm Street, Suite 301

City  
Manchester

State  
NH

Zip Code  
03101-1845

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

**Transaction ID : 12451371**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

1170.00

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

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

**Health Underwriters Political Action Committee**

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

A. Lee, William, Eric, ,

Mailing Address 25 Knight Boxx Rd  
APT. 5103

City  
Orange Park

State  
FL

Zip Code  
32065-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMN Nurse Choice

Occupation (for Individual)  
Executive Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID : 12451373

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Stock, Tiffany, , ,

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RISQ Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

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

Transaction ID : 12451375

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Ragusa, Ruth, Ferry, ,

Mailing Address 9029 Jefferson Highway  
Suite D 250

City  
New Orleans

State  
LA

Zip Code  
70123-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fleurins

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

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

Transaction ID : 12451398

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

157.00

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



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

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

**Health Underwriters Political Action Committee**

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

A. Lee, Kelli, , ,

Mailing Address 510 L Street  
Suite 270

City  
Anchorage

State  
AK

Zip Code  
99501-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moda Health

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2018

Transaction ID : 12451630

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Moore, David, A., ,

Mailing Address 204 Rivergate Pkwy

City  
Goodlettsville

State  
TN

Zip Code  
37072-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Brokers, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2018

Transaction ID : 12451632

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Kitts, Lawrence, L., ,

Mailing Address 6500 City West Parkway  
Suite 100

City  
Eden Prairie

State  
MN

Zip Code  
55344-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Horizon Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2018

Transaction ID : 12451634

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

102.00

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

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

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

**Health Underwriters Political Action Committee**

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

**A. Jurney, Gary, , ,**

Mailing Address 16545 Village Drive, Bldg B

City  
Jersey Village

State  
TX

Zip Code  
77040-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kainos Partners Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2018

**Transaction ID : 12451636**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 500 W. 36th Avenue  
Suite 300

City  
Anchorage

State  
AK

Zip Code  
99503-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OneDigital

Occupation (for Individual)  
Sr. Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2018

**Transaction ID : 12451638**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Wilson, Thomas, R., ,**

Mailing Address 701 Lamar

City  
Wichita Falls

State  
TX

Zip Code  
76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2018

**Transaction ID : 12452221**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

327.00

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

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

**Health Underwriters Political Action Committee**

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

**A. Passe, Emma, M., ,**

Mailing Address 6984 SE Langwood St

City  
Hillsboro

State  
OR

Zip Code  
97123-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EBMS

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452555**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Buza, Raymond, F., ,**

Mailing Address 214 East Lakewood Road

City

West Palm Beach

State  
FL

Zip Code  
33405-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palm Beach Insurance Advisory Group, I

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452556**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Van Nest, John, David, ,**

Mailing Address 145 Dillon Ave  
Suite B

City

Campbell

State  
CA

Zip Code  
95008-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Nest Ventures Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452560**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stockstill, Julia Beckie, , ,**

Mailing Address 125 E. San Augustine

City  
Deer Park

State  
TX

Zip Code  
77536-4160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stockstill & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2018

Transaction ID : 12452564

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Skinner, Douglas, , ,**

Mailing Address PO Box 1277

City  
Bloomington

State  
IN

Zip Code  
47402-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hoosier Dental Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2018

Transaction ID : 12452565

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Poole, Eugene, , ,**

Mailing Address 14117 Jones Bridge Road

City  
Upper Marlboro

State  
MD

Zip Code  
20774-8585

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2018

Transaction ID : 12452566

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hutson, Stephen, Lawrence, ,**

Mailing Address 13475 Danielson Street  
Suite 200

City  
Poway

State  
CA

Zip Code  
92064-8858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
California Corporate Benefits Insuranc

Occupation (for Individual)  
Director of Client Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452567**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Riensche, Glen, E., ,**

Mailing Address 7501 O St  
Ste 104

City  
Lincoln

State  
NE

Zip Code  
68510-2485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RHD Financial

Occupation (for Individual)  
Financial Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452570**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Gertz, Josh, , ,**

Mailing Address 353 N Clark Street

City  
Chicago

State  
IL

Zip Code  
60654-4704

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Compliance Project Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452575**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

