Type or Print Name of Treasurer

07/19/2022 12 : 50

1

Nov 20 (M11) (Non-Election Year Only)

Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)

Runoff (12R)

Special (30S)

AGE 1 / 118

Im	age# 202207199522182806								′ <b>19/20</b> ∈ 1 /
۲ ۱		EPORT OI ND DISBU	IRSEN	ENT	s				
1.	NAME OF T COMMITTEE (in full)	YPE OR PRINT V		ple: If typi the lines.	ing, type	12FE4	Office Us	e Only	
	Health Underwriters Pol	litical Action Com							<u>   </u>
	DRESS (number and street) Check if different than previously reported. (ACC)	999 E Street, NW Suite 400 Washington					20004	· · · · ·	
2.	C C00283135		CITY ▲ . IS THIS REPORT		NEW (N) <b>OR</b>	STATE A	AMENDED (A)	ZIP COE	)E ▲
4.	<b>TYPE OF REPORT</b> (Choose One) (a) Quarterly Reports:	Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Gep 20 (M9) Oct 20 (M10)	ĕ	Nov (Non-E Year C Dec (Non-E Year C Jan 3
	April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	) (c) 12-Day PRE-Election Report for the	E F	Primary (12)	P)	Gene	ral (12G) al (12S)		Runo
	January 31 Year-End Report (YE July 31 Mid-Year		ection on	M M /	D D /	YYYY	Y	in the State of	
	Report (Non-election Year Only) (MY) Termination Report (TER)	POST-Electio Report for the	the second s	General (30	G)	Runo	ff (30R)	in the State of	Speci
5.	Covering Period	/ D D / Y Y 01 202	22 Y	through	M M 06	/ D D 30	/ Y Y 202	22	
I c	ertify that I have examined this	Report and to the bes Murphy, Jennifer, , ,	t of my know	edge and	belief it is tru	ie, correct	and complet	ie.	

Signature of Treasurer	Murphy, Jennifer, , ,	[Electronically Filed]	Date	M M / 07	D D D 19	2022
NOTE: Submission of false,	erroneous, or incomplete information may s	ubject the person signing	this Repo	rt to the p	enalties of	52 U.S.C. § 30109.

Office				FEC FORM 3X
Use Onlv				Rev. 05/2016

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	Report Covering the Period: From: 06		b: 06 30 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		358050.66
	(b) Cash on Hand at Beginning of Reporting Period	272208.00	
	(c) Total Receipts (from Line 19)	54338.67	324811.35
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	326546.67	682862.01
7.	Total Disbursements (from Line 31)	51918.57	408233.91
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	274628.10	274628.10
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)	39246.67	188118.35	
(ii) Unitemized	15092.00	136693.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)	54338.67	324811.35	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)	54338.67	324811.35	
2. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
4. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
7. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
3. 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),	0.00	0.00	
12, 13, 14, 15, 16, 17, and 18(c))▶	54338.67	324811.35	
. Total Federal Receipts			
	E 1000 67	004044.05	

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

54338.67

 				1
				324811.35
 1.1	-7	 	-7	

Page 3

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date	
II. Disbursements	COLUMN A Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	1168.57	6971.9	
(c) Total Operating Expenditures		6971.9	
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	1168.57		
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	50500.00	400500.00	
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.0	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	250.00	762.0	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.0	
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	250.00	762.00	
Other Disbursements (Including Non-Federal Donations)	0.00	0.00	
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	41		
(i) Federal Share	0.00	0.00	
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00	
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))			
	51918.57	408233.9	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	51918.57	408233.91	

#### **DETAILED SUMMARY PAGE**

of Disbursements

COLUMN A

**Total This Period** 

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

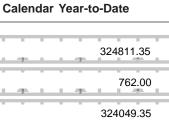
33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures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

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

		1		54338.67
	-7		7	1 1 49. 1
				250.00
				54088.67
	-		-	
<b>_</b>				1168.57
	-7		-7	
				0.00
	-7		7	
				1168.57
	-7-		-7-	

