Image# 201810199125637	7776						PAGE 1	/ 73
FEC FORM 3X	AND	ORT OF DISBUR Than An Aut	SEME	NTS		Office U	se Only	
1. NAME OF COMMITTEE (in full		PRINT ▼	Example: over the	If typing, type ines.	12FE	E4M5		
	ers Political A							
ADDRESS (number and st		w York Ave						
Check if different than previously reported. (ACC)	nt Vashing				DC	2000	5	
2. FEC IDENTIFICAT		CIJ	ſY ▲		STATE 🔺	<b>x</b>	ZIP CODE	
C C00283135			s This Report	× NEW (N) C	R	AMENDED (A)		
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Report</li> <li>April 15 Quarterly R</li> <li>July 15 Quarterly R</li> <li>October 15 Quarterly R</li> </ul>	eport (Q1) (c)	ort On: Mar	Conv	May 20 ( Jun 20 (N Jul 20 (N Jul 20 (N ry (12P) ention (12C)	Иб) П 17) Сен	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) neral (12G) ecial (12S)	Yea De (Noi Yea Jar	v 20 (M11) n-Election r Only) n-Election r Only) n 31 (YE) noff (12R)
January 31 Year-End R July 31 Mid Report (Nor Year Only) Termination (TER)	I-Year (d) n-election (MY)	Election 30-Day <b>POST</b> -Election Report for the:	on on 1	0 18 ral (30G)	2018	noff (30R)	in the State of Spe in the	ecial (30S)
5. Covering Period	M M / D 10 01		Y	ough	) / D 17	D / Y Y 20	State of	
I certify that I have exam Type or Print Name of T Signature of Treasurer	Murphy,	Jennifer, , ,		e and belief it i	s true, correc		D / Y	Y Y Y 018
NOTE: Submission of false Office Use Only	e, erroneous, or inc	omplete informatio	n may subject	the person signi	ng this Repor	FEC	es of 52 U.S FORM Rev. 05/2016	

10/19/2018 10 : 03

X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

# Health Underwriters Political Action Committee

R		10 / D D / Y Y Y Y 10 01 / 2018 To	10 / D D / Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		340873.40
	(b) Cash on Hand at Beginning of Reporting Period	319823.61	
	(c) Total Receipts (from Line 19)	23068.00	517272.46
	<ul><li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li></ul>	342891.61	858145.86
7.	Total Disbursements (from Line 31)	72182.41	587436.66
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	270709.20	270709.20
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
1. 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	0.00					
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	00000.00	500070 46				
Totals to Line 33, page 5)▶	23068.00	508272.46				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
. All Loans Received	0.00	0.00				
. Loan Repayments Received	0.00	0.00				
6. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made		47. 47. 48.				
to Federal Candidates and Other						
Political Committees	0.00	9000.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))	23068.00	517272.46				
. Total Federal Receipts	22068.00	547070.40				

(subtract Line 18(c) from Line 19)......▶

23068.00

Page 3

517272.46

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 15617.70 Expenditures ..... 1044.41 (c) Total Operating Expenditures 15617.70 (add 21(a)(i), (a)(ii), and (b)) 1044.41 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 565500.00 and Other Political Committees... 69000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 4318.96 138.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 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 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 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

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

#### III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36) .....

	i.		Į.		_	23068.00
			Ì			138.00
-	÷	-,-	÷	÷	-	22930.00
+	÷	-	÷	÷	-	
<u>_</u>	÷	-7	÷	÷	-7	1044.41
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	i.	-7-				1044.41

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508272.46	-7		-7-	 <u></u>
404.0.00				
4318.96	-	 	-	 
503953.50				
505955.50	-		7	 L
15617.70				
13017.70	7		7	 
0.00				
0.00		 	7	 
15617.70				
13017.70				

COLUMN B

Calendar Year-to-Date



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

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

	ECEIDTE	-	Use separate schedule(s)	(check only one)							
TEMIZED R			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1							
				person for the purpose of soliciting contributions be to solicit contributions from such committee.							
	MMITTEE (In Full) derwriters Political	Action Com	mittee								
Full Name of Ir A. Reinstadler,	ndividual (Last, First, Middle Ruppert, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
	s 6443 SW Beaverton-Hillso Suite 200	-		10 / D D / Y Y Y Y 2018							
City Portland		State OR	Zip Code 97221-4230	Transaction ID : 12438713           Amount of Each Receipt this Period							
FEC ID numbe federal political	er of contributing I committee.	C		42.00							
HUB Internation	oyer (for Individual) nal/CFG	Occu Brok	ipation (for Individual) er	Memo Item							
Receipt For: Primary Other (sp	General Decify) ▼	Aggregate	Year-to-Date ▼ 378.00	]							
B. Wham, Sco		Date of Receipt									
	s 145 E 5th Avenue	0	75 0 4	10 / D D / Y Y Y Y 10 01 2018							
City Conshohocken	1	State PA	Zip Code 19428-1789	Transaction ID : 12438714 Amount of Each Receipt this Period							
FEC ID numbe federal political	er of contributing I committee.	С		42.00							
Name of Emplo Kistler Tiffany B	oyer (for Individual) Benefits		upation (for Individual) ctor of Compliance Services	Memo Item							
Receipt For: Primary Other (sp	General Decify) ▼	Aggregate	Year-to-Date ▼ 420.00	]							
Full Name of Ir	ndividual (Last, First, Middle I <b>M, , ,</b>	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address	s PO Box 629			M M / D D / Y Y Y Y 10 01 2018							
City Roanoke		State VA	Zip Code 24004-0629	Transaction ID : 12438723 Amount of Each Receipt this Period							
FEC ID numbe federal political	er of contributing I committee.	С		300.00							
D&S Agency	oyer (for Individual)	Occu Brok	ipation (for Individual) er	Memo Item							
Receipt For:	General	Aggregate	Year-to-Date ▼ 3000.00	1							
Other (sp	becify)			4							

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Use separate schedule(s)

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			Use separate schedule(s)				(check only one)							
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>				
	information copied from such Reports and Sta													
<u> </u>	AME OF COMMITTEE (In Full)	name and a	doress of any political committee				Julions	ITOTTI SUCI	Commu	ee.				
	Health Underwriters Political Act	ion Com	mittee											
<b>A</b>	ull Name of Individual (Last, First, Middle Initia Blum, Gregory, J., ,	al) or Full O	rganization Name		Date of Receipt									
N	lailing Address 2801 Coho Street				10 01 Y Y Y Y 2018									
	ity Aadison	State WI	Zip Code 53713-4574					: <b>1243973</b> Receipt th						
	EC ID number of contributing deral political committee.	С					-y		365.0	00				
Н	ame of Employer (for Individual) lemb Insurance Group		upation (for Individual) efits Advisor		Me	emo	o Item							
н	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00											
	ull Name of Individual (Last, First, Middle Initia Christian, Brad, L, ,	rganization Name		Date of	Re	eceipt								
_	lailing Address 120 Washington				M M 10	/	01		2018	Y				
	ity	State NE	Zip Code					1243973						
		INE	68328-5013		Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С			150.00									
	lame of Employer (for Individual) surance & Investments	Occi Brol	upation (for Individual) ker		Memo Item									
R	eceipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary     General       Other (specify) ▼		240.00											
	ull Name of Individual (Last, First, Middle Initia Banchy, Kate, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
N	lailing Address 4233 Southtowne Drive				<sup>M</sup> 10	1	D 02		2018	Y				
	ity Eau Claire	State WI	Zip Code 54701-2652					: <b>1243974</b> Receipt th						
	EC ID number of contributing ederal political committee.	С					y	 	42.0	00				
S	ame of Employer (for Individual)	Occu Brok	upation (for Individual) er		M	emo	o Item							
н	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00											
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Use separate schedule(s)

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111			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c	12		17		
	y information copied from such Reports and SI for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		-		
	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Moore, David, R., ,	ial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address PO Box 1006				M M / D D / Y Y Y Y 10 02 2018								
	City Burlington	State NC	Zip Code 27216-1006					<b>1243974</b> Receipt th		4			
		_			Amoun		Each	Receipt ti	lis Perio	a	_		
	FEC ID number of contributing federal political committee.	C			Ļ.		-y			0.00			
	Name of Employer (for Individual) David R. Moore, CLU & Associates	upation (for Individual) ker		M	emo	b Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		200.00	11.									
	Other (specify)	L	300.00	1									
B.	Full Name of Individual (Last, First, Middle Init Bellman, Mark, , ,	ial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 1250 Capitol of Texas Hwy S Bldg 1, Suite 400				м м 10	1	02		2018	Ŷ			
	City	State	Zip Code					1243974					
	West Lake Hills	TX	78746-6428		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C			50.00								
	Name of Employer (for Individual) UnitedHealthcare	Occ Bro	upation (for Individual) ker		Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		500.00	1									
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Brannon, William, J., ,	ial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 2 Terrace Way, Suite B				10 <sup>M</sup>	/	02		2018	Y			
	City Greensboro	State NC	Zip Code 27403-3663					1243974					
	FEC ID number of contributing	_	21403 3003		Amoun	t of	Each F	Receipt th			-		
	federal political committee.	C			Ŀ.	-	y	. y	30	0.00			
	Name of Employer (for Individual) Group US, Inc.	Occi Brok	upation (for Individual) ker		M	lemo	o Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		300.00										
s	UBTOTAL of Receipts This Page (optional)			 ▶					110	0.00			
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PAGE 9 OF

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	or commercial purposes, other than using the r																			
	IAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nmi	ittee																
	- Ull Name of Individual (Last, First, Middle Initia Enders, Shannon, J., ,	al) or Full O	Drga	nization Name		Date of Receipt														
	Aailing Address 5797 Harvey Street - Suite A					10 02 2018														
	City Norton Shores	State MI		Zip Code 49444-6727		Transaction ID : 12439750														
F	EC ID number of contributing ederal political committee.	С	Ì		Amount of Each Receipt this Period															
L	lame of Employer (for Individual) akeshore Employee Benefits	Occi Brol	•	tion (for Individual)		r	Nem	10	Iten	n										
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 730.00	]															
	Full Name of Individual (Last, First, Middle Initia Shaw, Wanda, D., ,	al) or Full O	Drga	nization Name		Date	of Re	ec	ceipt	t	<pre>b / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</pre>									
N	Nailing Address 212 South 10 Street						a       14       15       16       17         he purpose of soliciting contributions from such committee.       ansaction is from such committee.         a       0       0       2018         ansaction ID : 12439750       ansaction ID : 12439750       ansaction ID : 12439751         punt of Each Receipt this Period       85.00       85.00         Memo Item       30.00       Memo Item         ansaction ID : 12439753       30.00       30.00         Memo Item       30.00       30.00         Memo Item       30.00       Memo Item													
	Dity Griffin	State GA		Zip Code 30224-2804		10022018Transaction ID : 12439753Amount of Each Receipt this Period														
	EC ID number of contributing ederal political committee.	С																		
Ir	Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Occ Bro																		
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00	]															
С	Full Name of Individual (Last, First, Middle Initia Clingan, Nedra, C., ,	al) or Full O	Drga	nization Name		Date	of Re	ec	ceipt	t										
N 	Aailing Address 13222 Huisache Way					<sup>™</sup> 10		/			1	Y			Y					
	Dity Helotes	State TX		Zip Code 78023-3606								2018 9754 t this Period								
	EC ID number of contributing ederal political committee.	С							y		. ,			30.0	0					
F	Name of Employer (for Individual) Renaissance Family of Companies	Brok	ker	tion (for Individual)			Mem	10	Iter	n										
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 620.00	]															
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		_								
> Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Adams, David, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1265 Minhinette Drive			10 02 2018							
Suite 150 City	State	Zip Code	Transaction ID : 12439948							
Roswell	GA	30075-3656	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) Purchasing Alliance Solutions, Inc.	Occi Brol	upation (for Individual)	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General			1							
Other (specify) <b>v</b>		230.00	1							
Full Name of Individual (Last, First, Middle 3. Fitzgerald, Robert, Mark, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name									
Mailing Address 185 Fowler St			Date of Receipt							
City	State	Zip Code	Transaction ID : 12439984							
Woodstock	GA	30188-5023	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In										
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		925.00	]							
Full Name of Individual (Last, First, Middle C. Frizen, Bruce, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8058 Corporate Center D Suite 200	r.		10 03 2018							
City	State NC	Zip Code	Transaction ID : 12439988							
Charlotte	INC.	28226-4359	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		45.00							
Name of Employer (for Individual) L.E. Goodgame & Associates	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	]							
SUBTOTAL of Receipts This Page (optional	,		180.00							

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

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			Detailed Summary		×	-		11b	11c	12	<u> </u>						
Any information copied fr	om such Reports and St	atements ma	y not be sold or used	by any pe	rson f	13 or the	puri	14 pose of	15 soliciting	contribut	l 17 tions						
or for commercial purpos	es, other than using the																
Health Underw	E (In Full) riters Political Act	tion Com	mittee														
/																	
<b>A</b> . King, Carolyn, J., ,	I (Last, First, Middle Initi	al) of Full O	rganization Name		Date of Receipt												
Mailing Address 6 Cou	intry Lane				10 03 2018												
City		State	Zip Code		Transaction ID : 12439989												
Sussex		NJ	07461-4630	_	_ /	Amoun	t of	Each Re	eceipt th	is Period							
FEC ID number of cor federal political commi		С								30.0	00						
Name of Employer (fo Carolyn J King Insuran	,	Occu Brok	upation (for Individual) ter			М	lemo	tem									
Receipt For:		Aggregate	Year-to-Date ▼														
Other (specify)	General		2	70.00													
Full Name of Individua B. Shores, Thomas,	l (Last, First, Middle Initi E.,,	al) or Full O	rganization Name			Date o	f Re	ceipt									
	Mailing Address 8596 W Bolsa Ct.								10 03 2018								
City		State	Zip Code		Transaction ID : 12439990												
Boise		ID	83709-5196		Amount of Each Receipt this Period												
FEC ID number of con federal political commi	0	С		42.00													
Name of Employer (fo T.A. Shores Inc.	r Individual)	Occu Broł	upation (for Individual) ker		Memo Item												
Receipt For:	Ormanal	Aggregate															
Other (specify)	General		4	20.00													
Full Name of Individua <b>c.</b> Warwick, John,	l (Last, First, Middle Initi L., ,	al) or Full O	rganization Name			Date o	f Re	eceipt									
Mailing Address 1907						10 03 2018											
City		State	Zip Code			Trans	sact	ion ID:	1243999	2							
Chico		CA	95926-2381	_	_ /	Amoun	t of	Each Re	eceipt th	is Period							
FEC ID number of cor federal political commi						,	,	85.0	00								
Name of Employer (fo	r Individual)	Occu	pation (for Individual)			Μ	lemo	tem									
John Warwick Insurand	e Services	Broker															
Receipt For:	General	Aggregate	Year-to-Date ▼														
Other (specify)			8														
SUBTOTAL of Receipts	This Page (optional)							,	,	157.0	00						
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12										
				13		14	15	16	17									
Any information copied from such Reports a or for commercial purposes, other than using																		
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee																
Full Name of Individual (Last, First, Middl A. Haberman, Joshua, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Haberman, Joshua, , ,							Date of Receipt										
Mailing Address 9301 Bryant Ave S Suite 105			10 / 03 / 2018 Transaction ID : 12439994															
City	State	Zip Code																
Bloomington	MN	55420-3473	Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	C		85.00															
Name of Employer (for Individual) Alexander & Haberman	Occi Brol	upation (for Individual) ker		M	emo	Item												
Receipt For:	Aggregate	Year-to-Date <b>V</b>																
Primary General Other (specify) ▼		339.00																
Full Name of Individual (Last, First, Middl B. Liechty, Brian, W., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Liechty. Brian. W																	
Mailing Address 120 East Washington Stre	Mailing Address 120 East Washington Street							Date of Receipt										
City	State	Zip Code	Transaction ID : 12439995															
Plymouth	IN	46563-1744	/	Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	C							30.	00									
Name of Employer (for Individual) TCU Insurance	Occ Bro	upation (for Individual) ker		M	emo	Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00																
Full Name of Individual (Last, First, Middl C. Kennedy, Tamara, P., ,	e Initial) or Full O	rganization Name		Date of	Re	ceipt												
Mailing Address 7310 N. 16th Street, Suite				10 03 2018														
City	State AZ	Zip Code				-	1243999	-										
Phoenix	AZ	85020-8212	_ /	Amount	of	Each F	Receipt th	nis Period										
FEC ID number of contributing federal political committee.	C				_	,	y	85.	00									
Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occi Brok	upation (for Individual) er		M	emo	ltem												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00																
SUBTOTAL of Receipts This Page (optiona	,		-   -		_	,		200.0	00									