157.00

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

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

**Health Underwriters Political Action Committee**

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

**A. Hutcherson, Lisa, , ,**

Mailing Address 9609 Hickory Rail Way

City  
Elk Grove

State  
CA

Zip Code  
95624-6068

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFLAC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452577**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. May, Robert, L., ,**

Mailing Address 1416 East Main Suite A

City  
Puyallup

State  
WA

Zip Code  
98372-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Robert L. May & Associates, Inc. DBA H

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452578**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Ramsay, Robert, Gene, ,**

Mailing Address 1836 Harrison Drive

City  
Gardendale

State  
AL

Zip Code  
35071-3468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Your Benefits Advisor

Occupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452587**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Johnson, David, S., ,**

Mailing Address 12138 Big Canoe

City  
Big Canoe

State  
GA

Zip Code  
30143-5157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David S. Johnson Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2018

**Transaction ID : 12452588**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Green, J. J., , ,**

Mailing Address 1219 W. 2nd St.

City  
Grand Island

State  
NE

Zip Code  
68801-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Primark, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2018

**Transaction ID : 12452798**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Capilla, Danielle, , ,**

Mailing Address 200 W Monroe Suite 2050

City  
Chicago

State  
IL

Zip Code  
60606-5009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alera Group

Occupation (for Individual)  
Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2018

**Transaction ID : 12452799**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

**Health Underwriters Political Action Committee**

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

**A. Kiebler, John, , ,**

Mailing Address 2530 Sir Barton Way, Suite 100

City  
LexingtonState  
KYZip Code  
40509-2275FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2018

**Transaction ID : 12452803**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Blakely, Russ, , ,**Mailing Address 246 E 11th Street  
Suite 302City  
ChattanoogaState  
TNZip Code  
37402-4269FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Blakely & Associates, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2018

**Transaction ID : 12452805**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Daugherty, Cathy, M., ,**Mailing Address 1122 East Lincoln Avenue  
Suite 203City  
OrangeState  
CAZip Code  
92865-1908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bridge Port BenefitsOccupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2018

**Transaction ID : 12452806**

Amount of Each Receipt this Period

85.00

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

200.00

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



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

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

**Health Underwriters Political Action Committee**

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

A. Schiebel, Al, C., ,

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Schiebel &amp; Associates, LLC dba Shopben

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2018

Transaction ID : 12452807

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Sherrill, David, M., ,

Mailing Address 407 Centerpointe Circle, Suite 163

City

Altamonte Springs

State

FL

Zip Code

32701-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sherrill Insurance Brokerage, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2018

Transaction ID : 12452809

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Grava, A. Andra, , ,

Mailing Address 40 E. McDermott

City

Allen

State

TX

Zip Code

75002-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The DI Center

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2018

Transaction ID : 12452810

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

245.00

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

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

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

**Health Underwriters Political Action Committee**

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

**A. Evans, Joseph, M., ,**

Mailing Address 4920 Pleasant St.  
Suite 3

City

West Des Moines

State

IA

Zip Code

50266-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Colonial Life

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2018

**Transaction ID : 12452813**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

Mailing Address 935 Moraga Road  
Suite 240

City

Lafayette

State

CA

Zip Code

94549-4542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BLIS Corp. dba Lee Health Insurance Se

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452816**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Trevino, Terrie, L., ,**

Mailing Address 1822 E Townline Way

City

Meridian

State

ID

Zip Code

83646-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PayneWest Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452817**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Durand, Tina, , ,**

Mailing Address 4717 Gollihar Road

City  
Corpus Christi

State  
TX

Zip Code  
78411-1947

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452818**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Sherrod, Jeffrey, , ,**

Mailing Address 3810 Holly Ridge Drive

City  
Longview

State  
TX

Zip Code  
75605-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452819**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Smith, Michael, David, ,**

Mailing Address 233 West Main Street

City  
Lewisville

State  
TX

Zip Code  
75057-3863

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452822**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Webb, Amy, R., ,**

Mailing Address 7 E. Main Street  
Suite 200

City  
Moorestown

State  
NJ

Zip Code  
08057-3339

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Castellani, Lorelei, G., ,**

Mailing Address PO Box 905

City

Branchville

State

NJ

Zip Code

07826-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Guidance Systems

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452824**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Selby, John, , ,**

Mailing Address 25B Hanover Road  
Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452825**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Patton, Rhonda, L., ,**

Mailing Address PO Box 751180

City  
Petaluma

State  
CA

Zip Code  
94975-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Patton & Spahr Insurance Services

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452829**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Denz, Stephanie, , ,**

Mailing Address 1100 Wild Ginger Lane

City  
Fleming Island

State  
FL

Zip Code  
32003-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aetna

Occupation (for Individual)  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452831**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Hoover, Shelley, , ,**

Mailing Address 15431 Washington St.