324811.35 762.00 324049.35 -- 7 6971.91 . 0.00 7 7 6971.91

COLUMN B



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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 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 Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mi <b>A.</b> Farrell, Jennifer, Liane, ,	ddle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3800 North Central Av 9th Floor	enue		06 01 Y Y Y Y Y 2022								
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 16682247 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer (for Individual) Black, Gould & Associates	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1425.00	]								
Full Name of Individual (Last, First, Mi <b>B.</b> Kennedy-Simington, Dierdre,	CHRS, LPRT,	rganization Name	Date of Receipt								
Mailing Address 550 E. Green Street, S	1		06 / D D / Y Y Y Y 2022								
City Pasadena	State CA	Zip Code 91101-2034	Transaction ID : 16682274 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) BenAssist Health Insurance Services, L	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.00	]								
Full Name of Individual (Last, First, Mi C. Records, Stephanie, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 126 Jenny Drive			M M / D D / Y Y Y Y Y 06 02 2022								
City Bear	State DE	Zip Code 19701-2436	Transaction ID : 16682279 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		63.00								
Name of Employer (for Individual) HealthEquity	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	]								
SUBTOTAL of Receipts This Page (optic	onal)		1105.00								
TOTAL This Period (last page this line n	umber only)										

#### 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

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions te to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	_										
> Health Underwriters Politi	cal Action Com	mittee									
Full Name of Individual (Last, First, M A. Martin, M. Danny, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1291 Jefferson Terra	ce		M M / D D / Y Y Y Y 06 02 2022								
City Macon	State GA	Zip Code 31201-6703	Transaction ID : 16682283 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) M. Danny Martin		upation (for Individual) Irance Advisor	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]								
Full Name of Individual (Last, First, M B. Jacquet, Tara, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4584 N. Rancho Drive	9		06 02 2022								
City	State NV	Zip Code 89130-3478	Transaction ID : 16682291								
Las Vegas FEC ID number of contributing federal political committee.	C	09130-3476	Amount of Each Receipt this Period								
Name of Employer (for Individual) Branch Benefits Consultants		upation (for Individual) President	Memo Item								
Receipt For:		Year-to-Date V	_								
Other (specify)		272.00	]								
Full Name of Individual (Last, First, M Baker, Misty, J., ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 117 Green Valley Dr			06 / D D / Y Y Y Y 06 02 2022								
City Leander	State TX	Zip Code 78641-9755	Transaction ID : 16682297 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) BenefitMall		upation (for Individual) President	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]								
SUBTOTAL of Receipts This Page (opt	ional)		84.00								
TOTAL This Period (last page this line	number only)										

PAGE 7 OF

## 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	

ITEMIZED RECEIPTS	*	Use separate schedule(s)	(check only one)								
II EIVIIZED RECEIFIS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politie	cal Action Com	mittee									
Full Name of Individual (Last, First, M Giardina, Charles, J., ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5440 Mounes Street,	Suite 112		06 / D D / Y Y Y Y 06 02 2022								
City New Orleans	State LA	Zip Code 70123-3296	Transaction ID : 16682298 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) MassMutual	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 635.00	]								
Full Name of Individual (Last, First, M B. Riedl, Alycia, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 16570 Lake Ridge Dr			06 02 2022								
City Maple Grove	State MN	Zip Code 55311-1453	Transaction ID : 16682302 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Mercer	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	]								
Full Name of Individual (Last, First, M C. Elam, Michael, Lee, ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9000 Northpark Drive			06 / D D / Y Y Y Y 06 02 2022								
City Johnston	State IA	Zip Code 50131-4817	Transaction ID : 16682341 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Delta Dental of Iowa		upation (for Individual) President	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00	1								
SUBTOTAL of Receipts This Page (opt	ional)	······ ]	255.00								
TOTAL This Period (last page this line	number only)										

PAGE 8 OF

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		× 11			11   14	- F	11c		12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mi	ttee											
A.	Full Name of Individual (Last, First, Middle Initial) Yurek, Terri, , ,	) or Full C	rgar	nization Name	Date of Receipt										
	Mailing Address 13240 Evening Creek Dr S Suite 305 City	State		Zip Code	06 03 2							2022			
	San Diego	CA		92128-4105							eceipt		Period		
	FEC ID number of contributing federal political committee.	С							,			_	85.	00	
	Name of Employer (for Individual) Terri Yurek Insurance Services	Occ Brol	•	ion (for Individual)			Me	emo	o Ite	эm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 390.00	]										
В.	Full Name of Individual (Last, First, Middle Initial) Banchy, Kate, , ,	) or Full C	rgar	nization Name		Date	e of	Re	cei	ipt					
	Mailing Address 4233 Southtowne Drive					06 03 / Y Y Y Y 2022									
	City Eau Claire	StateZip CodeWI54701-2652							-		<b>16683</b> 1 eceipt		Period	_	
	FEC ID number of contributing federal political committee.	C					42.00								
	Name of Employer (for Individual) Spectrum Insurance Group	Occ Bro	upat ker		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 252,00	]										
с.	Full Name of Individual (Last, First, Middle Initial) Murphy, Stacy, , ,	) or Full C	rgar	nization Name		Date	e of	Re	ecei	ipt					
	Mailing Address 3080 S Jog Rd						<sup>™</sup>	/	Ľ	03	1		)22 <sup>°</sup>	Y	
	City Greenacres	State FL		Zip Code 33467-2053	-						16683 <sup>-</sup>		Dariad		
	FEC ID number of contributing federal political committee.	С					Juni	O	Ea		eceipt	unis P	85.	00	
	Name of Employer (for Individual) Absolute Best Insurance	upat nt	ion (for Individual)			Me	emo	o Ite	em						
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Yea	r-to-Date ▼ 510.00	]										
s	UBTOTAL of Receipts This Page (optional)				<u> </u>				,		. ,		212.	00	
т	OTAL This Period (last page this line number onl	y)			•				-						