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Use separate schedule(s)

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ITEIWIZED RECEIPTS		for each category of the Detailed Summary Page	<b>४</b> 11a 11b 11c 12										
			13 14 15 16 17										
or for commercial purposes, other than us			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Mic A. Lord, Justin, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lord, Justin, , ,												
Mailing Address 935 East 36th Place			M M M       / 04       2018         Transaction ID : 12448609       Amount of Each Receipt this Period         30.00       30.00         Memo Item										
City Tulsa	State OK	Zip Code 74105-3001											
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) HUB International	Occ Bro	upation (for Individual) ker											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
Full Name of Individual (Last, First, Mic B. Casinelli, Patrick, , ,	Date of Receipt												
Mailing Address 450 B St # 1800	10 04 2018												
City San Diego	State CA	Zip Code 92101-8005	Transaction ID : 12448610         Amount of Each Receipt this Period         63.00         Memo Item										
FEC ID number of contributing federal political committee.	C												
Name of Employer (for Individual) Cavignac & Associates		upation (for Individual) Icipal											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00											
Full Name of Individual (Last, First, Mic C. Ashby, Thomas, F., ,	ldle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address P. O. Box 70			M M / D D / Y Y Y Y 10 04 2018										
City Zirconia	State NC	Zip Code 28790-0070	Transaction ID : 12448612 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occ Brok	upation (for Individual) xer	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 396.00	1										
SUBTOTAL of Receipts This Page (optio	nal)	•	135.00										
TOTAL This Period (last page this line n	umber only)												

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions									
$\Big\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	nmittee										
Α.	Full Name of Individual (Last, First, Middle Initia Viola, Robert, , , Mailing Address One West First Avenue Ste 305												
	City	State	Zip Code	10 04 2018 Transaction ID : 12448615									
	Conshohocken	PA	19428-6801	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) The Megro Corporation	Occ Owr	cupation (for Individual) mer	Memo Item									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
в.	Full Name of Individual (Last, First, Middle Initia Mochan, Damian, , ,	Date of Receipt											
	Mailing Address 100 Radnor Rd Ste 202	10 04 2018											
	City	State	Zip Code	Transaction ID : 12448616									
	State College	PA	16801-7986	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) Central PA Benefit Solutions		cupation (for Individual) oker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
С.	Full Name of Individual (Last, First, Middle Initia Freeman, Joann, , ,	l) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 625 Oak Street			10 / D D / Y Y Y Y 2018									
	City Laguna Beach	State CA	Zip Code 92651-2920	Transaction ID : 12449204									
			92001-2920	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		10.00									
	Name of Employer (for Individual) Freeman Laguna Insurance Services	Occ Brok	cupation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)		•	110.00									
т	OTAL This Period (last page this line number or	lly)	••••••										

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

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

Any or f	MIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11	a	11b		11c	12			
or f		I	, ,	13		14		15	16	17		
	information copied from such Reports and Stat or commercial purposes, other than using the n			erson for t		rpose		liciting	contribu	tions		
	AME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comr	nittee									
	- ull Name of Individual (Last, First, Middle Initia Hepscher, William, , ,	Date	of F	leceipt								
_	Aailing Address 38176 Medical Center Avenue	1			0	/ D	)5	/ Y	ү 2018	Y		
	City Zephyrhills	State FL	Zip Code 33540-1380			f Each			5 is Period			
	EC ID number of contributing ederal political committee.	С				-9-		-	85.	00		
٦	lame of Employer (for Individual) The Canadian Drugstore		Merr	io Item	I							
F	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 890.00									
	ull Name of Individual (Last, First, Middle Initia Gussin, Craig, , ,	Date	of F	leceipt								
-	Aailing Address 701 Palomar Airport Road #260		м 0	· / D	)5	/ Y	y y 2018	Y				
	City Carlsbad	State CA	Zip Code 92011-1047					12449206 Receipt this Period				
	EC ID number of contributing ederal political committee.	С	100.00									
- 1 4	Name of Employer (for Individual) Suerbach & Gussin Insurance and Financ	Occu Brok	pation (for Individual) er		Merr	io Item	1					
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1840.00									
	ull Name of Individual (Last, First, Middle Initia Allumbaugh, Joel, C., ,	l) or Full Or	ganization Name	Date	e of F	leceipt						
_	Aailing Address 6 E. Chestnut St., Suite 520				0		)5	/ Y	2018	Y		
	Sity Augusta	State ME	Zip Code 04330-5759			f Each			1 is Period			
	EC ID number of contributing ederal political committee.	С			y		9	30.	00			
1	Name of Employer (for Individual) National Worksite Benefit Group	Occu Broke	pation (for Individual) Pr		Men	no Iterr	ı					
r	Receipt For: Primary General Other (specify)	Aggregate \	⁄ear-to-Date ▼ 300.00									
su	BTOTAL of Receipts This Page (optional)					9		7	215.	00		

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ITEIWIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee									
		millee									
Full Name of Individual (Last, First, Mid <b>A.</b> Whaley, Cynthia, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 408 N. Washington Stre Suite A	eet		10 05 2018								
City Easton	State MD	Zip Code 21601-3704	Transaction ID : 12449212 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1								
Full Name of Individual (Last, First, Mid 3. Moore, Robert, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1644 Plank Rd		10 05 2018									
City Duncansville	State PA	Zip Code 16635-8376	Transaction ID : 12449213 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) L.R. Webber Associates, Inc.	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]								
Full Name of Individual (Last, First, Mid C. Rianhard, Dane, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1 E. Pratt St., Unit 902			10 05 2018								
City Baltimore	State MD	Zip Code 21202-1193	Transaction ID : 12449214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) TriBridge Partners, LLC	Occi Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	1								
SUBTOTAL of Receipts This Page (option	nal)		157.00								
TOTAL This Period (last page this line nu	mber only)										

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			Detailed Summary Page	×	11a 13		11k	, [	11c 15	12	17					
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		soliciting	g contribu	utions					
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Initial) Michaels, Norman, Joseph, ,	C	Date of Receipt													
	Mailing Address 75 NO CENTREAL AVE	01.1			M         M         /         D         J         Y											
	City Elmsford	State NY	Zip Code 10523													
	FFC ID number of contributing	С			Amount of Each Receipt this Period 30.00											
	Name of Employer (for Individual) 2014	Occ Brol	upation (for Individual) ker		Memo Item											
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Year-to-Date ▼ 240.00	]												
в.	Full Name of Individual (Last, First, Middle Initial) Henning, Kristy, S., ,		Date of Receipt													
	Mailing Address 806B A Street						10 05 2018									
	City Springfield	State OR	Zip Code 97477-4771		Transaction ID : 12449217 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			30.00 Memo Item											
	Name of Employer (for Individual) The Insurance Place	Occ Age	upation (for Individual) ent													
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Year-to-Date ▼ 240.00	]												
С.	Full Name of Individual (Last, First, Middle Initial) Eberley, R. Michael, , ,	or Full C	Organization Name		Date of Receipt											
	Mailing Address 1296 Sinnissippi Park Rd.				10 05 2018											
	City Sterling	State IL	Zip Code 61081-4125	A			-		244921 ceipt th	I <b>8</b> his Period	ł					
	FEC ID number of contributing federal political committee.	S ( S									.00					
	Name of Employer (for Individual) Self Employed	Occ Brok	upation (for Individual) ker		Memo Item											
	Receipt For:     A       Primary     General       Other (specify)	aggregate	]													
s	UBTOTAL of Receipts This Page (optional)						9		. ,	102	.00					
т	OTAL This Period (last page this line number only	/)					-		- 40-							

#### SCHEDULE A (FEC Form 3X) ...

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

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name and ad ion Comr al) or Full Org State CT C Occu Broke Aggregate	Idress of any political committee mittee ganization Name Zip Code 06470-1607 pation (for Individual)	X       11a       11b       11c       12         13       14       15       16       17         erson for the purpose of soliciting contributions       to solicit contributions from such committee.         Date of Receipt       10       05       2018         Transaction ID : 12449221       Amount of Each Receipt this Period       30.00         Memo Item       10       10       10
name and ad ion Comr al) or Full Org State CT C Occu Broke Aggregate	Idress of any political committee mittee ganization Name Zip Code 06470-1607 pation (for Individual) er /ear-to-Date ▼	Date of Receipt Date of Receipt 10 05 2018 Transaction ID : 12449221 Amount of Each Receipt this Period 30.00
al) or Full Or State CT Occu Broke Aggregate	ganization Name Zip Code 06470-1607 pation (for Individual) er /ear-to-Date ▼	M M       /       D D       /       Y Y Y Y         10       05       2018         Transaction ID : 12449221         Amount of Each Receipt this Period         30.00
State CT C Occu Broke Aggregate	Zip Code 06470-1607 pation (for Individual) er /ear-to-Date ▼	M M       /       D D       /       Y Y Y Y         10       05       2018         Transaction ID : 12449221         Amount of Each Receipt this Period         30.00
CT C Occu Broke	06470-1607 pation (for Individual) er //ear-to-Date ▼	10     05     2018       Transaction ID : 12449221       Amount of Each Receipt this Period       30.00
CT C Occu Broke	06470-1607 pation (for Individual) er //ear-to-Date ▼	Amount of Each Receipt this Period 30.00
Occu Broke	er /ear-to-Date ▼	
Aggregate	er /ear-to-Date ▼	Memo Item
		1
al) or Full Or		1
	ganization Name	Date of Receipt
		10 / Y Y Y Y 2018
State GA		Transaction ID : 12449778 Amount of Each Receipt this Period
С		50.00
	• • •	Memo Item
Aggregate Y	/ear-to-Date ▼ 500.00	]
al) or Full Or	ganization Name	Date of Receipt
		10 06 / Y Y Y Y 10 06 2018
State MI	Zip Code 48309-1775	Transaction ID : 12449779 Amount of Each Receipt this Period
С		63.00
		Memo Item
Aggregate \	Year-to-Date ▼ 730.00	1
		143.00
	State GA C Occu Brok Aggregate al) or Full Or State MI C Occu Broke	State       Zip Code         GA       30092-3456         C       Occupation (for Individual)         Broker       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       500.00         al) or Full Organization Name       State         State       Zip Code         MI       Zip Code         Occupation (for Individual)       Broker         Occupation (for Individual)       Broker         Aggregate Year-to-Date ▼       730.00

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171			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		<b>1</b> 1a		]11b	11c	12				
	y information copied from such Reports and St												
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntric	outions 1	rom suc	n committe	e.			
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Webb, Charles, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2670 Electric Rd		M M / D D / Y Y Y Y 10 06 2018										
	City Roanoke	State VA	Zip Code 24018-3511					1244978 Receipt th	<b>31</b> nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		- <b>1</b> -		250.0	00			
	Name of Employer (for Individual) Innovative Insurance Group												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Odegard, James, , ,						eceipt						
	Mailing Address 21308 John Milless Drive Suite 102		м м 10	/	D D D 06	) / Y	ү ү 2018	Y					
	City Rogers	State MN	Zip Code 55374-4875					1244978					
	FEC ID number of contributing federal political committee.	C					Amount of Each Receipt this Period						
	Name of Employer (for Individual) Odegard Benefit Services, LLC	Occupation (for Individual) Broker					tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]									
C.	Full Name of Individual (Last, First, Middle Initi Sautter, Robert, E., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 36 South 400 West Suite 201				<sup>M</sup> 10	/	D 07		2018 Y	Y			
	City Vineyard	State UT	Zip Code 84058-5370					1244979 Receipt th	94 nis Period				
	FEC ID number of contributing federal political committee.	С			Ľ.		,		42.0	00			
	Name of Employer (for Individual) Paylogics		upation (for Individual) ht Adviser		Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00											
s	UBTOTAL of Receipts This Page (optional)			•			<b>,</b>	7	334.0	0			
т	OTAL This Period (last page this line number of	only)		•				1 45					

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a		11	1b	11c	12							
						13		14		15	16	17						
An or	y information copied from such Reports and St for commercial purposes, other than using the	tatements mane and a	addr	ot be sold or used by any poless of any political committee	erson t e to so	or the licit cor	purp ntrib	pos outio	se of s ons fro	oliciting	contribut	ions ee.						
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Corr	nmi	ttee														
Α.	Full Name of Individual (Last, First, Middle Initi Johnson, Sandra, , ,	, Middle Initial) or Full Organization Name						Date of Receipt										
	Mailing Address 12500 Network Blvd, # 403				10 / Y Y Y Y 2018													
	City San Antonio	State TX							Transaction ID : 12449795 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						-			30.0							
	Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occ Bro		tion (for Individual)		M	emo	o Ite	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 270.00	1													
в.	Full Name of Individual (Last, First, Middle Initi Boop, Deborah, R., ,	rst, Middle Initial) or Full Organization Name						ecei	ipt									
	Mailing Address 145 North Chestnut Street Suite 202						10 / Y Y Y Y 2018											
	City Ravenna	State OH		Zip Code 44266-4009				-		2 <b>44979</b> ceipt th	6 lis Period							
	FEC ID number of contributing federal political committee.	С	С					-		-7-	30.0	0						
	Name of Employer (for Individual) Kaczmarek Insurance Services	Occ Bro		M	emo	o Ite	em											
	Receipt For: Primary General Other (specify) ▼	Aggregate	]															
с.	Full Name of Individual (Last, First, Middle Initi Pendorf, Paul, , ,	ial) or Full C	Orga	nization Name		Date of	f Re	ecei	ipt									
	Mailing Address 31666 W. Nine Dr.					<sup>M</sup> 10	/	Г	D D D 07	/ Y	2018	Y						
	City Laguna Niguel	State CA		Zip Code 92677-2955						<b>244979</b> ceipt th	<b>17</b> Iis Period							
	FEC ID number of contributing federal political committee.	С						y		y	85.0	0						
	Name of Employer (for Individual) Independent Financial Group LLC Receipt For:	Occ Age	Memo Item															
	Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 850.00	1													
s	UBTOTAL of Receipts This Page (optional)			•	•		_	9	-	9	145.0	0						
Т	OTAL This Period (last page this line number of	only)			•			-	_			_						

# SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page	<b>X</b> 11a 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Midd Bremer, Emily, Black, ,		organization Name	Date of Receipt							
Mailing Address 8000 Bonhomme Ave., #			10 / Y Y Y Y 10 07 2018							
City Saint Louis	State MO	Zip Code 63105-3515	Transaction ID : 12449800           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		63.00							
Name of Employer (for Individual) The Bremer Group, LLC	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00	]							
Full Name of Individual (Last, First, Midd 3. Deru, Scott, E., ,	le Initial) or Full C	organization Name	Date of Receipt							
Mailing Address PO Box 336	10 07 2018									
City Layton	State UT	Zip Code 84041-0336	Transaction ID : 12449804 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Fringe Benefits Analysts		upation (for Individual) sident	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00	]							
Full Name of Individual (Last, First, Midd C. Galardini, Richard, F., ,	le Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 7000 Stonewood Dr Suite 251		1	10 / D D / Y Y Y Y 2018							
City Wexford	State PA	Zip Code 15090-7376	Transaction ID : 12449817           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) JRG Advisors, LLC		upation (for Individual) irman & CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1168.00	]							
SUBTOTAL of Receipts This Page (optional	al)		288.00							
TOTAL This Period (last page this line nur	nber only)									

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Use separate schedule(s)