City  
Riverside

State  
CA

Zip Code  
92506-5763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dickerson Employee Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452832**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

**Health Underwriters Political Action Committee**

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

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

Mailing Address 4584 North Rancho Drive

City  
Las Vegas

State  
NV

Zip Code  
89130-3478

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Branch Benefits Consultants

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452833**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 8346 Redbird St

City  
Shawnee

State  
KS

Zip Code  
66227-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legacy Brokers, LLC

Occupation (for Individual)  
Employee Benefits Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452834**

Amount of Each Receipt this Period

34.00

☐ Memo Item

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

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

Mailing Address 24223 English Rose Place

City  
Valencia

State  
CA

Zip Code  
91354-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dickerson Employee Benefits

Occupation (for Individual)  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452835**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

94.00

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

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

**Health Underwriters Political Action Committee**

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

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

Mailing Address 431 Bloomfield Court

City  
Brentwood

State  
CA

Zip Code  
94513-2423

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2018

**Transaction ID : 12452836**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 409 Hemlock Lane

City  
Chester Springs

State  
PA

Zip Code  
19425-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keystone Ins. & Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452843**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 27 Locksley Place

City  
Forest

State  
VA

Zip Code  
24551-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thompson - Brooks Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452844**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

227.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 10315 Woodley Avenue, #131

City  
Granada Hills

State  
CA

Zip Code  
91344-6953

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452846**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 213 Porter Ave

City  
Biloxi

State  
MS

Zip Code  
39530-2950

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452847**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 755 Falcon Lane  
Suite 200

City  
Coppell

State  
TX

Zip Code  
75019-4160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenefitMall

Occupation (for Individual)  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452848**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

127.00



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1603 Roma Lane

City  
Allen

State  
TX

Zip Code  
75013-3038

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452849**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Coker, Kenneth, Wayne, ,**

Mailing Address 404 Bryant Street

City

San Francisco

State

CA

Zip Code

94107-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CokerWayne & Associates

Occupation (for Individual)  
Broker Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452850**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Rider, Susan, M., ,**

Mailing Address 803 Touralosa Dr

City

Westfield

State

IN

Zip Code

46074-7303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gregory & Appel Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 12452852**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

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

123.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 2999 N. 44th Street Suite 325

City  
Phoenix

State  
AZ

Zip Code  
85018-7259

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453126**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 1201 N Watson Rd  
Ste 287

City  
Arlington

State  
TX

Zip Code  
76006-6222

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453128**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Buyalos, Joseph, W., ,**

Mailing Address 9713 Key West Ave, Suite 401

City  
Rockville

State  
MD

Zip Code  
20850-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Insurance Exchange, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453133**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Powell, Brooks, , ,

Mailing Address 549 Main St, Suite B

City  
DanvilleState  
VAZip Code  
24541-1317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marsh & McLennan AgencyOccupation (for Individual)  
Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Transaction ID : 12453137

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Zavala, Tony, , ,

Mailing Address 4814 Cranbrook Dr E

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

C

Name of Employer (for Individual)  
Frost InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Transaction ID : 12453138

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Huss, Janine, D., ,

Mailing Address 108 Cantina Place

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

C

Name of Employer (for Individual)  
SingleCareOccupation (for Individual)  
Sr. Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Transaction ID : 12453139

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

123.00

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

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

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

**Health Underwriters Political Action Committee**

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

**A. Owens, David, Patrick, ,**

Mailing Address 101 Eisenhower Parkway  
Second Floor

City  
Roseland

State  
NJ

Zip Code  
07068-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E.B. Cohen & Co., Inc.