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

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

(check only one)

PAGE 10 OF

			Detailed Summary Page	×	11a 13		] 11b	b 🗌	11c 15		12 16	17	
	y information copied from such Reports and Si for commercial purposes, other than using the				or the		pose		oliciting	g cont	tributi	ons	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Freeman, Joann, , , Mailing Address 625 Oak Street	ial) or Full O	rganization Name		Date of	Re						N.	
	City	State	Zip Code	06 03 2022							Ŷ		
	Laguna Beach	CA	92651-2920		Transaction ID : 16683118 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					-7-		-9-		85.0	0	
	Name of Employer (for Individual) Freeman Laguna Insurance Services	Occi Brol	upation (for Individual) ker		M	emo	b Ite	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]									
	Full Name of Individual (Last, First, Middle Init Stockstill, Julia Beckie, , ,	ial) or Full O	rganization Name		Date of	Re	eceip	ot					
	Mailing Address 125 E. San Augustine				06 03 2022								
	City Deer Park	State TX	Zip Code 77536-4160	Transaction ID : 16683120 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			42.00								
	Name of Employer (for Individual) Stockstill & Associates	Occ Bro	upation (for Individual) ker		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]									
с.	Full Name of Individual (Last, First, Middle Init Warwick, John, L., ,	ial) or Full O	rganization Name		Date of	Re	eceip	ot					
	Mailing Address 1907 B Mangrove Ave.				06 <sup>M</sup>	1	D	03	/ Y	y 202		Y	
	City Chico	State CA	Zip Code 95926-2381						668312 ceipt th		riod		
	FEC ID number of contributing federal political committee.	С					9		y	_	85.0	0	
	Name of Employer (for Individual) John Warwick Insurance Services	Occi Brok	upation (for Individual) er		M	emc	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	]									
s	UBTOTAL of Receipts This Page (optional)						,		9	2	212.00	0	
т	OTAL This Period (last page this line number of	only)		•			-		-		-		

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

TC			Use separate schedule(s)	(check	(check only one)									
			for each category of the Detailed Summary Page		F		1b	11c	12					
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\	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee											
	Full Name of Individual (Last, First, Middle Initia Perea, Carmen, Alicia, ,	al) or Full O	rganization Name	Da	te of	Rece	eipt							
I	Mailing Address 7938 Auburn Oaks Village Ln			M	06 03 2022									
	City Citrus Heights	State CA	Zip Code 95610-0770					668312	2 iis Period	_				
FEC ID number of contributing federal political committee.						-,			85.0	00				
	Name of Employer (for Individual) Kansas City Life Insurance	Осси	upation (for Individual)		Me	mo I	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 552.00	1										
	Full Name of Individual (Last, First, Middle Initia Dinkel, Matthew, Kim, ,	al) or Full O	rganization Name	Da	te of	Rece	eipt							
	Mailing Address 13700 Six Mile Cypress Pkwy			M	06 / D D / Y Y Y Y 06 2022									
	City Fort Myers	State FL	Zip Code 33912-4324					668312						
-	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 85.00											
	Name of Employer (for Individual) AWA Insurance Agency	Occupation (for Individual) Broker			Me	mo I	tem							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]										
	Full Name of Individual (Last, First, Middle Initia Hopkin Bishop, Cristin, , ,	al) or Full O	rganization Name	Da	te of	Rece	eipt							
	Mailing Address 6200 Stone Hill Farms Pkwy			M	06 <sup>M</sup>	1	03	/ Y	y y 2022	Y				
	City Flower Mound	State TX	Zip Code 75028-4312					1668316 eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С				y		. y	1000.0	00				
	Name of Employer (for Individual) The Brokerage, Inc.	Осси	upation (for Individual)		Me	mo l	ltem							
ļ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00											
รเ	JBTOTAL of Receipts This Page (optional)		•••••	. [		,		,	1170.0	0				
тс	TAL This Period (last page this line number or	וy)						- 45-						