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IT.			Use separate schedule(s)	(ch	(check only one)									
			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c 15	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Balla, Donald, L., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 371 Steeplechase Drive				10 08 2018									
	City Cranberry Twp	State PA	Zip Code 16066-2239					<b>1244981</b> Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30	00				
	Name of Employer (for Individual) CHS Alera Group	Occi Broł	upation (for Individual) ker		M	emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rice, Russell, Lee, ,						eceipt							
	Mailing Address 8000 IH-10 West, # 715						10 / Y Y Y Y 2018							
	City San Antonio	State TX	Zip Code 78230-3880					<b>1244981</b> Receipt th	-					
	FEC ID number of contributing federal political committee.	C							85	00				
	Name of Employer (for Individual) AVESIS, Inc.						ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00												
с.	Full Name of Individual (Last, First, Middle Initi Sullivan, Ashley, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address PO Box 99565				10 08 / Y Y Y Y 2018									
	City Louisville	State KY	Zip Code 40269-0565	_				1244982 Receipt th						
	FEC ID number of contributing federal political committee.	С					y	,	42	00				
	Name of Employer (for Individual) Van Zandt Emrich and Cary	Occi Brok	upation (for Individual) er		М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00												
s	UBTOTAL of Receipts This Page (optional)			•		1	,	. ,	157.	00				
т	OTAL This Period (last page this line number o	nly)		•										

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

address of any political committee to ommittee III Organization Name Zip Code 02747-1255 Occupation (for Individual) Broker gate Year-to-Date ▼ 850.00	13       14       15       16       17         son for the purpose of soliciting contributions to solicit contributions from such committee.       10       10       10         Date of Receipt       10       08       2018       10       10         Transaction ID : 12449821       Amount of Each Receipt this Period       85.00       85.00         Memo Item       10       10       10       10       10					
address of any political committee to ommittee III Organization Name Zip Code 02747-1255 Occupation (for Individual) Broker gate Year-to-Date ▼ 850.00	Date of Receipt 10 / 08 / 2018 Transaction ID : 12449821 Amount of Each Receipt this Period 85.00					
III Organization Name         2ip Code         02747-1255         Occupation (for Individual)         Broker         gate Year-to-Date ▼         850.00	M M       /       D D       /       Y Y Y Y         10       08       2018         Transaction ID : 12449821         Amount of Each Receipt this Period         85.00					
E Zip Code 02747-1255 Occupation (for Individual) Broker gate Year-to-Date ▼ 850.00	M M       /       D D       /       Y Y Y Y         10       08       2018         Transaction ID : 12449821         Amount of Each Receipt this Period         85.00					
02747-1255 Occupation (for Individual) Broker gate Year-to-Date ▼ 850.00	10     08     2018       Transaction ID : 12449821       Amount of Each Receipt this Period       85.00					
02747-1255 Occupation (for Individual) Broker gate Year-to-Date ▼ 850.00	Amount of Each Receipt this Period 85.00					
Broker gate Year-to-Date ▼ 850.00	85.00					
Broker gate Year-to-Date ▼ 850.00	Memo Item					
850.00	-					
Ill Organization Name						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Matsushita, David, , ,						
Mailing Address 25B Hanover Road Suite 220						
Zip Code 07932-1443	Transaction ID : 12449822 Amount of Each Receipt this Period					
	50.00					
Occupation (for Individual) Senior Account Executive	Memo Item					
gate Year-to-Date ▼ 500.00	-					
ull Organization Name	Date of Receipt					
	10 / D D / Y Y Y Y 10 08 2018					
	Transaction ID : 12449824					
	Amount of Each Receipt this Period					
	Memo Item					
	-					
	160.00					
	gate Year-to-Date ▼ 500,00 Ull Organization Name Zip Code 60173-5152 Occupation (for Individual) President gate Year-to-Date ▼ 250.00					

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IT.			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		<b>1</b> 1a		11b 14	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Deagle, Michael, P., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 935 National Parkway Suite 93550				M M / D D / Y Y Y Y 10 08 2018								
	City Schaumburg	State IL	Zip Code 60173-5150					1244982 Receipt th		1			
	FEC ID number of contributing federal political committee.	С							200	.00			
	Name of Employer (for Individual) BenAxis Inc.	Occi Brol	upation (for Individual) ker		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	]										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pendergraft, Ross, W., ,						eceipt						
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300	00 State Zip Code					08		2018	Y			
	City Woodland Hills	CA	91367-6476					1244982 Receipt th		1			
	FEC ID number of contributing federal political committee.	C					85.00						
	Name of Employer (for Individual) Leavitt Group	upation (for Individual) ker		M	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00											
— С.	Full Name of Individual (Last, First, Middle Init Schwartz, Matt, B., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2950 Breckenridge Lane, Suite				10 <sup>M</sup>	1	08		2018	Y			
	City Louisville	State KY	Zip Code 40220-1462					1244982 Receipt th		1			
	FEC ID number of contributing federal political committee.	С			Ľ.		<b>y</b>	, <u>,</u>	85	.00			
	Name of Employer (for Individual) Schwartz Insurance Group	Occupation (for Individual) Broker				emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 850.00											
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	370.	.00			
Т	OTAL This Period (last page this line number of	only)		•									

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

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PAGE 25 OF

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11	EIVILLED REGEIFIJ		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12				
	y information copied from such Reports and St for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initi Fairbairn, Nicole, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 8069 Little Circle Road				10 08 2018								
	City Noblesville	State IN	Zip Code 46060-1071					: 1244983 Receipt th	<b>30</b> nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	00			
	Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burgess, Robbi, M., ,						eceipt						
	Mailing Address 1250 S Capital of Texas Hwy Building 1			10 / D D / Y Y Y Y Y 10 08 2018									
	City West Lake Hills	State TX	Zip Code 78746-6446					. 1244983 Receipt th	<b>4</b> nis Period				
	FEC ID number of contributing federal political committee.	C					12.00						
	Name of Employer (for Individual) UnitedHealthcare												
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00											
C.	Full Name of Individual (Last, First, Middle Initi Garcia, J., Michael, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 820 Jordan Street Suite 400 City	State	Zip Code		10 <sup>M</sup>	/	08	3	2018	Y			
	Shreveport	LA	71101-4522					: 1244983 Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			Ē		y		25.0	00			
	Name of Employer (for Individual) Moreman,Moore & Co. Inc.		upation (for Individual) s Manager		Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00											
	UBTOTAL of Receipts This Page (optional)						, ,		67.0	00			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12
			erson for the purpose of soliciting contributions
	ig the name and a	ddress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Midd <b>A.</b> Buechler, Anthony, C, ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1203 Colonial Circle			10 / D D / Y Y Y Y Y 2018
City Papillion	State NE	Zip Code 68046-6109	Transaction ID : 12450612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Buechler Insurance Services	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]
Full Name of Individual (Last, First, Midd E. Eserman, Clifton, W., ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2435 N Dixie Hwy			M M / D D / Y Y Y Y 10 09 2018
City Wilton Manors	State FL	Zip Code 33305-2239	Transaction ID : 12450613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Incompas Financal, Inc.		upation (for Individual) sident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Midd C. Scholz, Paul, Joseph, ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 17445 Arbor St Suite 310			M M / D D / Y Y Y Y Y 10 09 2018
City Omaha	State NE	Zip Code 68130-4645	Transaction ID : 12450614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) OCI	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	1
SUBTOTAL of Receipts This Page (optionation)	al)		157.00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line nur	,		

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

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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	f soliciting	g contrib		าร
$\setminus$	NAME OF COMMITTEE (In Full)										
	Health Underwriters Political Act	tion Com	nmittee								
Α.	Full Name of Individual (Last, First, Middle Initi Buffington, Tammy, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 3112 South 13th				м м 10	1	09		ү ү 2018		]
	City Lincoln	State NE	Zip Code 68502-4514					: 1245061 Receipt th		bd	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		8	5.00	
	Name of Employer (for Individual) A+ Brokerage	Occi Age	upation (for Individual) ent		Μ	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]							
Β.	Full Name of Individual (Last, First, Middle Initi Snowden, Scott, D., ,	ial) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 812 Lyndon Lane, Suite 101				<sup>M</sup> 10	1	09		2018	Y	]
	City Louisville	State KY	Zip Code 40222-3844				-	1245061 Receipt th		bd	
	FEC ID number of contributing federal political committee.	С						-	3	0.00	
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occ	cupation (for Individual) ker		М	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 300.00								
C.	Full Name of Individual (Last, First, Middle Initi Blomgren, Laura, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 935 National Parkway Suite 93550	01-1-	7.0.4		10 <sup>M</sup>	J.	09		2018	Y	]
	City Schaumburg	State IL	Zip Code 60173-5150					: <b>124506</b> 1 Receipt th	-	bd	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	3	0.00	
	Name of Employer (for Individual) BenAxis Inc.	Occi Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]							
s	JBTOTAL of Receipts This Page (optional)			•			9	9	14:	5.00	
т	OTAL This Period (last page this line number of	only)		•		Ţ				-	

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for each category of the Detailed Summary Page	<b>X</b> 11a 11b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic or for commercial purposes, other than using the name and address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee to solicit contributions from the address of any political committee.         NAME OF COMMITTEE (In Full)       Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 3611 Paesanos Pkwy       Date of Receipt         State       Zip Code         TX       78231-1256         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initi							
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       Date of Receipt         Ste 100       State         City       State         San Antonio       TX         FEC ID number of contributing federal political committee.       Occupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)         Frost Insurance Agency       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00							
A. Rice, Lori, R., ,       Date of Receipt         Mailing Address 3611 Paesanos Pkwy       State 100         City       State 78231-1256         San Antonio       TX         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Frost Insurance Agency       Broker         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼							
Ste 100       Indext of the system       Indext of the system         City       State       Zip Code       Transaction ID : 1245         San Antonio       TX       78231-1256       Amount of Each Receipt         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Frost Insurance Agency       Aggregate Year-to-Date ▼       Memo Item         Primary       General       300.00       300.00							
San Antonio       TX       78231-1256       Amount of Each Receipt federal political committee.         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Frost Insurance Agency       Broker       Aggregate Year-to-Date ▼       Memo Item         Primary       General       300.00       300.00       Other (specify) ▼	2018						
FEC ID number of contributing federal political committee.       C       Image: Contributing federal political committee.         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Frost Insurance Agency       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       300.00							
Frost Insurance Agency     Broker       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     300.00	30.00						
Primary General Other (specify) ▼ 300.00							
Full Name of Individual (Last First Middle Initial) or Full Organization Name							
<b>B.</b> Forshee, Dee, , , Date of Receipt							
Mailing Address 203 E Main #B	2018						
City     State     Zip Code     Transaction ID : 1245       Union     MO     63084-1645     Amount of Each Receipt							
FEC ID number of contributing federal political committee.	30.00						
Name of Employer (for Individual)Occupation (for Individual)Memo ItemMing Senior ServicesBroker	Memo Item						
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300,00							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         C.       Pierce, Mary, Jeannette, ,    Date of Receipt							
Mailing Address 500 NE Multhomah St. #100	2018 Y						
City     State     Zip Code     Transaction ID : 1245       Portland     OR     97232-2031     Amount of Each Receiption							
FEC ID number of contributing federal political committee.	30.00						
Name of Employer (for Individual)     Occupation (for Individual)     Memo Item       Kaiser Permanente     Account Manager							
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       300.00							
SUBTOTAL of Receipts This Page (optional)							

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

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(ch	eck only	у ог	ne)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a 13		11b 14	11c	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		าร
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Sansevieri, Paul, F., ,	al) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address P O Box 641				<sup>M</sup> 10	/	D 09	р / Ү	2018	Y	1
	City Corona Del Mar	State CA	Zip Code 92625-0641					<b>1245062</b> Receipt th		od	
	FEC ID number of contributing federal political committee.	С							25	0.00	
	Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occu Owr	upation (for Individual) ner		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00								
в.	Full Name of Individual (Last, First, Middle Initi Perry, Amy, , ,	al) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address 851 International Pkwy Suite 120	Chata	Tip Oode		10 <sup>M</sup>	/	09		2018	Y	]
	City Richardson	State TX	Zip Code 75081-2804					1245062 Receipt th		d	
	FEC ID number of contributing federal political committee.	С								0.00	
	Name of Employer (for Individual) OneDigital		upation (for Individual) nior Account Manager		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Renkar, Christopher, J., ,	al) or Full O	Prganization Name		Date of	f Re	eceipt				
	Mailing Address 4136 Inslake Dr. # B				10 <sup>M</sup>	1	09		2018	Y	]
	City Glen Allen	State VA	Zip Code 23060-3344					1245063 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		3(	0.00	
	Name of Employer (for Individual) Independent Benefits LLC	Occu Brok	upation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 264.00								
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	31(	0.00	
Т	OTAL This Period (last page this line number o	nly)		•				-		-	

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

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for each category of the Detailed Summary Page	<b>X</b> 11a 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mic Goldmann, Donald, W., ,	Idle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 8502 East Chapman Av Suite 168			10 / Y Y Y Y 10 10 2018
City Orange	State CA	Zip Code 92869-2461	Transaction ID : 12451056           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1680.00
Name of Employer (for Individual) Self-Employed	Occ Ret	upation (for Individual) ired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	]
Full Name of Individual (Last, First, Mic Southan, Tamela, L., , Mailing Address 101 W. Renner Rd., Ste		Organization Name	Date of Receipt
City Richardson	State TX	Zip Code 75082-2025	Transaction ID : 12451318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Benefit Solutions By Design	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name of Individual (Last, First, Mic C. O'Connell, Daniel, J., ,	ldle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 5080 Spectrum Dr Suite 1200E			10 / Y Y Y Y Y 2018
City Addison	State TX	Zip Code 75001-4625	Transaction ID : 12451320           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Next Level Insurance Agency		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	]
SUBTOTAL of Receipts This Page (optio	nal)		2265.00
TOTAL This Period (last page this line nu	umber only)		

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

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			Detailed Summary Page				1					-
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or	y information copied from such Reports and for commercial purposes, other than using th											;
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee									
A.	Full Name of Individual (Last, First, Middle Ir Nigro, Samuel, , ,	nitial) or Full O	rganization Name	[	Date of	Re	ecei	ipt				
	Mailing Address 17117 Oak Drive Suite D				м м 10	/		10	/ Y	2018	Y	
	City Omaha	State NE	Zip Code 68130-2193						245132 eceipt th	21 nis Perio	d	
	FEC ID number of contributing federal political committee.					-		-	8	5.00		
	Name of Employer (for Individual)     Occupation (for Individual)       Compass Benefit Advisors     Broker						o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00									
	Full Name of Individual (Last, First, Middle Ir Hartmann, Chris, , ,	nitial) or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1212 New York Ave, Suite 1			<sup>M</sup> 10	1		10	/ Y	2018	Y		
	City Washington	State DC	Zip Code 20005-3987				-		245133 eceipt th	<b>32</b> his Perio	d	
	FEC ID number of contributing federal political committee.	С					-		- 7	100	0.00	
	Name of Employer (for Individual) NAHU	Occ staf	upation (for Individual) f		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
C.	Full Name of Individual (Last, First, Middle Ir McLaughlin, Kenneth, , ,	nitial) or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1001 Elm Street, Suite 301				<sup>M</sup> 10	1	ľ	10	/ Y	2018	Y	
	City Manchester	State NH	Zip Code 03101-1845				-		245137 eceipt th	71 nis Peric	od	
	FEC ID number of contributing federal political committee.	С				_	ŋ			8	5.00	
Name of Employer (for Individual) Granite Group Benefits, LLC Receipt For:			Occupation (for Individual) Broker				o It€	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00									
⊢	JBTOTAL of Receipts This Page (optional)		<b>r</b>		-	_	,	-		117	0.00	