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453141**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Wallace, Keith, , ,**

Mailing Address 1400 Broadway

City

Bellingham

State

WA

Zip Code

98225-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wallace-Rice Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453183**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Bunkers, Scott, R., ,**

Mailing Address 2211 Lee Road, Suite 100

City

Winter Park

State

FL

Zip Code

32789-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefit Plans, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453200**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

435.00

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

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

**Health Underwriters Political Action Committee**

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

A. Stair, B. Gene, , ,

Mailing Address 6626 Silvermine Dr.  
Suite 500

City  
Austin

State  
TX

Zip Code  
78736-1785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stair & Associates LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2018

Transaction ID : 12453222

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Ayers, William, W, ,

Mailing Address 2850 Toccoa St

City  
Beaumont

State  
TX

Zip Code  
77703-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ayers-Patton & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2018

Transaction ID : 12453486

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Lack, Craig, A., ,

Mailing Address 33302 Valle Road  
Suite 250

City  
San Juan Capistrano

State  
CA

Zip Code  
92675-4864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premium Reduction Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2018

Transaction ID : 12453490

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1015.00

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

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

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

**Health Underwriters Political Action Committee**

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

**A. Friedman, Marcia, P., ,**

Mailing Address 112 Park Avenue

City  
Edgewater

State  
MD

Zip Code  
21037-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arrow Benefits Consulting, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453492**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Dadvand, Tina, April, ,**

Mailing Address PO Box 7001

City  
Pasadena

State  
CA

Zip Code  
91109-7001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Penniall & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12453494**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Greene, David, H., ,**

Mailing Address 44 East Long Lake Road, Suite 300

City  
Bloomfield Hills

State  
MI

Zip Code  
48304-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lau & Lau Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12458246**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

350.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Collura, Salvatore, , ,

Mailing Address 1126 Gateway Loop, Ste 116

City  
Springfield

State  
OR

Zip Code  
97477-7723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collura Benefits Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Transaction ID : 12461606

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Muhich, Brian, , ,

Mailing Address 699 Littleton Trail

City  
Elgin

State  
IL

Zip Code  
60120-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Be Well Consulting Corp.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Transaction ID : 12470196

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Fomalont, Eva, Jean, ,

Mailing Address 1804 Juan Tabo NE, Ste A

City  
Albuquerque

State  
NM

Zip Code  
87112-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Source

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Transaction ID : 12472974

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

850.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Burlingham, Judy, , ,**

Mailing Address 1041 W. 18th St., Ste. A-108

City  
Costa Mesa

State  
CA

Zip Code  
92627-4583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coast Benefit Consultants, Inc.

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12478938**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Van Scoik, Steven, G., ,**

Mailing Address PO Box 1886

City  
Elkhart

State  
IN

Zip Code  
46515-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holmes Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12480910**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Kirwan, Michael, G., ,**

Mailing Address 11 Penns Trail, Suite 600

City  
Newtown

State  
PA

Zip Code  
18940-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Kirwan Companies, LTD

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12487522**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Heckler, Paula, , ,**

Mailing Address P O Box 5154

City  
San Ramon

State  
CA

Zip Code  
94583-5154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lincoln Financial Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2018

**Transaction ID : 12494256**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Grosjean, David, C., ,**

Mailing Address 2125 Wyoming Blvd. NE

City  
Albuquerque

State  
NM

Zip Code  
87112-2617

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 16 / 2018

**Transaction ID : 12494293**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Bolitho, Scott, , ,**

Mailing Address PO Box 1270

City  
Glenwood Springs

State  
CO

Zip Code  
81602-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Glenwood Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2018

**Transaction ID : 12494295**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Fox, Margarite, , ,**

Mailing Address 5175 E Pacific Coast Hwy  
Ste 304

City  
Long Beach

State  
CA

Zip Code  
90804-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fox Benefits Insurance Agency

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2018

**Transaction ID : 12494299**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Goodacre, James, William, ,**

Mailing Address PO Box 22423

City  
Carmel

State  
CA

Zip Code  
93922-0423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
James W. Goodacre II RHU,REBC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : 12494302**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Tompkins, Daniel, R., ,**

Mailing Address 1720 Windward Concourse  
Suite 290

City  
Alpharetta

State  
GA

Zip Code  
30005-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Admin America, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : 12494304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