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

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

(check only one)

PAGE 12 OF

	EWIZED RECEIPTS			etailed Summary Page	×	11a		11	lb 🗌	11c		12				
						13		14		15		16	17			
	y information copied from such Reports and S for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mit.													
Α.	Full Name of Individual (Last, First, Middle Ini Stevens, Scott, M., ,	tial) or Full O	rgani	zation Name		Date of	Re	ecei	ipt							
	Mailing Address 8701 W. Dodge Rd, Ste 100					<sup>M</sup> 06	1		D D 03	/ Y		)22	Ŷ			
	City	State NE		Zip Code	Transaction ID : 16683212											
	Omaha			68114-3409	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						7	_			250.0	0			
	Name of Employer (for Individual) Dodge Partners Insurance	on (for Individual)		M	emc	o Ite	em									
	Receipt For:	-to-Date 🔻	$\neg$													
	Primary     General       Other (specify) ▼		-7-	250.00												
	Full Name of Individual (Last, First, Middle Ini Carroll, Ryan, John, ,	tial) or Full O	rgani	zation Name		Date of	Re	ecei	ipt							
	Mailing Address 2101 Florence Ave				06 04 / Y Y Y Y 06 04 2022											
	City	State		Zip Code 45206-2426		Trans	acti	ion	ID : 1	668343	1					
	Cincinnati	OH	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			85.00											
	Name of Employer (for Individual) Cornerstone Broker Insurance Services		Occupation (for Individual) Broker						Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 510.00												
	Full Name of Individual (Last, First, Middle Ini Nolimal, Frank, R, ,	tial) or Full O	rgani	zation Name		Date of	Re	ecei	ipt							
	Mailing Address 5740 S. Arville, Ste 204					<sup>M</sup> 06	1	Г	D D 04	/ Y		)22	Ŷ			
	City	State NV	1	Zip Code						166834:						
	Las Vegas			89118-3071		Amount	of	Ea	ich Re	eceipt th	nis F	eriod				
	FEC ID number of contributing federal political committee.	С						7				100.0	0			
	Name of Employer (for Individual) Assurance Ltd.	Occi Age	•	on (for Individual)	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 600.00												
s	UBTOTAL of Receipts This Page (optional)			•••••				9				435.0	0			
т	OTAL This Period (last page this line number	only)						-								

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

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

(check only one)

PAGE 13 OF

	10		Detailed Summary Page	×	11a		11b		11c	12							
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			ay not be sold or used by any p ddress of any political committe														
NAME OF COMMITTEE	, ,	Action Com	mittee														
Full Name of Individual Cagliola, David, A., ,	• • •	Initial) or Full O	rganization Name	Date of Receipt													
Mailing Address 1041 O	Id Cassatt Rd	Ototo	Zin Oode	06 / 04 / 2022													
City Berwyn		State PA	Zip Code 19312-1152		Transaction ID : 16683433           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.								170.00								
Simkiss & Block									Memo Item								
Receipt For: Primary 0 Other (specify) ▼	1																
Full Name of Individual <b>B. Deru, Scott, E.,</b> ,	(Last, First, Middle	Initial) or Full O	rganization Name		Date of	Re	eceipt										
Mailing Address 393 W Ste 1	Gordon Ave				06 / D D / Y Y Y Y Y 06 25 2022												
City Layton		State UT	Zip Code 84041-2391		Transaction ID : 16683458           Amount of Each Receipt this Period												
FEC ID number of contr federal political committe	0	С					-		-9-	100.	00						
Name of Employer (for Fringe Benefit Analysts	Individual)		upation (for Individual) sident		Me	emo	ltem	ı									
Receipt For: Primary 0 Other (specify) ▼	General	Aggregate	Year-to-Date ▼ 850.00	]													
Full Name of Individual <b>C.</b> Carothers, Christ			rganization Name		Date of	Re	eceipt										
Mailing Address 3037 E	Warm Springs Rd.	Suite 400			<sup>M</sup> 06	1		)5	/ Y	2022 Y	Y						
City Las Vegas		State NV	Zip Code 89120-3759						668345 ceipt th	59 his Period							
FEC ID number of contr federal political committe	0	С					y .		9	30.	_						
Name of Employer (for I Carothers Insurance Age			upation (for Individual) ncy Owner		Memo Item												
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 246.00	]													
SUBTOTAL of Receipts T	his Page (optional).						,		y	300.	00						
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## SCHEDULE A (FEC Form 3X) \_\_\_\_\_