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIWIIZED RECEIFIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
> Health Underwriters Politica	I Action Com	imittee									
Full Name of Individual (Last, First, Midd A. Lee, William, Eric, ,	le Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 25 Knight Boxx Rd			10 10 2018								
APT. 5103 City	State	Zip Code	Transaction ID : 12451373								
Orange Park	FL	32065-8045	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) AMN Nurse Choice		upation (for Individual) cutive Nurse	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	_								
Primary General		595.00	1								
Other (specify) ▼		333.00	1								
Full Name of Individual (Last, First, Midd B. Stock, Tiffany, , ,	le Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3111 C St. Suite 500			10 10 2018								
City	State	Zip Code	Transaction ID : 12451375								
Anchorage	AK	99503-3973	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) RISQ Consulting	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		, 386.00	]								
Full Name of Individual (Last, First, Midd C. Ragusa, Ruth, Ferry, ,	le Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 9029 Jefferson Highway Suite D 250			10 10 Y Y Y Y Y 10 10 2018								
City New Orleans	State LA	Zip Code 70123-3500	Transaction ID : 12451398 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Fleurins	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00									
SUBTOTAL of Receipts This Page (optiona	al)		157.00								
TOTAL This Period (last page this line nur	nber only)										

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

FOR LINE NUMBER:

(check only one)

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				Detailed Summary Page	×	11a		11	1b	110	;	12			
						13		14		15		16	17		
or	y information copied from such Reports and S for commercial purposes, other than using the														
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	ımi	ttee											
 A.	Full Name of Individual (Last, First, Middle In Lee, Kelli, , ,	itial) or Full O	)rga	nization Name		Date of Receipt									
	Mailing Address 510 L Street Suite 270					10 11 2018									
	City Anchorage	State AK		Zip Code 99501-1949		Trans						Period			
	FEC ID number of contributing federal political committee.	С	_					-				30.0			
	Name of Employer (for Individual) Moda Health		•	tion (for Individual) ve Director		Me	emc	o It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 282.00											
B.	Full Name of Individual (Last, First, Middle In Moore, David, A., ,		Date of Receipt												
	Mailing Address 204 Rivergate Pkwy														
	City Goodlettsville	State TN		Zip Code 37072-2033		Trans						Period			
	FEC ID number of contributing federal political committee.		30.00												
	Name of Employer (for Individual) Benefit Brokers, LLC	Occ Bro	•	tion (for Individual)		Me	emc	o It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00											
C.	Full Name of Individual (Last, First, Middle In Kitts, Lawrence, L., ,	itial) or Full O	rga	nization Name		Date of	Re	ece	eipt						
	Mailing Address 6500 City West Parkway Suite 100		10 / D D / Y Y Y Y 10 11 2018												
	City Eden Prairie	State MN		Zip Code 55344-7704		Trans Amount						Period			
	FEC ID number of contributing federal political committee.	С	_					,				42.0	0		
	Name of Employer (for Individual) Horizon Agency	Occi Brok	tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 420.00											
S	UBTOTAL of Receipts This Page (optional)			•				7		, ,		102.0	0		
т	OTAL This Period (last page this line number	only)						-							

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 34 OF

				Detailed Summary Page	×	11a 13		11b 14		11c 15		2 6	17	
An or	y information copied from such Reports and for commercial purposes, other than using	d Statements mathe name and a	ay r addr	not be sold or used by any pess of any political committee	erson for erson for erson for erson for erson er	or the	purp ntrib	pose of	f so fror	liciting	cont	ributi	ons	
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	nmi	ttee										
A.	Full Name of Individual (Last, First, Middle Jurney, Gary, , ,	Initial) or Full C	Drga	nization Name	[	Date of Receipt								
	Mailing Address 16545 Village Drive, Bldg E		10 / D D / Y Y Y Y Y 10 11 2018											
	City Jersey Village	State TX		Zip Code 77040-1158		Transaction ID : 12451636 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Kainos Partners Inc		cupa eside	tion (for Individual) nt		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	]												
B.	Full Name of Individual (Last, First, Middle Stewart, Diana, , ,	Initial) or Full C	Drga	nization Name		Date of	Re	eceipt						
	Mailing Address 500 W. 36th Avenue Suite 300		10 11 2018											
	City Anchorage	State AK		Zip Code 99503-5805	A	Transaction ID : 12451638 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С								-9-		42.0	0	
	Name of Employer (for Individual) OneDigital			tion (for Individual) t Mgr		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 408.00										
C.	Full Name of Individual (Last, First, Middle Wilson, Thomas, R., ,	Initial) or Full C	Drga	nization Name		Date of	Re	eceipt						
	Mailing Address 701 Lamar			<sup>M</sup> 10	/	D 11		/ Y	201	8 8	Y			
	City Wichita Falls	State TX		Zip Code 76301-6824	A			ion ID : Each F				riod		
	FEC ID number of contributing federal political committee.	C				_		, .		g	2	200.0	0	
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occ Brok	•	tion (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1880.00										
s	UBTOTAL of Receipts This Page (optional).			•••••				,		9	3	27.0	0	
Т	OTAL This Period (last page this line numb	er only)		••••••	. [			-		-		-		

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 35 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the			prson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmittee								
Α.	Full Name of Individual (Last, First, Middle Init Passe, Emma, M., ,	Date of Receipt									
	Mailing Address 6984 SE Langwood St	State	Zip Code	10 12 2018 Transaction ID : 12452555							
	Hillsboro	OR	97123-6023	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) EBMS	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary     General       Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Init Buza, Raymond, F., ,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 214 East Lakewood Road			10 12 Y Y Y Y 2018							
	City West Palm Beach	State FL	Zip Code 33405-3316	Transaction ID : 12452556							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I		cupation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
С.	Full Name of Individual (Last, First, Middle Init Van Nest, John, David, ,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 145 Dillon Ave Suite B			10 / D / Y Y Y Y Y 2018							
	City Campbell	State CA	Zip Code 95008-3020	Transaction ID : 12452560 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) Van Nest Ventures Inc	Occ Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)			90.00							
т	OTAL This Period (last page this line number	only)									

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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

	FUR LINE NUME
Use separate schedule(s)	(check only one)
for each category of the	
Detailed Summary Page	<b>X</b> 11a 11

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		11b		11c	12				
Any information copied from such Reports and	Statements m	av not be sold or used by any ne	erson f	13 or the	Durr	14 Dose		15 olicitina	16 contribu	17 tions			
or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee											
Full Name of Individual (Last, First, Middle I A. Stockstill, Julia Beckie, , ,	nitial) or Full C	rganization Name		Date of Receipt									
Mailing Address 125 E. San Augustine				10 12 2018									
City	State	Zip Code		Trans	acti	on IE	):1	2452564	4				
Deer Park	ТХ	77536-4160	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					,		-9	42.	00			
Name of Employer (for Individual) Stockstill & Associates	Occ Bro	upation (for Individual) ker		Me	emo	Item	1						
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼	Primary General												
Full Name of Individual (Last, First, Middle I 3. Skinner, Douglas, , ,	nitial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address PO Box 1277		10 12 2018											
City	State	Zip Code		Transaction ID : 12452565									
Bloomington	IN	47402-1277	/	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					<b>y</b>		-9-	30.	00			
Name of Employer (for Individual) Hoosier Dental Plans	Occ Bro	upation (for Individual) ker		Me	emo	Item	1						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
Full Name of Individual (Last, First, Middle I C. Poole, Eugene, , ,	nitial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address 14117 Jones Bridge Road				<sup>M</sup> 10	/		D 12	/ Y	y y 2018	Y			
City	State MD	Zip Code 20774-8585						245256					
Upper Marlboro		20774-6585	Amount of Each Receipt this						s Period				
FEC ID number of contributing federal political committee.	С			30.00 Memo Item									
Name of Employer (for Individual)	Occ	upation (for Individual)											
Alligned Benefits Group, Inc.	Sen	ior Account Executive											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		300.00											
SUBTOTAL of Receipts This Page (optional)									102.	00			
TOTAL This Period (last page this line number		· ·				,		7					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

ידו	EMIZED RECEIPTS		(ch	(check only one)										
11			X	11a		11b	11c	12	47					
	y information copied from such Reports and S for commercial purposes, other than using the													
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
Α.	Full Name of Individual (Last, First, Middle In Hutson, Stephen, Lawrence, ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 13475 Danielson Street Suite 200		Zip Code		10 / Y Y Y Y 10 12 2018									
	City Poway	State CA		Transaction ID : 12452567 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							42.(	00				
	Name of Employer (for Individual) California Corporate Benefits Insuranc Receipt For:	Dire	upation (for Individual) ctor of Client Services		Me	emo	ttem							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00											
в.	Full Name of Individual (Last, First, Middle In Riensche, Glen, E., ,	itial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 7501 O St Ste 104	01-1-		10 <sup>M</sup>	/	D 12		2018	Y					
	City Lincoln	State NE	Zip Code 68510-2485					<b>1245257</b> Receipt th	<b>0</b> his Period					
	FEC ID number of contributing federal political committee.	С				UI	-		30.0	00				
	Name of Employer (for Individual) RHD Financial		upation (for Individual) ancial Professional		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]										
С.	Full Name of Individual (Last, First, Middle In Gertz, Josh, , ,	itial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 353 N Clark Street				<sup>M</sup> 10	/	D 12		2018	Y				
	City Chicago	State IL	Zip Code 60654-4704					: <b>1245257</b> Receipt th	<b>75</b> his Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	85.0	00				
	Name of Employer (for Individual) Alliant/Mesirow Insurance Services	Occi Corr		Me	emo	) Item								
	Receipt For: Primary General Other (specify)	Aggregate												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			▶ ▶		-	9 I		157.0	00				

#### SCHEDULE A (FEC Form 3X) ...

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

17			Use separate schedule(s)	(che	(check only one)								
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	_	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		oose of	soliciting	g contril	butior	าร		
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee										
Á.	Full Name of Individual (Last, First, Middle Initia Hutcherson, Lisa, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9609 Hickory Rail Way	_		10 / Y Y Y Y Y 12 2018									
	City Elk Grove	State CA	Zip Code 95624-6068					1245257 eceipt th		od			
	FEC ID number of contributing federal political committee.	С					7		3	30.00			
	Name of Employer (for Individual) AFLAC	Occu Brok	upation (for Individual) Ker		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]									
3.	Full Name of Individual (Last, First, Middle Initia May, Robert, L., ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1416 East Main Suite A				м м 10	/	12	/ Y	2018		1		
	City Puyallup	State WA	Zip Code 98372-3170					<b>1245257</b> eceipt th		od			
	FEC ID number of contributing federal political committee.	C					7		3	30.00			
	Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	upation (for Individual) ker		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]									
).	Full Name of Individual (Last, First, Middle Initia Ramsay, Robert, Gene, ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1836 Harrison Drive				<sup>M</sup> 10	/	D D 12	/ Y	2018		]		
	City Gardendale	State AL	Zip Code 35071-3468					1245258 eceipt th		od			
	FEC ID number of contributing federal political committee.	С					9	. y	3	30.00			
	Name of Employer (for Individual) Your Benefits Advisor		upation (for Individual) efits Advisor		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1									
s	UBTOTAL of Receipts This Page (optional)			•			9		9	0.00			
т	OTAL This Period (last page this line number or	nly)	•••••••										

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

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PAGE 39 OF

				Detailed Summary Page	×	11a		11b		11c	12					
						13		14		15	16	17				
or	y information copied from such Reports and S for commercial purposes, other than using the															
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	ımit	ttee												
<u>م</u>	Full Name of Individual (Last, First, Middle Ini Johnson, David, S., ,	tial) or Full C	)rgan	nization Name		Date of Receipt										
	Mailing Address 12138 Big Canoe				10 / D D / Y Y Y Y 10 12 2018											
	City Big Canoe	State GA		Zip Code 30143-5157	Transaction ID : 12452588 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	_					-		- <b>J</b>	100.0					
	Name of Employer (for Individual) David S. Johnson Insurance	Occ Brol		ion (for Individual)		Me	emo	b Iter	m							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00	1											
	Full Name of Individual (Last, First, Middle Ini Green, J. J., , ,	tial) or Full C	)rgan	nization Name		Date of	Re	eceip	ot							
	Mailing Address 1219 W. 2nd St.					10 / D D / Y Y Y Y 10 13 2018										
	City Grand Island	State NE		Zip Code 68801-5709						452798 ceipt thi	<b>8</b> is Period					
	FEC ID number of contributing federal political committee.	С	30.00													
	Name of Employer (for Individual) Primark, Inc.	Occ Bro		Me	emo	b Iter	m									
	Receipt For: Primary General Other (specify) ▼	Aggregate														
с.	Full Name of Individual (Last, First, Middle Ini Capilla, Danielle, , ,	tial) or Full C	)rgan	nization Name		Date of	Re	eceip	ot							
	Mailing Address 200 W Monroe Suite 2050					<sup>M</sup> 10	/	D	л 13	/ Y	2018	Y				
	City Chicago	State IL		Zip Code 60606-5009						245279 ceipt thi	9 is Period					
	FEC ID number of contributing federal political committee.	С	_					y		y	30.0	0				
	Name of Employer (for Individual) Alera Group Receipt For:	Com	nplia			M	emo	o Iter	m							
	Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 300.00													
s	UBTOTAL of Receipts This Page (optional)				•			9		y	160.0	0				
т	OTAL This Period (last page this line number	only)						-		Ŧ						

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

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 40 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	-	1a 3		11   14	H	11	ŀ	12	
	y information copied from such Reports and S for commercial purposes, other than using the					for	the		pos	se of	solic	iting	contrib	utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee										
Α.	Full Name of Individual (Last, First, Middle Init Kiebler, John, , ,	-	Drga	nization Name	Date of Receipt									
	Mailing Address 2530 Sir Barton Way, Suite 10	State		Zip Code	10 13 2018 Transaction ID : 12452803									
	Lexington	KY		40509-2275	/								s Perio	d
	FEC ID number of contributing federal political committee.	С							,			,	30	0.00
	Name of Employer (for Individual) Humana	Occ Brol	•	tion (for Individual)			Me	emo	) Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00										
В.	Full Name of Individual (Last, First, Middle Init Blakely, Russ, , ,	ial) or Full C	Drga	nization Name		Da	te of	Re	ecei	ipt				
	Mailing Address 246 E 11th Street Suite 302					M	10 <sup>M</sup>	/	Ľ	13	/	Y	y y 2018	Y
	City Chattanooga	State TN		Zip Code 37402-4269						ID: ch R			s Perio	d
	FEC ID number of contributing federal political committee.	С			_		-			,	85	5.00		
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	upa ker	tion (for Individual)			Me	emo	) Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 850.00										
C.	Full Name of Individual (Last, First, Middle Init Daugherty, Cathy, M., ,	ial) or Full C	Drga	nization Name		Da	te of	Re	ecei	ipt				
	Mailing Address 1122 East Lincoln Avenue Suite 203					L	10 <sup>M</sup>	1	L	13		Y	ү ү 2018	Y
	City Orange	State CA		Zip Code 92865-1908					-	I <b>D:</b> .ch R	-		s Perio	d
	FEC ID number of contributing federal political committee.	С				ļ			,			9	85	5.00
	Name of Employer (for Individual) Bridge Port Benefits	Occ Part	•	tion (for Individual)			Me	emo	b It	em				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 850.00												
s	UBTOTAL of Receipts This Page (optional)			•					7			9	200	.00
т	OTAL This Period (last page this line number of	only)		••••••					-					