385.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 25B Hanover Rd., Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : 12494306**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Wolfe, Rosanne, , ,**

Mailing Address PO Box 17236

City  
Tucson

State  
AZ

Zip Code  
85731-7236

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : 12494307**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Gonzales, Chrissie, , ,**

Mailing Address 401 W Front Atreet  
Suite 4

City  
Traverse City

State  
MI

Zip Code  
49684-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wright Insurance Group

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12.00

Date of Receipt

10 / 10 / 2018

**Transaction ID : 12497883**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$138.00 This  
changes the YTD Total to \$12.00

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

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

130.00

16026.00

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address 7300 Chapman Way

City  
KnoxvilleState  
TNZip Code  
37920Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			03			2018					

FEC Identification Number

C

**Transaction ID : 12497855**

Amount of Each Disbursement this Period

308.32

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			17			2018					

FEC Identification Number

C

**Transaction ID : 12497856**

Amount of Each Disbursement this Period

728.14

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2018					

FEC Identification Number

C

**Transaction ID : 12497857**

Amount of Each Disbursement this Period

7.95

Credit Card Fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1044.41

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

1044.41

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

PAGE 61 OF 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City  
BirminghamState  
ALZip Code  
35201Purpose of Disbursement  
Co-Host 10/2 Lunch

011

Category/  
Type

Candidate Name

**Sewell, Terri, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL

District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2018			

FEC Identification Number

C C00458976

**Transaction ID : 12439036**

Amount of Each Disbursement this Period

3000.00

Co-Host 10/2 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUEGRASS COMMITTEE**

Mailing Address 220 1/2 E ST., NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
10/3 Dinner

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2018			

FEC Identification Number

C C00235655

**Transaction ID : 12439925**

Amount of Each Disbursement this Period

2500.00

10/3 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wyden for Oregon**

Mailing Address PO Box 3271

City  
PortlandState  
ORZip Code  
97208Purpose of Disbursement  
10/9 Reception

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2018			

FEC Identification Number

C

**Transaction ID : 12439927**

Amount of Each Disbursement this Period

3000.00

10/9 Reception

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

8500.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Courtney For Congress**

Mailing Address PO Box 1372

City  
VernonState  
CTZip Code  
06066Purpose of Disbursement  
Local 10/16 Event

011

Category/  
Type

Candidate Name

**Courtney, Joseph, D., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2018					

FEC Identification Number

C C00410233

**Transaction ID : 12439973**

Amount of Each Disbursement this Period

1000.00

Local 10/16 Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Flores For Congress**

Mailing Address PO Box 6207

City  
BryanState  
TXZip Code  
77805Purpose of Disbursement  
10/4 Lunch

011

Category/  
Type

Candidate Name

**Flores, Bill, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2018					

FEC Identification Number

C C00472241

**Transaction ID : 12439975**

Amount of Each Disbursement this Period

1000.00

10/4 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEARTLAND VALUES PAC**

Mailing Address PO Box 505

City  
Sioux FallsState  
SDZip Code  
57101Purpose of Disbursement  
10/9 Dinner

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2018					

FEC Identification Number

C C00409003

**Transaction ID : 12439982**

Amount of Each Disbursement this Period

1500.00

10/9 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bucshon For Congress**

Mailing Address PO Box 250

City  
NewburghState  
INZip Code  
47629Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Bucshon, Larry, , Rep., MD**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00468256

**Transaction ID : 12440571**

Amount of Each Disbursement this Period

3000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
DentonState  
TXZip Code  
76202Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep., M.D.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00372532

**Transaction ID : 12440572**

Amount of Each Disbursement this Period

2000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Byrne For Congress**

Mailing Address PO Box 2743

City  
MobileState  
ALZip Code  
36652Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Byrne, Bradley, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00545673

**Transaction ID : 12440573**

Amount of Each Disbursement this Period

1000.00

Future Comp/Local Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00



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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Chabot For Congress**

Mailing Address 3030 Harrison Ave.