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED REGEIPIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         11								
			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mi A. Wham, Scott, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 15 Plymwood Dr			M M / D D / Y Y Y Y 06 05 2022								
City Plymouth Meeting	State PA	Zip Code 19462-2636	Transaction ID : 16683462 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) Kistler Tiffany Benefits		upation (for Individual) ector of Compliance Services	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]								
Full Name of Individual (Last, First, Mi B. Southan, Tamela, L., ,		rganization Name	Date of Receipt								
Mailing Address 101 W. Renner Rd., St			06 / D D / Y Y Y Y 06 05 2022								
City Richardson	State TX	Zip Code 75082-2025	Transaction ID : 16683464 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Benefit Solutions By Design, LLC	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1510.00	]								
Full Name of Individual (Last, First, Mi C. Hausladen, Victoria, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3600 American Blvd Suite500			06 / D D / Y Y Y Y Y 2022								
City Bloomington	State MN	Zip Code 55431-4502	Transaction ID : 16683465           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Gallagher	Occi Age	upation (for Individual) nt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	1								
SUBTOTAL of Receipts This Page (option	nal)		212.00								
TOTAL This Period (last page this line n	umber only)										

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

TEMIZED RECEIPTS		ach category of the led Summary Page	X         11a         11b         11c         12           13         14         15         16         1											
			13     14     15     16     1       berson for the purpose of soliciting contributions       be to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Polition	cal Action Committee	9												
Full Name of Individual (Last, First, M <b>Buffington, Tammy</b> , , , Mailing Address 3112 South 13th	iddle Initial) or Full Organizati	on Name	Date of Receipt											
City	State Zip	Code	06 05 2022 Transaction ID : 16683475											
Lincoln	NE 68	3502-4514	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) A+ Brokerage	Occupation ( Agent	(for Individual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 510.00	]											
Full Name of Individual (Last, First, M B. Sale, Raymer, M., ,	iddle Initial) or Full Organizati	on Name	Date of Receipt											
Mailing Address 2905 Premiere Parkw Suite 285	ay		06 05 2022											
City		Code	Transaction ID : 16683477											
Duluth	GA 30	097-5246	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		100.00											
Name of Employer (for Individual) E2E Benefits Services	Occupation Broker	(for Individual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 600.00	]											
Full Name of Individual (Last, First, M C. Niederman, Tammy, Lyn, ,	iddle Initial) or Full Organizati	on Name	Date of Receipt											
Mailing Address 10042 Silver Maple C			06 / D D / Y Y Y Y 2022											
City Highlands Ranch		Code 129-5420	Transaction ID : 16683510											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) Avesis, Inc.	Occupation ( Broker	(for Individual)	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 252.00	]											
SUBTOTAL of Receipts This Page (opti TOTAL This Period (last page this line	,		227.00											

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

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FOR LINE NUMBER:

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PAGE 16 OF

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		Detailed Summary Page					13		•	14			15		16	17
	y information copied from such Reports and Stateme for commercial purposes, other than using the name															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Com	nmi	ttee												
A.	Full Name of Individual (Last, First, Middle Initial) or Cupo, Gary, V., ,	Full O	)rga	nization Name		Date of Receipt										
	Mailing Address Fairfields Commons 271 Route 46 West Suite F-109 City Sta			Zip Code		L	06		/	L	06			20	)22	Y
	Fairfield N.			07004-2447									68351		eriod	
	FEC ID number of contributing federal political committee.				Amount of Each Receipt this Period 30.00											
	Name of Employer (for Individual) Benefit Solutions		•	tion (for Individual) nsurance Specialist		Memo Item										
	Receipt For:     Aggr       Primary     General       Other (specify) ▼	regate	Yea	ar-to-Date ▼ 255.00												
в.	Full Name of Individual (Last, First, Middle Initial) or Trokey, Kevin, , ,	nization Name		Da	ate c	of Re	ec	cei	pt							
	Mailing Address 215 S. Kirkwood Rd Ste 201			1	06 / D D / Y Y Y Y Y 06 2022											
	City     State       Saint Louis     M			Zip Code 63122-4359	Transaction ID : 16683512 Amount of Each Receipt this Period									eriod		
	FEC ID number of contributing federal political committee.	C							85.00							
	Name of Employer (for Individual) Q4intelligence LLC	Occ Bro	Memo Item													
	Receipt For:     Aggr       Primary     General       Other (specify) ▼	regate	Yea	ar-to-Date ▼ 1010.00												
С.	Full Name of Individual (Last, First, Middle Initial) or Fanuele, Dominick, , ,	Full C	rga	nization Name		Da	ate c	of Re	ec	cei	pt					
	Mailing Address 214 Little Falls Rd., 2nd Floor					[	06	/	/		06		/ Y		22	Y
	City Sta Fairfield N			Zip Code 07004-2637									68351 eipt th		oriod	
	FEC ID number of contributing federal political committee.						noui			_a			J		42.	00
	Name of Employer (for Individual) Fanuele Financial Group LLC			tion (for Individual)		2	N	lem	0	lte	əm					
	Receipt For:     Aggr       Primary     General       Other (specify)	Aggregate Year-to-Date ▼ 402.00														
s	UBTOTAL of Receipts This Page (optional)			•	•		-		,	9		-	9	-	157.	00
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PAGE 17 OF