# SCHEDULE A (FEC Form 3X)

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

TC			Use separate schedule(s)	(che	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
	v information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
$\rangle$	Health Underwriters Political Act	ion Com	mittee										
	Full Name of Individual (Last, First, Middle Initi Schiebel, Al, C., ,	al) or Full O	rganization Name	[	Date of	Re	ceipt						
-	Mailing Address 200 Sandy Springs PI., # 300A			10 / D D / Y Y Y Y 10 13 2018									
	City Atlanta	State GA	Zip Code 30328-3854	A	Transaction ID : 12452807 Amount of Each Receipt this Period								
	FEC ID number of contributing rederal political committee.	С							45	5.00			
;	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occu Brok	upation (for Individual) ker		Me	emo	ltem						
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]									
	Full Name of Individual (Last, First, Middle Initi Sherrill, David, M., ,	al) or Full O	rganization Name		Date of	Re	ceipt						
-	Mailing Address 407 Centerpointe Circle, Suite	163			м м 10	/	13	/ Y	y y 2018	Y			
	City	State FL	Zip Code 32701-3446					1245280					
-	Altamonte Springs FEC ID number of contributing		A	Amount	of	Each R	eceipt th	nis Perio	d				
	ederal political committee.	С							30	0.00			
ŝ	Name of Employer (for Individual) Sherrill Insurance Brokerage, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	Item						
Ī	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		300.00										
C	Full Name of Individual (Last, First, Middle Initi Grava, A. Andra, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
-	Mailing Address 40 E. McDermott				<sup>M</sup> 10	/	D 13	/ Y	2018	Y			
	City Allen	State TX	Zip Code 75002-2802	A			-	124528	10 nis Perio	d			
	FEC ID number of contributing rederal political committee.	С					,		170	.00			
	Name of Employer (for Individual) The DI Center	Occu Brok	Memo Item										
I	Receipt For: Primary General Other (specify)	Aggregate	]										
	JBTOTAL of Receipts This Page (optional)				_	_	y	,	245	.00			
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			for each category of the Detailed Summary Page	<b>)</b>	<b>′</b> 11a 13		11b 14	11c 15	12	17				
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Evans, Joseph, M., ,	al) or Full O		Date of Receipt										
	Mailing Address 4920 Pleasant St. Suite 3				10 / Y Y Y Y Y 10 13 2018									
	City West Des Moines	State IA	Zip Code 50266-1702	_				<b>1245281</b> Receipt th		1				
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		42	.00				
	Name of Employer (for Individual) Colonial Life	Occi Broł	upation (for Individual) ker		M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 549.00	1										
в.	Full Name of Individual (Last, First, Middle Initi Lee, Philip, W., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 935 Moraga Road Suite 240				10 / D D / Y Y Y Y 10 14 2018									
	City Lafayette	State CA	Zip Code 94549-4542					<b>1245281</b> Receipt th		1				
	FEC ID number of contributing federal political committee.	С			30.00									
	Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		upation (for Individual) sident		M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Trevino, Terrie, L., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1822 E Townline Way				<sup>M</sup> 10	1	D 14		ү ү 2018	Y				
	City Meridian	State ID	Zip Code 83646-6511					1245281 Receipt th		1				
	FEC ID number of contributing federal political committee.	С			Ē		9	, , , , , , , , , , , , , , , , , , ,	30	.00				
	Name of Employer (for Individual) PayneWest Insurance	Occi Brok		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	]											
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	102.	.00				
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16									
			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mid <b>A</b> . Durand, Tina, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4717 Gollihar Road			M M / D D / Y Y Y Y 10 14 2018									
City Corpus Christi	State TX	Zip Code 78411-1947	Transaction ID : 12452818 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi	Occi Broł	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]									
Full Name of Individual (Last, First, Mid B. Sherrod, Jeffrey, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3810 Holly Ridge Drive			10 / Y Y Y Y 2018									
City Longview	State TX	Zip Code 75605-2500	Transaction ID : 12452819 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) United Healthcare Group	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]									
Full Name of Individual (Last, First, Mid C. Smith, Michael, David, ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 233 West Main Street			10 / D D / Y Y Y Y 10 14 2018									
City Lewisville	State TX	Zip Code 75057-3863	Transaction ID : 12452822 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) The Brokerage, Inc.	Occu Brok	upation (for Individual) xer	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]									
SUBTOTAL of Receipts This Page (option	nal)		102.00									
TOTAL This Period (last page this line nu	mber only)											

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

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			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				r the		pose of	soliciting	g contribut	ions		
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Webb, Amy, R., ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 7 E. Main Street Suite 200	1		10 / Y Y Y Y 10 14 2018								
	City Moorestown	State NJ	Zip Code 08057-3339					1245282 leceipt th	23 nis Period			
	FEC ID number of contributing federal political committee.	С							30.0	00		
	Name of Employer (for Individual) Saratoga Benefit Services, LLC.	Occu Brok	upation (for Individual) ker		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
в.	Full Name of Individual (Last, First, Middle Initia Castellani, Lorelei, G., ,	l) or Full O	organization Name	D	ate of	Re	eceipt					
	Mailing Address PO Box 905			10 / Y Y Y Y Y 12018								
	City Branchville	State NJ	Zip Code 07826-0905					<b>1245282</b> Receipt th	4 nis Period			
	FEC ID number of contributing federal political committee.	С	30.00									
	Name of Employer (for Individual) Benefit Guidance Systems	Occupation (for Individual) Broker				emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	organization Name	D	ate of	f Re	eceipt					
	Mailing Address 25B Hanover Road Suite 220			44	10 <sup>M</sup>	1	D 14	JL	2018	Y		
	City Florham Park	State NJ	Zip Code 07932-1443				-	1245282 leceipt th	25 nis Period			
	FEC ID number of contributing federal political committee.	С		ļļ			,	· ,	30.0	00		
	Name of Employer (for Individual) Savoy Associates		upation (for Individual) President		M	emo	ttem					
	Receipt For: Primary General Other (specify)	Aggregate										
	UBTOTAL of Receipts This Page (optional)		F		-	_	,	,	90.0	00		
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#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II LIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1									
			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle A. Patton, Rhonda, L., ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address PO Box 751180			M M / D D / Y Y Y Y 10 14 2018									
City Petaluma	State CA	Zip Code 94975-1180	Transaction ID : 12452829 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Patton & Spahr Insurance Services		upation (for Individual) Irance Agent	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
Full Name of Individual (Last, First, Middle B. Denz, Stephanie, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1100 Wild Ginger Lane	10 14 2018											
City Fleming Island	State FL	Zip Code 32003-3224	Transaction ID : 12452831 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) Aetna		upation (for Individual) keting Director	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]									
Full Name of Individual (Last, First, Middle C. Hoover, Shelley, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 15431 Washington St.												
City Riverside	State CA	Zip Code 92506-5763	Transaction ID : 12452832           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Dickerson Employee Benefits Receipt For:	Brok		Memo Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00										
SUBTOTAL of Receipts This Page (optional	)		145.00									
TOTAL This Period (last page this line num	ber only)											

#### SCHEDULE A (FEC Form 3X) ....

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

FOR LINE NUMBER:

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Use separate schedule(s)			(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □								
Any information copied from such Reports and a or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
> Health Underwriters Political A	ction Com	mittee									
Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name									
A. Jacquet, Tara, , , Mailing Address 4584 North Rancho Drive			Date of Receipt								
Walling Address 4304 North Rancho Drive			10 14 2018								
City	State NV	Zip Code	Transaction ID : 12452833								
Las Vegas	INV	89130-3478	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Branch Benefits Consultants	Vice	President									
Receipt For:	Aggregate	Year-to-Date <b>V</b>	_								
Other (specify) ▼		300.00									
Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name									
B. Powers, Jason, A., ,			Date of Receipt								
Mailing Address 8346 Redbird St			10 14 2018								
City	State	Zip Code	Transaction ID : 12452834								
Shawnee	KS	66227-8701	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		34.00								
Name of Employer (for Individual) Legacy Brokers, LLC		upation (for Individual) bloyee Benefits Specialist	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		340.00	]								
Full Name of Individual (Last, First, Middle Ir C. Jones, Cynthia, M., ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 24223 English Rose Place			10 / Y Y Y Y 10 14 2018								
City Valencia	State CA	Zip Code 91354-4921	Transaction ID : 12452835								
		91554-4921	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
Dickerson Employee Benefits Receipt For:		keting Director									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			94.00								

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

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PAGE 47 OF

				etailed Summary Page	×	11a 13		11b	11c		2	17			
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay no addres	t be sold or used by any p as of any political committee	erson f	or the	purp ntrib	oose of	soliciting	g cont	ributi	ons			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmit	tee											
Α.	Full Name of Individual (Last, First, Middle Init Hopwood, Kymberly, J., ,	tial) or Full O	Organi	zation Name	[	Date of Receipt									
	Mailing Address 431 Bloomfield Court				10 / D D / Y Y Y Y Y 2018										
	City Brentwood	State CA	Zip Code 94513-2423	Transaction ID : 12452836											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 85.00										
	Name of Employer (for Individual) Dealey, Renton & Associates	Occi Brol		on (for Individual)		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 850.00	1										
	Full Name of Individual (Last, First, Middle Ini Hain, Erica, R., ,	tial) or Full O	Drgani	zation Name		Date of	Re	ceipt							
	Mailing Address 409 Hemlock Lane		10 / D / Y Y Y Y 10 15 / 2018												
	City Chester Springs	State PA		Zip Code 19425-3633	Transaction ID : 12452843 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC														
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00													
	Full Name of Individual (Last, First, Middle Ini Carter, Lori, , ,	tial) or Full O	Drgani	zation Name		Date of	Re	ceipt							
	Mailing Address 27 Locksley Place					<sup>M</sup> 10	/	D D 15	/ Y	201	8 8	Y			
	City Forest	State VA		Zip Code 24551-4149				ion ID :			ul a al				
	FEC ID number of contributing federal political committee.	C				mount	OT	Each R	eceipt tr	is Pe	riod 42.0	0			
	Name of Employer (for Individual) Thompson - Brooks Insurance	Occi Brok	Memo Item												
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       420.00														
s	UBTOTAL of Receipts This Page (optional)			•••••••••••••••••••••••••••••••••••••••				,		2	227.0	0			
Т	OTAL This Period (last page this line number	only)		••••••				<b>,</b> .			-				

# SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page	🗡 11a 🗌 11b
Detailed Summary Lage	

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Mid A. Manning, Richard, K., ,										
Mailing Address 10315 Woodley Avenu			10 / Y Y Y Y 10 15 2018							
City Granada Hills	State CA	Zip Code 91344-6953	Transaction ID : 12452846           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Accessible Health Insurance Services.	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]							
Full Name of Individual (Last, First, Mid Easterling, Sy, , , Mailing Address 213 Porter Ave	ddle Initial) or Full O	rganization Name	Date of Receipt							
City Biloxi	State MS	Zip Code 39530-2950	10     15     2018       Transaction ID : 12452847       Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Ins		upation (for Individual) e President	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
Full Name of Individual (Last, First, Mid C. Brummitt, Robert, B., ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 755 Falcon Lane Suite 200			10 / Y Y Y Y 2018							
City Coppell	State TX	Zip Code 75019-4160	Transaction ID : 12452848           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	Ŭ la									
Name of Employer (for Individual) BenefitMall		upation (for Individual) aging Partner	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 485.00	]							
SUBTOTAL of Receipts This Page (optic	nal)		127.00							
TOTAL This Period (last page this line n	umber only)									

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FOR LINE NUMBER:

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		Use separate schedule(s)	(ch	(check only one)										
116			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c	12	Г	17			
	information copied from such Reports and Sta or commercial purposes, other than using the r				for the		pose of	soliciting	g contrib	outio	าร			
<u> </u>	IAME OF COMMITTEE (In Full)										-			
) H	Health Underwriters Political Acti	on Com	mittee											
A	ull Name of Individual (Last, First, Middle Initia Call, Dana, A., ,	al) or Full O	rganization Name		Date of Receipt									
N	Iailing Address 1603 Roma Lane				M M / D D / Y Y Y Y 10 15 2018									
	Sity Allen	State TX	Zip Code 75013-3038					<b>1245284</b> Receipt th		bd				
	EC ID number of contributing ederal political committee.	С						-	3	0.00				
Т	lame of Employer (for Individual)	Occu Age	upation (for Individual) ent		М	emo	o Item							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
	ull Name of Individual (Last, First, Middle Initia Coker, Kenneth, Wayne, ,	al) or Full O	organization Name		Date o	f Re	eceipt							
_	Mailing Address 404 Bryant Street						15		2018	Y	]			
	City	State CA	Zip Code					1245285	-					
	San Francisco	CA 94107-1303					Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	C		30.00										
	Name of Employer (for Individual)Occupation (for Individual)CokerWayne & AssociatesBroker Sales						o Item							
F	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		300.00											
	ull Name of Individual (Last, First, Middle Initia Rider, Susan, M., ,	al) or Full O	organization Name		Date of	f Re	eceipt							
N	Aailing Address 803 Touralosa Dr				<sup>M</sup> 10	/	15		2018	Y	1			
	City Westfield	State IN	Zip Code 46074-7303					: <b>1245285</b> Receipt th		od				
	EC ID number of contributing ederal political committee.	C					y .	. ,		3.00				
Ģ	lame of Employer (for Individual) Gregory & Appel Insurance		М	lem	o Item									
H	Receipt For: Primary General Other (specify)	Aggregate												
su	BTOTAL of Receipts This Page (optional)		••••••				y	7	12:	3.00				
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# SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Midd Hynes, Bernard, J., ,	rganization Name	Date of Receipt							
Mailing Address 2999 N. 44th Street Suite			10 / Y Y Y Y Y 10 16 / 2018						
City Phoenix	State AZ	Zip Code 85018-7259	Transaction ID : 12453126           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Hynes Benefits Consulting, LLC		upation (for Individual) cipal	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, Midd Sullivan, Audra, I., ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1201 N Watson Rd Ste 287	10 / Y Y Y Y 10 16 / 2018								
City Arlington	State TX	Zip Code 76006-6222	Transaction ID : 12453128 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Vogue Insurance Agency, LLC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, Midd 2. Buyalos, Joseph, W., ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9713 Key West Ave, Suit	te 401		10 / Y Y Y Y 10 16 2018						
			Transaction ID : 12453133 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) The Insurance Exchange, Inc.	Occi Brok	upation (for Individual) ser	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	]						
SUBTOTAL of Receipts This Page (optiona	al)		145.00						
TOTAL This Period (last page this line num	nber only)	······							

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177			Use separate schedule(s)	(ch	(check only one)									
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12					
	/ information copied from such Reports and Sta for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full)		duress of any political committee				JULIONS	ITOITI SUC		ee.				
	Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Powell, Brooks, , ,	rganization Name		Date of	Re	eceipt								
	Mailing Address 549 Main St, Suite B				10 16 2018									
	City Danville	State VA	Zip Code 24541-1317					1245313 Receipt th	<b>37</b> his Period					
	FEC ID number of contributing federal political committee.	С					-		30.	00				
	Name of Employer (for Individual) Marsh & McLennan Agency		upation (for Individual) ployee Benefits Advisor		Me	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
В.	Full Name of Individual (Last, First, Middle Initia Zavala, Tony, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 4814 Cranbrook Dr E					/	D 16		2018	Y				
	City Colleyville	State TX	Zip Code 76034-4359		Transaction ID : 12453138 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				0.	7		63.0	00				
	Name of Employer (for Individual) Frost Insurance	Occupation (for Individual) Broker			Me	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	1											
	Other (specify) ▼       630.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Huss, Janine, D., ,													
	Mailing Address 108 Cantina Place				Date of	ne	16		2018	Y				
	City Jacksonville	State FL	Zip Code 32259-8016	Transaction ID : 12453139           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C					y .	,	30.	00				
	Name of Employer (for Individual) SingleCare		upation (for Individual) Sales Executive		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00												
s	JBTOTAL of Receipts This Page (optional)			 ►			,	. ,	123.0	00				
т	OTAL This Period (last page this line number o	nly)		•										

# SCHEDULE A (FEC Form 3X)

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
ITEWIZED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
			person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Midd <b>A.</b> Owens, David, Patrick, ,	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 101 Eisenhower Parkway Second Floor			10 / Y Y Y Y 10 16										
City Roseland	State NJ	Zip Code 07068-1032	Transaction ID : 12453141         Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		85.00										
Name of Employer (for Individual) E.B. Cohen & Co., Inc.		upation (for Individual) cipal	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 925.00	]										
Full Name of Individual (Last, First, Midd B. Wallace, Keith, , ,	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1400 Broadway	10 / D D / Y Y Y Y 2018												
City Bellingham	State WA	Zip Code 98225-3036	Transaction ID : 12453183 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		250.00										
Name of Employer (for Individual) Wallace-Rice Benefits, LLC	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00	]										
Full Name of Individual (Last, First, Midd C. Bunkers, Scott, R., ,	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2211 Lee Road, Suite 10	00		10 / D D / Y Y Y Y 10 16 2018										
City Winter Park	State FL	Zip Code 32789-1849	Transaction ID : 12453200           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		100.00										
Name of Employer (for Individual) Fringe Benefit Plans, Inc.	Fringe Benefit Plans, Inc. Broker												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 370.00	]										
SUBTOTAL of Receipts This Page (optional	al)		435.00										
TOTAL This Period (last page this line nun	nber only)												