City  
CincinnatiState  
OHZip Code  
45211Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Chabot, Steve, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

C C00301838

**Transaction ID : 12440574**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kinzinger For Congress**

Mailing Address PO Box 2365

City  
OttawaState  
ILZip Code  
61350Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Kinzinger, Adam, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

C C00458877

**Transaction ID : 12440575**

Amount of Each Disbursement this Period

3000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Knight For Congress**

Mailing Address PO Box 730

City  
HilmarState  
CAZip Code  
95324Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Knight, Steve, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

FEC Identification Number

C C00554014

**Transaction ID : 12440577**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

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

5000.00

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



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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address PO Box 10847

City  
RochesterState  
NYZip Code  
14610Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Reed, Tom, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00464032

**Transaction ID : 12440578**

Amount of Each Disbursement this Period

2000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Rouzer For Congress**

Mailing Address PO Box 2267

City  
SmithfieldState  
NCZip Code  
27577Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Rouzer, David, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00501643

**Transaction ID : 12440579**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Walden For Congress**

Mailing Address PO Box 1091

City  
Hood RiverState  
ORZip Code  
97031Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Walden, Greg, P., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00333427

**Transaction ID : 12440580**

Amount of Each Disbursement this Period

1500.00

Future Comp Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
---------

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

PAGE 66 OF 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City  
East LansingState  
MIZip Code  
48826Purpose of Disbursement  
10/10 Lunch

011

Category/  
Type

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

FEC Identification Number

C C00344473

**Transaction ID : 12440583**

Amount of Each Disbursement this Period

2500.00

10/10 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jaime For Congress**

Mailing Address PO Box 1614

City  
RidgefieldState  
WAZip Code  
98642Purpose of Disbursement  
Local Oct Meeting

011

Category/  
Type

Candidate Name

**Herrera-Beutler, Jaime, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

FEC Identification Number

C C00472704

**Transaction ID : 12449054**

Amount of Each Disbursement this Period

1000.00

Local Oct Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Katie Arrington For Congress**

Mailing Address PO Box 80177

City  
CharlestonState  
SCZip Code  
29416Purpose of Disbursement  
10/24 Lunch

011

Category/  
Type

Candidate Name

**Arrington, Katherine, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

FEC Identification Number

C C00653204

**Transaction ID : 12449237**

Amount of Each Disbursement this Period

2000.00

10/24 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

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

PAGE 67 OF 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rick W. Allen For Congress**

Mailing Address P. O. Box 338

City  
AugustaState  
GAZip Code  
30903Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Allen, Rick, W., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2018

FEC Identification Number

C C00504019

**Transaction ID : 12449248**

Amount of Each Disbursement this Period

1500.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson For Congress Inc.**

Mailing Address PO Box 387

City  
West PointState  
GAZip Code  
31833Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Ferguson, Anderson, , , IV**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2018

FEC Identification Number

C C00607838

**Transaction ID : 12449249**

Amount of Each Disbursement this Period

1000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeff Fortenberry For United States Congress**

Mailing Address PO Box 30265

City  
LincolnState  
NEZip Code  
68503Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Fortenberry, Jeff, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2018

FEC Identification Number

C C00395467

**Transaction ID : 12449265**

Amount of Each Disbursement this Period

1000.00

Future Comp/Local Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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

PAGE 68 OF 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address PO Box 8277

City  
The WoodlandsState  
TXZip Code  
77387Purpose of Disbursement  
Future Comp Events

011

Category/  
Type

Candidate Name

**Brady, Kevin, Patrick, Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			05			2018					

FEC Identification Number

C C00311043

**Transaction ID : 12449360**

Amount of Each Disbursement this Period

5000.00

Future Comp Events

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bilirakis For Congress**

Mailing Address PO Box 606

City  
Tarpon SpringsState  
FLZip Code  
34688Purpose of Disbursement  
Local Oct 23 Event

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, M., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2018					

FEC Identification Number

C C00408534

**Transaction ID : 12452858**

Amount of Each Disbursement this Period

2000.00

Local Oct 23 Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ted Deutch For Congress Committee**