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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Hoffman, Crystal, , SGS,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address P.O. Box 709				м м 06	/	D 06		2022		
	City Sugar Land	State TX	Zip Code 77487-0709					1668351 Receipt th		od	
	FEC ID number of contributing federal political committee.	С							10	0.00	
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occi Brol	upation (for Individual) ker		М	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]							
в.	Full Name of Individual (Last, First, Middle Initi Sokol, David, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 901 Wilshire Drive Suite 330				м м 06	/	06		2022	Y	
	City Troy	State MI	Zip Code 48084-5611					<b>1668351</b> Receipt th		od	
	FEC ID number of contributing federal political committee.	С					-			0.00	
	Name of Employer (for Individual) Wilshire Benefits Group		upation (for Individual) sident/CEO		М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	]							
с.	Full Name of Individual (Last, First, Middle Initi Combs, Susan, L., PPACA, ChH,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 234 Fifth Ave Ste 501	Ototo	Zin Onda		06		06		2022		
	City New York	State NY	Zip Code 10001-7607					1668351 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			Ē		9	,	4	2.00	
	Name of Employer (for Individual) Combs & Company, LLC	Occi Brok	upation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	]							
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mit	tee												
A.	Full Name of Individual (Last, First, Middle Ir Smith, Michael, David, ,		Organi	ization Name	[	Date of Receipt										
	Mailing Address 6200 Stone Hill Farms Parkw	vay				06 / D D / Y Y Y Y 06 2022										
	City Flower Mound	State TX		Zip Code 75028-4312	Transaction ID : 16683518           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 Brokerage, Inc.	Occi Brol	•	on (for Individual)												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 830.00												
	Full Name of Individual (Last, First, Middle Ir Mayer, Alana, Marie, ,	ization Name	[	Date of	Re	eceip	t									
	Mailing Address 3800 N. Central Ave 9th Floor					06 / 07 / 2022 Transaction ID : 16684073										
	City Phoenix	State AZ		Zip Code 85012-1979						668407: ceipt th		eriod				
	FEC ID number of contributing federal political committee.				- <b>J</b> -		-7		85.0	0						
	Name of Employer (for Individual) Black, Gould & Associates	Occ Age	•	on (for Individual)	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 255.00												
с.	Full Name of Individual (Last, First, Middle Ir Pendorf, Paul, , ,	nitial) or Full O	rgani	ization Name		Date of	Re	eceip	t							
	Mailing Address 31666 W. Nine Dr.					<sup>M</sup> 06	1		07	/ Y	202	22 <sup>°</sup>	Y			
	City Laguna Niguel	State CA		Zip Code 92677-2955						668407 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С				_		y		y	Ξ	85.0	0			
	Name of Employer (for Individual) Independent Financial Group LLC	Occu		M	emo	o Iter	n									
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#### SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17					
Any information copied from such Reports or for commercial purposes, other than us							soliciting	g contribu	itions					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee												
Full Name of Individual (Last, First, Mid Marinelli, Aaron, M. J., , Mailing Address 36711 American Way Suite 2F	dle Initial) or Full O	rganization Name	Date of Receipt											
City	State	Zip Code		Trans	acti	on ID :	1668408	32						
Avon	OH	44011-4061	A	mount	of	Each R	eceipt th	his Period						
FEC ID number of contributing federal political committee.	C			250.00										
Name of Employer (for Individual) Magis Advisory Group	Occu Brok	upation (for Individual) ser	Memo Item											
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)		1575.00	]											
Full Name of Individual (Last, First, Mid B. Berman, David, A., ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 8805 Sawleaf Rd			06 / 07 / 2022											
City Indianapolis	State IN	Zip Code 46260-1534	A											
FEC ID number of contributing federal political committee.	C					<del>.</del>		85.	00					
Name of Employer (for Individual) Berman Insurance Services	Occu Broł	upation (for Individual) ker		Me	emo	Item								