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

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Any information copied from such Reports and Statem		Detailed Summary Page	×	11a		11b		11c	12	
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or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Stair, B. Gene, , ,	e Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 6626 Silvermine Dr. Suite 500				<sup>M</sup> 10	/	D 16		/ Y	y y 2018	Y
City Austin	State TX	Zip Code 78736-1785				-		245322		
		10130-1103	/	Amount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-	_		150.	00
Name of Employer (for Individual) Stair & Associates LLC	Occ	upation (for Individual) ker		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		258.00	1							
Full Name of Individual (Last, First, Middle B. Ayers, William, W, ,	e Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 2850 Toccoa St				<sup>M</sup> <sup>M</sup>	/	D 1(		/ Y	y y 2018	Y
City	State	Zip Code		Trans	acti	on ID	: 12	245348	6	
Beaumont	TX	77703-4935		Amount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-		-9-	365.	00
Name of Employer (for Individual) Ayers-Patton & Associates	Occ Bro	upation (for Individual) ker		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	]							
Full Name of Individual (Last, First, Middle C. Lack, Craig, A., ,	e Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 33302 Valle Road Suite 250				10 <sup>M</sup>	/	D 1(		/ Y	2018	Y
City San Juan Capistrano	State CA	Zip Code 92675-4864						<b>245349</b> ceipt th	<b>0</b> is Period	
FEC ID number of contributing federal political committee.	С					,		y	500.	00
Name of Employer (for Individual) Premium Reduction Strategies	Occ Brok	upation (for Individual) ker		Me	emo	Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		×			11	-	11c		2	
٨٣	y information copied from such Reports and	Statemonto m	w not be sold or used by an		n f	13 or the i		14		15 solicitir		l6 ributi	17
or	for commercial purposes, other than using the	ne name and a	address of any political comm	ttee to	sol	icit con	ntrib	pos outio	ons fr	om su	ch com	imitte	e.
$\backslash$	NAME OF COMMITTEE (In Full)		•••										
/	Health Underwriters Political A	ction Com	imittee										
Α.	Full Name of Individual (Last, First, Middle I Friedman, Marcia, P., ,	nitial) or Full C	Organization Name		0	Date of	Re	ecei	ipt				
	Mailing Address 112 Park Avenue				[	<sup>м</sup> 10	1	Ľ	16		Y Y 201	8	Ŷ
	City Edgewater	State MD	Zip Code 21037-1314	-		Trans						ui e el	
	FEC ID number of contributing federal political committee.	С				inount	U			ceipt	this Pe 1	150.00	0
	Name of Employer (for Individual) Arrow Benefits Consulting, Inc.	Occ Bro	upation (for Individual) ker			Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
	Full Name of Individual (Last, First, Middle I Dadvand, Tina, April, ,	nitial) or Full C	Organization Name			Date of	Re	ecei	ipt				
	Mailing Address PO Box 7001				[	м м 10	/	ľ	16	/	Y Y 201	8	
	City Pasadena	State CA	Zip Code 91109-7001			Transa mount		-			<b>94</b> this Pe	riod	_
	FEC ID number of contributing federal political committee.	С			ļ	_		-			1	100.00	0
	Name of Employer (for Individual) Penniall & Associates, Inc.	Occ Bro	upation (for Individual) ker			Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
C.	Full Name of Individual (Last, First, Middle I Greene, David, H., ,		Organization Name			Date of	Re	ecei	ipt				
	Mailing Address 44 East Long Lake Road, St	uite 300			[	<sup>M</sup> 10	/		D D 16		Y Y 201	8 8	Ý
	City Bloomfield Hills	State MI	Zip Code 48304-2321	-	A					124582 eceipt 1	2 <b>46</b> this Pe	riod	
	FEC ID number of contributing federal political committee.	С			ļ	_		ŋ		,		100.00	0
	Name of Employer (for Individual) Lau & Lau Associates	Occ Brok	upation (for Individual) ker			Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)			• ▶	[			7		,	3	350.00	)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	WIZED RECEIPTS			Detailed Summary Page	×			-	l1b		11c		12			
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	information copied from such Reports and St or commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)		-					-								
/	Health Underwriters Political Act						_	_		_						
A	Full Name of Individual (Last, First, Middle Initi Collura, Salvadore, , ,	ial) or Full O	Orgai	nization Name		Date of Receipt										
_	Mailing Address 1126 Gateway Loop, Ste 116					<sup>M</sup> 10	<b>)</b> ′	'	D 16		/ Y		)18	Y		
	Dity	State		Zip Code							246160			-		
_	Springfield	OR		97477-7723	/	۹mount	t of	E	ach F	Rec	ceipt thi	is P	eriod			
	FEC ID number of contributing ederal political committee.	С	-					-			7	_	100.0	0		
	Name of Employer (for Individual) Collura Benefits Consulting	Occu Brok	•	tion (for Individual)		M	emo	o l	tem							
	Receipt For:	_	-	ar-to-Date ▼	$\neg$											
	Primary General Other (specify) ▼			350.00	]											
	- Full Name of Individual (Last, First, Middle Initi Muhich, Brian, , ,	ial) or Full O	)rgar	nization Name		Date of	<sup>:</sup> Re	)CE	∍ipt							
	Mailing Address 699 Littleton Trail		_			10 <sup>M</sup>		ſ	16		/ Y	ү 20	18	Y		
C	Dity	State		Zip Code	⊾		acti	ior			2470196	-				
E	Elgin	IL		60120-7002							ceipt thi	-	eriod			
	FEC ID number of contributing ederal political committee.	С	-				_	-		_	-9	_	250.0	0		
В	Name of Employer (for Individual) Be Well Consulting Corp.		cupat eside	tion (for Individual) ent		M	emo	o l	tem							
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00	]											
		ial) or Full O	)rgar	nization Name		Date of	<sup>:</sup> Re	)CE	∍ipt							
N	Mailing Address 1804 Juan Tabo NE, Ste A		_			<sup>M</sup> 10	′	′	16	;		20	)18	Y		
	Dity	State	_	Zip Code							247297					
_	Albuquerque	NM		87112-3309	<i>+</i>	۱	t of	E	ach F	Rec	ceipt thi	is P	eriod			
	EC ID number of contributing ederal political committee.	С	-			_	-	,	_	-	y	_	500.0	0		
В	Name of Employer (for Individual) Benefit Source	Occu Brok	•	tion (for Individual)		Μ	lemo	οI	ltem							
F	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	,											
	Other (specify)		-	1050.00	1											
SU	BTOTAL of Receipts This Page (optional)				•		T	-	-	2	,		850.0	0		
то	TAL This Period (last page this line number o	only)			.											

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

FOR LINE NUMBER:

(check only one)

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Mailing Address 1041 W. 18th St., Ste. A-108         City       State       Zip Code         Costa Mesa       CA       92627-4583         FEC ID number of contributing       C       Amount of Each R         federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Coast Benefit Consultants, Inc.       C       Aggregate Year-to-Date ▼         Primary       General       300.00       300.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       State       300.00	rom suc		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions for 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       State         Costa Mesa       CA         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)       Occupation (for Individual)         Casat Benefit Consultants, Inc.       CEO         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Mailing Address PO Box 1886       Transaction ID :         City       State       Zip Code         Image: City       State       Zip Code         Mailing Address PO Box 1886       Transaction ID ::       Amount of Each R         Tarsaction ID :       City       State       Zip Code         Elkhart       IN       46515-1886       Amount of Each R	rom suc		
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       State         Costa Mesa       CA         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Coast Benefit Consultants, Inc.       CEO         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Van Scoik, Steven, G., ,       Mailing Address PO Box 1886       Transaction ID ::         City       State       Zip Code         Elkhart       IN       46515-1886         FEC ID number of contributing       C       Transaction ID ::         Amount of Each R       Intial)       Transaction ID ::			
A.       Burlingham, Judy, , ,       Date of Receipt         Mailing Address 1041 W. 18th St., Ste. A-108       Image: Classical State CA 92627-4583       Zip Code 92627-4583         City       Cata Mesa       Cata 92627-4583       Amount of Each Receipt Image: Classical State CEO         FEC ID number of contributing federal political committee.       Cata 92627-4583       Amount of Each Receipt Image: Classical State CEO         Name of Employer (for Individual)       Occupation (for Individual)       CEO         Coast Benefit Consultants, Inc.       CEO         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         B.       Van Scoik, Steven, G., ,         Mailing Address PO Box 1886       Image: Classical State Image: Cla	/ 7		
City       State       Zip Code       Transaction ID :         Costa Mesa       C       92627-4583       Amount of Each R         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Coast Benefit Consultants, Inc.       CEO       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         B.       Van Scoik, Steven, G., ,       Date of Receipt         Mailing Address PO Box 1886       IN       46515-1886         City       IN       46515-1886         FEC ID number of contributing       C       Amount of Each R	/ Y		
Costa Mesa       CA       92627-4583       Amount of Each R         FEC ID number of contributing federal political committee.       C       Amount of Each R         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Coast Benefit Consultants, Inc.       CEO       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         B.       Van Scoik, Steven, G., ,       Mailing Address PO Box 1886       Date of Receipt         City       State       Zip Code       Transaction ID ::         FEC ID number of contributing       N       46515-1886       Amount of Each R		2018	Ŷ
federal political committee.       Image: Committee in the second			
Coast Benefit Consultants, Inc.       CEO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       300.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address PO Box 1886       In         City       State       Zip Code         Elkhart       IN       46515-1886		100	.00
Primary       General         Other (specify)       General         State       Zip Code         City       State         Elkhart       IN         46515-1886			
B. Van Scoik, Steven, G., ,       Date of Receipt         Mailing Address PO Box 1886       10         City       State       Zip Code         Elkhart       IN       46515-1886         FEC ID number of contributing       C			
City     State     Zip Code     Transaction ID ::       Elkhart     IN     46515-1886     Amount of Each R			
Elkhart     IN     46515-1886     Amount of Each Re       FEC ID number of contributing     C     ID     ID	/ Y	2018	Y
ů l			
		150	.00
Name of Employer (for Individual) Holmes Insurance AgencyOccupation (for Individual) BrokerMemo Item			
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         C. Kirwan, Michael, G., ,			
Mailing Address 11 Penns Trail, Suite 600	/ Y	2018	Ŷ
CityStateZip CodeTransaction ID :NewtownPA18940-4802Amount of Each Re			
FEC ID number of contributing federal political committee.	. ,	250	.00
Name of Employer (for Individual)     Occupation (for Individual)       The Kirwan Companies, LTD     President       Receipt For:     Aggregate Year to Date V			
Primary       General         Other (specify)       General			
SUBTOTAL of Receipts This Page (optional)			

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

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s) for each category of the	(ch	eck only	y or	ne)	L		
ITEMIZED RECEIPTS				<b>1</b> 1a		11b	11c	12		
	nation copied from such Reports and Sta									
· · · · · · · · · · · · · · · · · · ·	mercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit cor	ntrib	outions	from suc	h committ	ee.
	OF COMMITTEE (In Full) th Underwriters Political Act	ion Com	mittee							
	me of Individual (Last, First, Middle Initia er, Paula, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
Mailing	Address P O Box 5154				м м 10	/	D 16		ү ү 2018	Y
City San Ra	amon	State CA	Zip Code 94583-5154	_				1249425 Receipt th	56 nis Period	
	number of contributing political committee.	С							500.	00
Lincoln	of Employer (for Individual) Financial Group	Occu Brok	upation (for Individual) ser		Me	emo	tem			
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
	me of Individual (Last, First, Middle Initiaean, David, C., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Address 2125 Wyoming Blvd. NE				<sup>M</sup> 10	1	D 16		2018	Y
City Albuqu	erque	State NM	Zip Code 87112-2617					<b>1249429</b> Receipt th	<b>3</b> nis Period	
	number of contributing political committee.	С							200.	00
	of Employer (for Individual) n Insurance Agency, Inc.	Occu Broł	upation (for Individual) ker		Me	emo	tem			
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
	me of Individual (Last, First, Middle Initi ho, Scott, , ,	al) or Full O	rganization Name		Date of	Be	ceipt			
	Address PO Box 1270				10 <sup>M</sup>	/	D 16		2018	Y
City Glenwo	ood Springs	State CO	Zip Code 81602-1270					: <b>124942</b> 9 Receipt th	95 nis Period	
	number of contributing political committee.	С			<u> </u>		, .	,	500.	00
Glenwo	of Employer (for Individual) od Insurance Agency	Occu Brok	upation (for Individual) er		Me	emo	tem			
	rimary General ther (specify)	Aggregate	Year-to-Date ▼ 500.00	]						
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# SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_ \_ \_ \_ \_ \_

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

ITEMIZED REC	EIDTE	-	Use separate schedule(s)	(cheo	ck only	y one	e)				-
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		2	17
			y not be sold or used by any p ddress of any political committe		or the			soliciting	g conti	ributio	ns
NAME OF COMMI Health Unde	TTEE (In Full) rwriters Political	Action Com	mittee								
Full Name of Indivi Fox, Margarite,	idual (Last, First, Middle , ,	e Initial) or Full O	rganization Name	D	ate of	Rec	eipt				
St	175 E Pacific Coast Hwy e 304			46	<sup>м</sup> М 10	/	D D 16	L	ү 201		]
City Long Beach		State CA	Zip Code 90804-3316					1249429 eceipt th		riod	
FEC ID number of federal political cor	U U	C			_	,	p. I		2	250.00	
Name of Employer Fox Benefits Insura Receipt For:		Pres	upation (for Individual) sident		Me	emo	Item				
Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 385.00	1							
Full Name of Indivi 3. Goodacre, Jar	idual (Last, First, Middle nes, William, ,	Initial) or Full O	rganization Name	D	ate of	Rec	eipt				
Mailing Address Po	O Box 22423				<sup>M</sup> 10	1	D D 17	/ Y	2018	Y Y 8	]
City Carmel		State CA	Zip Code 93922-0423					2 <b>49430</b> eceipt th		riod	
FEC ID number of federal political cor	U U	С			mount				-	50.00	
Name of Employer James W. Goodacre		Occu Brol	upation (for Individual) ker	1	Me	emo	Item				
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 266.00	]							
Full Name of Indivi	idual (Last, First, Middle aniel, R., ,	Initial) or Full O	rganization Name	D	ate of	Rec	eipt				
S	720 Windward Concours uite 290				<sup>M</sup> 10	1	D D 17	/ Y	y 201	ү ү 8	]
City Alpharetta		State GA	Zip Code 30005-2291					1249430 eceipt th		riod	
FEC ID number of federal political cor	U U	С			_	. ,				85.00	,
Name of Employer Admin America, Inc Receipt For:	, ,	Brok			Me	emo	ltem				
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SUBTOTAL of Recei	pts This Page (optional	)			-	. ,			3	385.00	1
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Use separate schedule(s)

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PAGE 59 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle A. Fusco, Joan, A., ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 25B Hanover Rd., Suite 22	20		10 / Y Y Y Y 10 17 2018								
City Florham Park	State NJ	Zip Code 07932-1443	Transaction ID : 12494306 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Savoy Associates	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]								
Full Name of Individual (Last, First, Middle B. Wolfe, Rosanne, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address PO Box 17236			10 17 2018								
City Tucson	State AZ	Zip Code 85731-7236	Transaction ID : 12494307 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
Full Name of Individual (Last, First, Middle C. Gonzales, Chrissie, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 401 W Front Atreet Suite 4			M M / D D / Y Y Y Y 10 10 2018								
City Traverse City	State MI	Zip Code 49684-2259	Transaction ID : 12497883           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		0.00								
Name of Employer (for Individual) Wright Insurance Group	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 12.00	Refund(s) on Schedule B Totaling \$138.00 T changes the YTD Total to \$12.00								
SUBTOTAL of Receipts This Page (optional)			130.00								
TOTAL This Period (last page this line numb	per only)		16026.00								