Mailing Address 1050 17th St, Nw, Ste 590

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Local Oct Event

011

Category/  
Type

Candidate Name

**Deutch, Ted, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2018					

FEC Identification Number

C C00469163

**Transaction ID : 12452859**

Amount of Each Disbursement this Period

2000.00

Local Oct Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Guy For Congress**

Mailing Address P.O. Box 23177

City  
PittsburghState  
PAZip Code  
15222Purpose of Disbursement  
10/23 Lunch

011

Category/  
Type

Candidate Name

**Reschenthaler, Guy, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

**C** C00657833**Transaction ID : 12452860**

Amount of Each Disbursement this Period

2000.00

10/23 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vote For Guy**

Mailing Address PO Box 5014

City  
GreenvilleState  
SCZip Code  
29606Purpose of Disbursement  
NAHU Member

011

Category/  
Type

Candidate Name

**Furay, Guy, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

**C** C00674507**Transaction ID : 12452862**

Amount of Each Disbursement this Period

1000.00

NAHU Member

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
10/16 Local Reception

011

Category/  
Type

Candidate Name

**Holding, George, E.B., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

**C** C00499236**Transaction ID : 12452863**

Amount of Each Disbursement this Period

2000.00

10/16 Local Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hurd For Congress**

Mailing Address PO Box 761029

City  
San AntonioState  
TXZip Code  
78245Purpose of Disbursement  
10/23 Local Reception

011

Category/  
Type

Candidate Name

**Hurd, Will, , Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

**C** C00545467**Transaction ID : 12452864**

Amount of Each Disbursement this Period

2000.00

10/23 Local Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom Macarthur For Congress Inc.**

Mailing Address PO Box 999

City  
EdisonState  
NJZip Code  
08818Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**MacArthur, Tom, , Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☐

Primary

☒

General

☐

Other (specify) ▼

State: NJ

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

**C** C00557520**Transaction ID : 12452866**

Amount of Each Disbursement this Period

2000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**Mailing Address P.O. Box 44369  
250 Prairie Center DriveCity  
Eden PrairieState  
MNZip Code  
55344Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Paulsen, Erik, P., Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☐

Primary

☒

General

☐

Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

**C** C00439661**Transaction ID : 12452867**

Amount of Each Disbursement this Period

2000.00

Future Comp Event

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

6000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address PO Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Upton, Frederick, Stephen, Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

**C** C00200584**Transaction ID : 12452868**

Amount of Each Disbursement this Period

2000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Balderson For Congress**

Mailing Address PO BOX 2302

City  
ZanesvilleState  
OHZip Code  
43702Purpose of Disbursement  
Future Comp/Local Event

011

Category/  
Type

Candidate Name

**Balderson, Troy, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify)

State: OH District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

**C** C00662650**Transaction ID : 12452871**

Amount of Each Disbursement this Period

2000.00

Future Comp/Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City  
SarasotaState  
FLZip Code  
34230Purpose of Disbursement  
10/17 Dinner

011

Category/  
Type

Candidate Name

**Buchanan, Vern, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

**C** C00412759**Transaction ID : 12452873**

Amount of Each Disbursement this Period

2000.00

10/17 Dinner

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

6000.00

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



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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City  
WheatonState  
ILZip Code  
60187Purpose of Disbursement  
Local Oct 17 Reception

011

Category/  
Type

Candidate Name

**Roskam, Peter, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C C00410969

**Transaction ID : 12452874**

Amount of Each Disbursement this Period

500.00

Local Oct 17 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. M-PAC**Mailing Address 119 1st Ave S  
Ste 320City  
SeattleState  
WAZip Code  
98104Purpose of Disbursement  
Oct 17 Lunch

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2018					

FEC Identification Number

C

**Transaction ID : 12452877**

Amount of Each Disbursement this Period

5000.00

Oct 17 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City  
SacramentoState  
CAZip Code  
95814Purpose of Disbursement  
10/20 Local Event

011

Category/  
Type

Candidate Name

**Eshoo, Anna, G., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2018					

FEC Identification Number

C C00258475

**Transaction ID : 12494257**

Amount of Each Disbursement this Period

1000.00

10/20 Local Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

69000.00



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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Glen Mulready 2018**

Mailing Address 7380 S Olympia Avenue #320

City  
TulsaState  
OKZip Code  
74132Purpose of Disbursement  
Glen Mulready, INSURANCE COMMISS. OK

011

Category/  
Type

Candidate Name

**Mulready, Glen, , OK Rep.,**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12452861**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item Glen Mulready, INSURANCE  
COMMISS. OK

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00