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Full Name of Individual (Last, First, Mid C. Hahn, Monique, E., ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 324 Commons Dr				<sup>M</sup> 06	1	07	/ Y	y y 2022	Y					
City Birmingham	State AL	Zip Code				-	166840	-						
0		35209-6962	A	mount	of	Each R	eceipt th	his Period						
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Name of Employer (for Individual) Synergy Benefits	Occu Brok	ıpation (for Individual) er		M	emo	Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]											
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## SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and S for commercial purposes, other than using the			erson fo	the		oose		liciting	contr	ibutio	ns							
	NAME OF COMMITTEE (In Full)																		
$\Big\rangle$	Health Underwriters Political Ac	ction Com	mittee																
Α.	Full Name of Individual (Last, First, Middle In Frizzell, Paula, C., ,	itial) or Full O	rganization Name	Da	ate of	Re	ceipt												
	Mailing Address 1890 Star Shoot Parkway Suite 170-408			46	06 07 Y Y Y Y Y 2022														
	City Lexington	State KY	Zip Code 40509-4566						68408 eipt th		iod								
	FEC ID number of contributing federal political committee.	С		85.00															
	Name of Employer (for Individual) Frizzell & Associates	Occu Age	upation (for Individual) nt		Me	emo	Item	I											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	Me	Membership Form														
в.	Full Name of Individual (Last, First, Middle In Gussin, Craig, , CLU, LPRT,,	itial) or Full O	rganization Name	Da	ate of	Re	ceipt												
	Mailing Address 701 Palomar Airport Road #2				06	1		D )7	/ Y	2022		]							
	City Carlsbad	State CA	Zip Code 92011-1047						68570		i e el								
	FEC ID number of contributing federal political committee.	C			nount	O	Lach	Rec	eipt th		85.00								
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occu Brok	10	Memo Item															
	Receipt For: Primary General	Aggregate																	
	Other (specify) <b>v</b>		585.00																
C.	Full Name of Individual (Last, First, Middle In MIynarski, Angela, M., ,	itial) or Full O	rganization Name	Da	ate of	Re	ceipt												
	Mailing Address 144 Ferndale Way	1			06	1	C	)8	/ Y	y 2022		]							
	City Saint Augustine	State FL	Zip Code 32092-7645						68576		iod								
	FEC ID number of contributing federal political committee.	С		ļ		_	,		y		30.00								
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			ay not be sold or used by any p ddress of any political committe		for the		oose of a							
	MMITTEE (In Full)													
> Health Un	derwriters Political /	Action Com	mittee											
Full Name of Ir A. Hepscher, W	ndividual (Last, First, Middle /illiam, , ,	Initial) or Full O	rganization Name	Date of Receipt										
	s 38168 Medical Center Aver				06 08 / Y Y Y Y 2022									
City Zephyrhills		State FL	Zip Code 33540-1380	Transaction ID : 16685770 Amount of Each Receipt this Period										
FEC ID numbe federal political	r of contributing committee.	С		85.00										
The Canadian M	oyer (for Individual) Medstore	Occi Brok	upation (for Individual) ker		Me	emo	Item							
Receipt For: Primary Other (sp	General General	Aggregate	Year-to-Date ▼ 340.00	]										
Full Name of Ir B. Eldridge, Ja	ndividual (Last, First, Middle audaun, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt							
	<sup>S</sup> 6490 S McCarran Blvd Bldg		м м 06	/	08	/ Y	y y 2022	Ŷ						
City		State NV	Zip Code				on ID : 1							
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Name of Emplo Eldridge Agency	oyer (for Individual) y Llc	upation (for Individual)		Me	emo	ltem								
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Other (sp	General becify) ▼		252.00	]										
<b>c.</b> Galardini,		Initial) or Full O	rganization Name		Date of	Re	ceipt							
	s 100 Pinewood Ln Ste 301				<sup>M</sup> 06	/	08	L	2022 Y	Y				
City Warrendale		State PA	Zip Code 15086-7617				on ID : 1 Each Re		is Period					
FEC ID numbe federal political	r of contributing committee.	C					y .	y	125.0	00				
Emerson Reid/I	oyer (for Individual) My Benefit Advisor, LLC		upation (for Individual) Irman & CEO		Me	əmo	Item							
Receipt For: Primary Other (sp	General General	Aggregate	Year-to-Date ▼ 750.00	]										
SUBTOTAL of R	eceipts This Page (optional)						y	,	252.0	00				
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#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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PAGE 22 OF