S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	NUMBER:				PAGE	60 (	DF 73
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec	k only	one)		0				
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	y information copied from such Reports and State for commercial purposes, other than using the na					perso	on for the p	ourpos	se o	of solic	iting o	ontribu	
$\backslash$	NAME OF COMMITTEE (In Full)	~	•										
	Health Underwriters Political Actio	n Comm	littee			;							
A.	Full Name (Last, First, Middle Initial) Merchant Services						Date of						
	Mailing Address 7300 Chapman Way						10		03			2018	Y
	City Knoxville	State TN	Zip Code 37920				FEC Ide	entifica	ation	Num	ber		
	Purpose of Disbursement Credit Card Fees			0	01		С						
	Candidate Name			Cate	egor	ry/	<b>Tra</b> Amount			ID : 12 Disbur			Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		, ,					Credit	Card F	308.3 ees	
	State: District:		(,)) <b>v</b>				Mer	no Ite	em				
В.	Full Name (Last, First, Middle Initial) PayPal						Date of		D	D /		Y Y	Y
	Mailing Address 2211 North First Street						10		17	/	<u> </u>	2018	
	City San Jose	State CA	Zip Code 95131				FEC Ide	ntifica	ation	Num	ber		
	Purpose of Disbursement Credit Card Fees			C	001		С		ion I	ID : 12	4070		
	Candidate Name			Cate Ty	egor ype	ry/	Amount						Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify)		-		Mer	no Ite		Credit	Card I	728.1 Fees	
	State: District:								7111				
C.	Full Name (Last, First, Middle Initial) American Express						Date of						X
	Mailing Address PO Box 53852						10	/	02			2018	Ŷ
	City Phoenix	State AZ	Zip Code 85072				FEC Ide	entifica	ation	Num	oer		
	Purpose of Disbursement Credit Card Fees Candidate Name			0	01					ID : 12			
				Cate Ty	egor ype	ry/	Amount	of Ea	ach I	Disbur	seme		
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General					-		Credit	Card	7.9 Fees	95
	State: District:		<b>J</b> / <b>V</b>				Mer	no Ite	m				
s	UBTOTAL of Disbursements This Page (optional).							-7				1044.	
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S	CHEDULE B (FEC Form 3X)			FC	DR LIN	NE NUMBER: PAGE 61 OF 73						
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page				y one)						
	y information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee									
Α.	Full Name (Last, First, Middle Initial) Terri Sewell For Congress					Date of Disbursement						
	Mailing Address P.O. Box 1964					10 01 2018						
	City Birmingham Purpose of Disbursement	State AL	Zip Code 35201			FEC Identification Number						
	Co-Host 10/2 Lunch				11	C C00458976 Transaction ID : 12439036						
	Sewell, Terri, , Rep.,	ement For: 2	2018		egory/ /pe	Amount of Each Disbursement this Period 3000.00						
	State: AL District: 07	Primary Other (spec	X General			Co-Host 10/2 Lunch Memo Item						
В.	Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE Mailing Address 220 1/2 E ST., NE					Date of Disbursement						
	City WASHINGTON Purpose of Disbursement 10/3 Dinner	State DC	Zip Code 20002			FEC Identification Number						
	Candidate Name	ement For:		Cate	11 gory/ /pe	Transaction ID : 12439925 Amount of Each Disbursement this Period 2500.00						
	Senate President State: District:	Primary Other (spec	General General			10/3 Dinner Memo Item						
C.	Full Name (Last, First, Middle Initial) Wyden for Oregon					Date of Disbursement						
	Mailing Address PO Box 3271					10 02 2018						
	City Portland Purpose of Disbursement 10/9 Reception	State OR	Zip Code 97208		11	FEC Identification Number						
	Candidate Name			Cate	egory/	Transaction ID : 12439927 Amount of Each Disbursement this Period						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼	,	<u> </u>	3000.00 10/9 Reception Memo Item						
s	UBTOTAL of Disbursements This Page (optional)				►	8500.00						
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ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       Image: Control one (Control one) (Check only one)       Image: Control one) (Check only one)         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting committee to solicit contributions from such committee for 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 Underwritters Political Action Committee         Health Underwritters Political Action Committee       Date of Disbursement Local 10/16 Event         City Vernon       State       Zip Code CT         Office Sought:       Malling Address PO Box 1372       Date of Disbursement this Candidate Name         Courtney, Joseph, D., Rep., Office Sought:       State       Disbursement For: 2018         State:       CT       Disbursement For: 2018       Date of Disbursement this 10° 0° 2′ 2018         Full Name (Last, First, Middle Initial)       Each Disbursement for: 2018       Date of Disbursement this 10° 0° 2′ 2018         Full Name (Last, First, Middle Initial)       Date of Disbursement       Local 10/16 Event         State:       CT       Disbursement For: 2018       Date of Disbursement         Bill Flores For Congress       Malling Address PO Box 6207       FEC Identification Number         Malling Address P	tee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee         Full Name (Last, First, Middle Initial)       Date of Disbursement         A. Courtney For Congress       Date of Disbursement         Mailing Address PO Box 1372       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       011         Local 10/16 Event       011         Candidate Name       011         Courtney, Joseph, D., Rep.,       Disbursement For: 2018         Office Sought:       ¥ House         President       Other (specify) ▼         State:       CT         District:       02         Full Name (Last, First, Middle Initial)       Date of Disbursement time         B. Bill Flores For Congress       Date of Disbursement         Mailing Address PO Box 6207       Tx         City       State         Type       Date of Disbursement         Mailing Address PO Box 6207       Tx         City       State         Bryan       Tx         Purpose of Disbursement       Tx         104 C 02 / 2018	tee.
Health Underwriters Political Action Committee         Full Name (Last, First, Middle Initial)         A. Courtney For Congress         Mailing Address PO Box 1372         City       State         City       State         Vernon         Purpose of Disbursement         Local 10/16 Event         Candidate Name         Courtney, Joseph, D., Rep.,         Office Sought:         Y House         President         State:       CT         Disbursement For:       2018         Courtney, Joseph, D., Rep.,         Office Sought:       Y         President       Disbursement For:         State:       CT         District:       02         Full Name (Last, First, Middle Initial)         B. Bill Flores For Congress         Mailing Address PO Box 6207         City         State:       Zip Code         Typan         Tx       77805         FEC Identification Number         City       State         Typose of Disbursement         104 / Dot       2018	Y
A. Courtney For Congress       Date of Disbursement         Mailing Address PO Box 1372       Image: City of Disbursement Local 10/16 Event         City Vernon       Ct         Purpose of Disbursement Local 10/16 Event       011         Candidate Name       011         Candidate Name       011         Courtney, Joseph, D., Rep.,       011         Office Sought:       Image: Primary image: Pri	Y
Vernon       CT       06066         Purpose of Disbursement Local 10/16 Event       011         Candidate Name       011         Candidate Name       011         Courtney, Joseph, D., Rep.,       011         Office Sought:       x         President       Disbursement For: 2018         Senate       Primary         Y       General         Other (specify)       Local 10/16 Event         Mailing Address       PO Box 6207         City       State         Purpose of Disbursement       Tx         Total United Initial       Transaction ID: 12439973         Amount of Each Disbursement this       Local 10/16 Event         Mailing Address       PO Box 6207         City       State       Zip Code         Purpose of Disbursement       TX         10/4 Lunch       011	
Local 10/16 Event       011         Candidate Name       011         Courtney, Joseph, D., Rep.,       011         Office Sought:       Image: Addition in the second secon	
Courtney, Joseph, D., Rep.,       Category/ Type       Antount of Each Disbursement first president         Office Sought:       ★       House       Disbursement For: 2018         Senate       Primary       ★       General         President       Other (specify)       ★         State:       CT       District:       02         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         Mailing Address       PO Box 6207       Date of Disbursement         City       State       Zip Code         Bryan       TX       77805         Purpose of Disbursement       011         10/4 Lunch       011	
President       Other (specify) <ul> <li>Local 10/16 Event</li> <li>Memo Item</li> </ul> State:       CT       District:       02         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       PO Box 6207         City       State       Zip Code         Bryan       TX       77805         Purpose of Disbursement       011       FEC Identification Number         10/4 Lunch       011       Transaction ID:: 12439975	
B. Bill Flores For Congress       Date of Disbursement         Mailing Address       PO Box 6207         City       State       Zip Code         Bryan       TX       77805         Purpose of Disbursement       011         10/4 Lunch       011	
Bryan TX 77805 Purpose of Disbursement 10/4 Lunch 011 Transaction ID : 12439975	Y
Transaction ID : 12439975	
Candidate Name       Category/ Type         Flores, Bill, , Rep.,       Disbursement For: 2018       Amount of Each Disbursement this         Office Sought:       X       House       Disbursement For: 2018       10/4 Lunch         President       Other (specify)       Memo Item	
Full Name (Last, First, Middle Initial)         C. HEARTLAND VALUES PAC    Date of Disbursement	Y
Mailing Address PO Box 505	
City     State     Zip Code       Sioux Falls     SD     57101       Purpose of Disbursement     011       10/9 Dinner     011       Candidate Name     Octoorge	
Category/ Type       Category/ Type       Amount of Each Disbursement this         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       Memo Item	
SUBTOTAL of Disbursements This Page (optional)	_

SCHEDULE	B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 63 OF 73								
ITEMIZED D	for each	parate schedule(s) a category of the Summary Page	(check only 21b 28a	-									
					on for the purpose of soliciting contributions o solicit contributions from such committee.								
	MITTEE (In Full) derwriters Political Acti	on Comn	nittee										
•	t, First, Middle Initial) For Congress				Date of Disbursement								
Mailing Address	3 PO Box 250												
City Newburgh Purpose of Dis	ourcomont	State IN	Zip Code 47629		FEC Identification Number								
Future Comp/L	ocal Event			011	C C00468256 Transaction ID : 12440571 Amount of Each Disbursement this Period								
Bucshon, I		sement For:		Category/ Type	3000.00								
State: IN	Senate President District: 08	Other (spe	ecify) ▼		Future Comp/Local Event Memo Item								
	t, First, Middle Initial) urgess For Congress PO Box 2334				Date of Disbursement								
City Denton Purpose of Disl Future Comp/I		State TX	Zip Code 76202	011	FEC Identification Number								
Candidate Nam Burgess, I Office Sought: State: TX	vichael, C., Rep., M.D.	sement For: Primary Other (spe	x General	Category/ Type	Transaction ID : 12440572 Amount of Each Disbursement this Period 2000.00 Future Comp/Local Event Memo Item								
Full Name (Las C. Byrne For	t, First, Middle Initial) Congress				Date of Disbursement								
Mailing Address	S PO Box 2743				10 03 2018								
City Mobile Purpose of Dis Future Comp/L Candidate Nam Byrne, Bra	ocal Event	State AL	Zip Code 36652	011 Category/ Type	FEC Identification Number C C00545673 Transaction ID : 12440573 Amount of Each Disbursement this Period								
Office Sought: State: AL		ement For: Primary Other (spe	<b>x</b> General		1000.00 Future Comp/Local Event Memo Item								
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S	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 64 OF 73											
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Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or us ress of any politic	ed by al cor	any nmit	perso tee to	on for the purpose of soliciting contributions solicit contributions from such committee.									
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-														
	Health Underwriters Political Actio	on Comm	littee													
Α.	Full Name (Last, First, Middle Initial) Steve Chabot For Congress						Date of Disbursement									
	Mailing Address 3030 Harrison Ave.		10 03 2018													
	City	State OH	Zip Code				FEC Identification Number									
	Cincinnati Purpose of Disbursement	ОП	45211			_	C C00301838									
	Future Comp Event			C	011		Transaction ID : 12440574									
	Candidate Name			Cat	egor	y/	Amount of Each Disbursement this Period									
	Chabot, Steve, , Rep.,				ype		1000.00									
	Office Sought: X House Disburse	ement For: Primary	2018 X General				1000.00									
	State: OH District: 01	Other (spe	••				Future Comp Event Memo Item									
	Full Name (Last, First, Middle Initial)															
В.	Kinzinger For Congress						Date of Disbursement									
	Mailing Address PO Box 2365		_													
	City	State IL	Zip Code				FEC Identification Number									
	Ottawa Purpose of Disbursement	IL 61350					C C00458877									
	Future Comp/Local Event			(	011		Transaction ID : 12440575									
	Candidate Name				egor	y/	Amount of Each Disbursement this Period									
	Kinzinger, Adam, , Rep., Office Sought: <b>x</b> House Disburse	ement For:		Т	ype		3000.00									
	Office Sought: K House Disburse	Primarv	Z018 X General													
	President	Other (spe					Future Comp/Local Event									
	State: IL District: 16						Memo Item									
C.	Full Name (Last, First, Middle Initial) Steve Knight For Congress						Date of Disbursement									
	Mailing Address PO Box 730						M M / D D / Y Y Y Y 10 03 2018									
	City	State	Zip Code				FEC Identification Number									
	Hilmar Purpose of Disbursement	CA	95324													
	Future Comp Event				011		C C00554014									
	Candidate Name				egor	×/	Transaction ID : 12440577 Amount of Each Disbursement this Period									
	Knight, Steve, , Rep.,				ype	y/										
		ement For:					1000.00									
	President	Primary Other (spe	General				Future Comp Event									
	State: CA District: 25		Memo Item													
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	•															
	Health Underwriters Political Actio	n Comm	littee														
Α.	Full Name (Last, First, Middle Initial) Tom Reed For Congress		Date of Disbursement														
	Mailing Address PO Box 10847		10 / D D / Y Y Y Y 2018														
	City Rochester	State NY	Zip Code 14610				FEC Identification Number										
	Purpose of Disbursement Future Comp/Local Event			C	)11	٦	C C00464032										
	Candidate Name			Cate	egory	y/	Transaction ID : 12440578 Amount of Each Disbursement this Period										
	Reed, Tom, , Rep., Office Sought: x House Disburse	ement For:	0040	T	ype		2000.00										
	Office Sought: X House Disburse Senate	Primary	Z018 X General														
	State: NY District: 23	Other (spe					Future Comp/Local Event Memo Item										
	Full Name (Last, First, Middle Initial)																
В.	David Rouzer For Congress						Date of Disbursement										
	Mailing Address PO Box 2267																
	City	State	Zip Code				FEC Identification Number										
	Smithfield Purpose of Disbursement	NC	27577	_			C C00501643										
	Future Comp Event			C	011		Transaction ID : 12440579										
	Candidate Name				egory	y/	Amount of Each Disbursement this Period										
	Rouzer, David, , Rep.,Office Sought:xKHouseDisburse	ement For:	T:	Туре		1000.00											
	Senate	Primary	General				Future Comp Event										
	President	Other (spe	cify)				Memo Item										
_	State: NC District: 07 Full Name (Last, First, Middle Initial)																
C.	Walden For Congress						Date of Disbursement										
	Mailing Address PO Box 1091						10 / D D / Y Y Y Y 2018										
	City Hood River	State OR	Zip Code 97031				FEC Identification Number										
	Purpose of Disbursement Future Comp Event	<u> </u>			)11	٦	C C00333427										
	Candidate Name Walden, Greg, P., Rep.,			Cate	egory	y/	Transaction ID : 12440580 Amount of Each Disbursement this Period										
	Office Sought: <b>x</b> House Disburse	1	ype	-	1500.00												
	Senate	Primary	General				Future Comp Event										
	President	Other (spe	cify) 🔻				Memo Item										
	State: OR District: 02																
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$\setminus$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittoo													
						1										
	Full Name (Last, First, Middle Initial) Stabenow For Us Senate					Date of Disbursement										
	Mailing Address P.O. Box 4945	10 / D D / Y Y Y Y 10 23 2018														
	City East Lansing	State MI	Zip Code 48826			FEC Identification Number										
	Purpose of Disbursement 10/10 Lunch		40020	0	11	C C00344473 Transaction ID : 12440583										
	Candidate Name				gory/	Amount of Each Disbursement this Period										
	Stabenow, Debbie, , Sen., Office Sought: House Disburse	ment For: 2	2018	Ту	vpe	2500.00										
	X Senate President	Primary Other (spe	X General			10/10 Lunch Memo Item										
	State: MI District:															
_	Full Name (Last, First, Middle Initial) Jaime For Congress				Date of Disbursement											
	Mailing Address PO Box 1614					10 04 2018										
	City Ridgefield	State WA	Zip Code 98642			FEC Identification Number										
	Purpose of Disbursement Local Oct Meeting			0	11	C C00472704										
	Candidate Name				gory/	Transaction ID : 12449054 Amount of Each Disbursement this Period										
	Herrera-Beutler, Jaime, , Rep., Office Sought: x House Disburse	ement For:	2018	Ту	vpe	1000.00										
	Senate	Primary	General			Local Oct Meeting										
	State: WA District: 03	Other (spe				Memo Item										
	Full Name (Last, First, Middle Initial) Katie Arrington For Congress					Date of Disbursement										
	Mailing Address PO Box 80177					10 / D D / Y Y Y Y Y 10 05 2018										
	City Charleston	State SC	Zip Code 29416			FEC Identification Number										
	Purpose of Disbursement 10/24 Lunch			0	11	C C00653204 Transaction ID : 12449237										
	Candidate Name Arrington, Katherine, , ,			egory/ /pe	Amount of Each Disbursement this Period											
		ement For: 2	2018	(1	pe	2000.00										
	Senate President		10/24 Lunch Memo Item													
_	State: SC District: 01															
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SCHEDULE B (FEC Form 3X)	Use sepa				NUMBER: PAGE 67 OF 73										
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Any information copied from such Reports and State or for commercial purposes, other than using the na															
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee													
Full Name (Last, First, Middle Initial) A. Rick W. Allen For Congress						Date of Disbursement									
Mailing Address P. O. Box 338		10     05     2018       FEC Identification Number													
City Augusta	State GA														
Purpose of Disbursement Future Comp/Local Event Candidate Name			0	11			ansa	5040 <sup>.</sup> ction	ID						
Allen, Rick, W., Rep.,	mont For:	2048	Cate Ty	egor /pe	y/	Amoun	t of	Each	Dis	burse		t this F 1500.0	_		
State: GA District: 12	Senate     Primary     ▼     General       President     Other (specify)     ▼								Futi	ure C	-	Local E	_		
Full Name (Last, First, Middle Initial) B. Drew Ferguson For Congress Inc. Mailing Address PO Box 387						Date o	_	D		nt /		018	Y		
City West Point Purpose of Disbursement Future Comp/Local Event	State GA	Zip Code 31833	)11	_	FEC Identification Number										
Candidate Name Ferguson, Anderson, , , IV Office Sought: Senate President State: GA District: 03	adidate Name erguson, Anderson, , , IV ce Sought: President Disbursement For: 2018 Primary Other (specify)						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	Congre	SS				Date o		burse		nt	YYY	Ŷ	Y		
Mailing Address PO Box 30265						10		Q	5		2	018			
City Lincoln Purpose of Disbursement Future Comp/Local Event Candidate Name Fortenberry, Jeff, , Rep.,	State NE						FEC Identification Number C C00395467 Transaction ID : 12449265 Amount of Each Disbursement this Period								
Office Sought: K House Disburse Senate President State: NE District: 01				1000.00 Future Comp/Local Event Memo Item											
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SCHEDULE B (FEC Form 3	X)			FOR LINE								
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NAME OF COMMITTEE (In Full)	- ۱ ۸ ما	0										
Health Underwriters Politica												
Full Name (Last, First, Middle Initial) A. Brady For Congress				Date of Disbursement								
Mailing Address PO Box 8277		10 05 2018										
City The Woodlands	5	State TX	Zip Code 77387		FEC Identification Number							
Purpose of Disbursement Future Comp Events	I			011	C C00311043							
Candidate Name					Transaction ID : 12449360 Amount of Each Disbursement this Period							
Brady, Kevin, Patrick, Rep.,				Category/ Type								
	Disburser	nent For: 2 Primary Other (spec	X General		5000.00 Future Comp Events							
State: TX District: 08			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item							
Full Name (Last, First, Middle Initial) B. Bilirakis For Congress Mailing Address PO Box 606					Date of Disbursement							
City Tarpon Springs		State FL	Zip Code 34688		FEC Identification Number							
Purpose of Disbursement Local Oct 23 Event				011	C C00408534 Transaction ID : 12452858 Amount of Each Disbursement this Period 2000.00 Local Oct 23 Event Memo Item							
Candidate Name Bilirakis, Gus, M., Rep.,				Category/ Type								
	Disburser	nent For: 2 Primary Other (spec	X General	туре								
State: FL District: 12 Full Name (Last, First, Middle Initial)												
<b>c.</b> Ted Deutch For Congress C	commit	tee			Date of Disbursement							
Mailing Address 1050 17th St, Nw, Ste 59	90				10 15 2018							
City Washington	Ś	State DC	Zip Code 20036		FEC Identification Number							
Purpose of Disbursement Local Oct Event Candidate Name	I			011 Category/	C C00469163 Transaction ID : 12452859 Amount of Each Disbursement this Period							
Deutch, Ted, , Rep., Office Sought: x House	Disburser	ment For: 2	2018	Туре	2000.00							
Senate President		Primary Other (spec	<b>x</b> General		Local Oct Event Memo Item							
					9000.00							
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r												
NAME OF COMMITTEE (In Full)	-											
Health Underwriters Political Action	on Comn	nittee										
Full Name (Last, First, Middle Initial) A. Guy For Congress				Date of Disbursement								
Mailing Address P.O. Box 23177		10 15 2018										
City Pittsburgh	State PA	Zip Code 15222		FEC Identification Number								
Purpose of Disbursement 10/23 Lunch		13222	011	С С00657833								
Candidate Name			Category/	Transaction ID : 12452860 Amount of Each Disbursement this Period								
Reschenthaler, Guy, , ,			Туре									
Office Sought: X House Disbur Senate President	sement For: Primary Other (sp	X General		2000.00 10/23 Lunch								
State: PA District: 14				Memo Item								
Full Name (Last, First, Middle Initial) B. Vote For Guy Mailing Address PO Box 5014				Date of Disbursement								
City	State	Zip Code		FEC Identification Number								
Greenville Purpose of Disbursement	SC	29606										
NAHU Member			011	C C00674507								
Candidate Name			Category/	Transaction ID : 12452862 Amount of Each Disbursement this Period								
Furay, Guy, , , Office Sought: <b>x</b> House Disbur	sement For:	2018	Туре	1000.00								
Senate	Primary	K General		NAHU Member								
State: SC District: 04	Other (sp	ecify)		Memo Item								
Full Name (Last, First, Middle Initial) C. George Holding For Congress In	с. 			Date of Disbursement								
Mailing Address PO Box 97187				M         M         /         D         D         /         Y								
City Raleigh	State NC	Zip Code 27624		FEC Identification Number								
Purpose of Disbursement 10/16 Local Reception Candidate Name			011	C C00499236 Transaction ID : 12452863								
Holding, George, E.B., Rep.,			Category/ Type	Amount of Each Disbursement this Period								
Office Sought: 🗶 House Disbur	sement For:	2018 X General		2000.00								
State: NC District: 13	Primary Other (sp		10/16 Local Reception Memo Item									
SUBTOTAL of Disbursements This Page (optiona	)		••••••	5000.00								
TOTAL This Period (last page this line number or	nly)		••••••	, ,								

SCHEDULE B (FEC Form 3X)			FOR LINE N								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	22         X         23         26         27           28b         28c         29         30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee									
Full Name (Last, First, Middle Initial) A. Hurd For Congress				Date of Disbursement							
Mailing Address PO Box 761029				10 15 2018							
City San Antonio	State TX	Zip Code 78245		FEC Identification Number							
Purpose of Disbursement 10/23 Local Reception			011	C C00545467 Transaction ID : 12452864							
Candidate Name Hurd, Will, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: X House Disburse Senate President State: TX District: 23	ment For: Primary Other (spe	X General		10/23 Local Reception Memo Item							
Full Name (Last, First, Middle Initial) B. Tom Macarthur For Congress Inc. Mailing Address PO Box 999				Date of Disbursement							
City Edison Purpose of Disbursement Future Comp Event	State NJ	Zip Code 08818	011	FEC Identification Number							
Candidate Name MacArthur, Tom, , Rep., Office Sought: Senate President State: NJ District: 03	ment For: Primary Other (spe	X General	Category/ Type	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				Date of Disbursement							
Mailing Address P.O. Box 44369 250 Prairie Center Drive				10 15 2018							
City Eden Prairie	State MN	Zip Code 55344		FEC Identification Number							
Purpose of Disbursement Future Comp Event Candidate Name Paulsen, Erik, P., Rep.,			011 Category/ Type	C C00439661 Transaction ID : 12452867 Amount of Each Disbursement this Period							
Office Sought: K House Disburse Senate President State: MN District: 03	ment For: Primary Other (spe	<b>x</b> General		Euture Comp Event Memo Item							
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				6000.00							

SC	HEDULE B (FEC Form 3X)			FOR LI	NUMBER: PAGE 71 OF 73								
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check o	only one)								
			Summary Page		1b         22         X         23         26         27           3a         28b         28c         29         30b								
or	y information copied from such Reports and State for commercial purposes, other than using the na												
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	0	•••										
	Health Underwriters Political Actio	n Comm	littee										
	Full Name (Last, First, Middle Initial) Upton For All Of Us				Date of Disbursement								
	Mailing Address PO Box 490	10 15 2018											
	City St. Joseph	State MI	Zip Code 49085		FEC Identification Number								
	Purpose of Disbursement		49000		<b>C</b> C00200584								
	Future Comp/Local Event			011	Transaction ID : 12452868								
	Candidate Name			Category/	Amount of Each Disbursement this Period								
	Upton, Frederick, Stephen, Rep., Office Sought: <b>x</b> House Disburse	ment For:	2018	Туре	2000.00								
	Senate	Primary	General										
	President	Other (spe	cify) 🔻		Future Comp/Local Event								
	State: MI District: 06												
	Full Name (Last, First, Middle Initial)	Date of Disbursement											
υ.	Balderson For Congress												
	Mailing Address PO BOX 2302	lailing Address PO BOX 2302											
	City	State OH	Zip Code 43702		FEC Identification Number								
	Zanesville Purpose of Disbursement	C C00662650											
	Future Comp/Local Event			011	Transaction ID : 12452871								
	Candidate Name			Category/	Amount of Each Disbursement this Period								
	Balderson, Troy, , ,	. =		Туре	2000.00								
	Office Sought: X House Disburse Senate	ment For: Primary			2000.00								
	President	Other (spe	••		Future Comp/Local Event								
	State: OH District: 12				Memo Item								
	Full Name (Last, First, Middle Initial)												
C.	Vern Buchanan For Congress				Date of Disbursement								
	Mailing Address P. O. Box 48928				10 / 15 / Y Y Y Y 2018								
	City	State	Zip Code		FEC Identification Number								
	Sarasota Purpose of Disbursement	FL	34230		<b>C</b> C00412759								
	10/17 Dinner			011	Transaction ID : 12452873								
	Candidate Name			Category/	Amount of Each Disbursement this Period								
	Buchanan, Vern, , Rep.,		Туре										
	Office Sought: K House Disburse Senate	ment For:			2000.00								
	President	Other (spe			10/17 Dinner								
_	State: FL District: 16				Memo Item								
s	UBTOTAL of Disbursements This Page (optional).				6000.00								
T	OTAL This Period (last page this line number only	')		••••••									

SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 72 OF 73									
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b	/ one) 22 X 23 26 27									
An	y information copied from such Reports and State		, ,	28a	28b 28c 29 30b									
	for commercial purposes, other than using the nat													
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee											
					1									
Α.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	1			Date of Disbursement									
					10 15 2018									
	Mailing Address P. O. Box 713													
	City Wheaton	State IL	Zip Code 60187		FEC Identification Number									
	Purpose of Disbursement Local Oct 17 Reception			011	C C00410969									
	Candidate Name			011	Transaction ID : 12452874 Amount of Each Disbursement this Period									
	Roskam, Peter, , Rep.,			Category/ Type										
	Office Sought: X House Disburse	ment For: 2 Primary	2018 X General		500.00									
	State: IL District: 06	Other (spec	cify) 🔻		Local Oct 17 Reception									
	State:         IL         District:         06           Full Name (Last, First, Middle Initial)													
В.	M-PAC				Date of Disbursement									
	Mailing Address 119 1st Ave S Ste 320				10 D D / Y Y Y Y 10 15 2018									
	City Seattle	State WA	Zip Code 98104		FEC Identification Number									
	Purpose of Disbursement Oct 17 Lunch		00104											
	Candidate Name			011 Category/ Type	Transaction ID : 12452877 Amount of Each Disbursement this Period									
		ment For:			5000.00									
	President	Primary Other (spec	Cify) General		Oct 17 Lunch									
	State: District:													
C.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress				Date of Disbursement									
	Mailing Address 555 Capitol Mall, Suite 1425				10 / D D / Y Y Y Y 10 16 2018									
	City	State CA	Zip Code		FEC Identification Number									
	Sacramento Purpose of Disbursement	UA	95814		C C00258475									
	10/20 Local Event Candidate Name			011	Transaction ID : 12494257									
	Eshoo, Anna, G., Rep.,			Category/ Type	Amount of Each Disbursement this Period									
	Office Sought: K House Disburse Senate	ment For: 2 Primary	2018 X General		1000.00									
	President		10/20 Local Event Memo Item											
	State: CA District: 18													
s	UBTOTAL of Disbursements This Page (optional).			····· ►	6500.00									
т	OTAL This Period (last page this line number only	/)		······ ►	69000.00									

SCHEDULE B (FEC Form 3X)			FC	OR L	INE I	NUMBER: PAGE 73 OF 73											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck	only	one)				<u> </u>		107					
		Summary Page			21b 28a	22 28b	-	23 28c	×	26 29	-	27 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the nar									of so								
NAME OF COMMITTEE (In Full)	_																
Health Underwriters Political Action	n Comm	ittee															
Full Name (Last, First, Middle Initial) A. Friends of Glen Mulready 2018						Date of Disbursement											
Mailing Address 7380 S Olympia Avenue #320		10 / D D / Y Y Y Y 10 15 2018															
City Tulsa	State OK	Zip Code 74132	FEC Identification Number														
Purpose of Disbursement Glen Mulready, INSURANCE COMMISS. OK		74132	0	11		С											
Candidate Name			Cate	egory	/	Transaction ID : 12452861 Amount of Each Disbursement this Period											
Mulready, Glen, , OK Rep., Office Sought: House Disburse	ment For:		ly	ype								2000.00	)				
Senate President	Primary Other (spec							Glen Mulready, INSURANCE Memo Item COMMISS. OK									
State: District:																	
Full Name (Last, First, Middle Initial) B.						Date c	of Dis	sburse	emen	t							
						M	/	D	D	/	Y Y	Y	Y				
Mailing Address																	
City	State	Zip Code				FEC Identification Number											
Purpose of Disbursement		-	٦	С													
Candidate Name				egory ype	/	Amount of Each Disbursement this Period											
	ment For:	I_	- ,	700						-							
President	Primary Other (spec	General															
State: District:						Me	emo	Item									
Full Name (Last, First, Middle Initial)						Date c	of Dis	sburse	emen	t							
Mailing Address						M M	/	D	D	/	Y Y	Y	Y				
City	State	Zip Code				FEC lo	lenti	ficatio	n Nu	mbe	r						
Purpose of Disbursement				-		С											
Candidate Name		egory ype	/	Amount of Each Disbursement this Period													
Office Sought: House Disburse Senate	ment For: Primary	General															
President		Me	emo	Item													
State: District:							_	_	_	_	_	_	_				
SUBTOTAL of Disbursements This Page (optional).								,		-	_	2000.0	0				
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