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
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Hansen, Sharon, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1219 So 2nd St			M M / D D / Y Y Y Y 06 09 2022
City Mount Vernon	State WA	Zip Code 98273-4801	Transaction ID : 16686392 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Heritage Financial Group, Inc.	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]
Full Name of Individual (Last, First, Middle Magnuson, Raymond, E., JD,CLU		organization Name	Date of Receipt
Mailing Address 4337 E. 5th Street			06 / 09 / Y Y Y Y 2022
City _Tucson	State AZ	Zip Code 85711-2025	Transaction ID : 16686393 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Magnuson and Associates	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1135.00	]
Full Name of Individual (Last, First, Middle C. Haberman, Joshua, , RHU,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9301 Bryant Ave SSuite 105 City	State	Zip Code	06 09 2022
Bloomington	MN	55420-3473	Transaction ID : 16686395           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		170.00
Name of Employer (for Individual) Alexander & Haberman	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	]	
SUBTOTAL of Receipts This Page (optional)			297.00
TOTAL This Period (last page this line numb	per only)		

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

Use separate schedule(s)

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PAGE 23 OF

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11			for each category of the Detailed Summary Page		<b>×</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									
Α.	Full Name of Individual (Last, First, Middle Initi Caselman, Diane, , ,	al) or Full O	organization Name		Date of	Re	eceipt					
	Mailing Address 205 N 4th St				06 09 2022							
	City Grand Junction	State CO	Zip Code 81501-2522					: 1668639 Receipt th	96 nis Period			
	FEC ID number of contributing federal political committee.	С					-ge - 1		20.0	00		
	Name of Employer (for Individual) Home Loan Insurance	Occu Brok	upation (for Individual) ker		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]								
B.	Full Name of Individual (Last, First, Middle Initi Sansevieri, Paul, F., ,	al) or Full O	Organization Name		Date of	Re	eceipt					
	Mailing Address P O Box 641			06	1	09		y y 2022	Y			
	City Corona Del Mar	State CA	Zip Code 92625-0641					<b>1668639</b> Receipt th	<b>8</b> his Period			
	FEC ID number of contributing federal political committee.	С					-	250.0	00			
	Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occu Owr	upation (for Individual) ner		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]								
с.	Full Name of Individual (Last, First, Middle Initi Rider, Susan, M., MS, REBC,,	al) or Full O	organization Name		Date of	Re	eceipt					
	Mailing Address PO Box 366				06 <sup>M</sup>	1	D 09		2022	Y		
	City Westfield	State IN	Zip Code 46074-0366					: 1668639 Receipt th	99 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	85.0	00		
	Name of Employer (for Individual) Human Capital Concepts	Occu Brok	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 635.00									
s	UBTOTAL of Receipts This Page (optional)						,	9	355.(	0		
т	OTAL This Period (last page this line number o	nly)			L		_					

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

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PAGE 24 OF

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or fo	information copied from such Reports and Sta r commercial purposes, other than using the r														
\ \	AME OF COMMITTEE (In Full) lealth Underwriters Political Acti	on Com	mittee												
	ull Name of Individual (Last, First, Middle Initia Mordo, David, , ACA Certif,	al) or Full C	Organization Name		Date of Receipt										
	ailing Address 26 Kennedy Court				06 / 09 / 2022 Transaction ID : 16686405										
Ci	ity 1iddletown	State NJ	Zip Code 07748-3532	-											
F	EC ID number of contributing deral political committee.	С		Amount of Each Receipt this Period											
	ame of Employer (for Individual) enefitMall	Occ Brol	upation (for Individual) ker		Memo Item										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1332.00												
	ull Name of Individual (Last, First, Middle Initia Deagle, Michael, P., REBC,	al) or Full C	Organization Name		Date	of Re	ece	eipt							
	ailing Address 422 W. State St. Suite 150			06 / 09 / Y Y Y Y Y 2022											
Ci	ity ieneva	State IL	Zip Code 60134-2104						668640		'eriod				
	EC ID number of contributing deral political committee.	С	166.67												
	ame of Employer (for Individual) enAxis, Inc.		cupation (for Individual) ker		N	/lemo	o l	tem							
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.02												
	ull Name of Individual (Last, First, Middle Initia Dillon, Michael, F., CEBS,	al) or Full C	Organization Name		Date	of Re	ece	eipt							
М	ailing Address 329 Flint Street				<sup>™</sup> 06	VI /	′	D D 10	/ Y		)22	Y			
Ci F	ity Reno	State NV	Zip Code 89501-2005						1668700 eceipt th		eriod				
	EC ID number of contributing deral political committee.	С			<u> </u>		7		, y	_	365.0	00			
D	ame of Employer (for Individual) illon Health		upation (for Individual) sident	Memo Item											
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1535.00												
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 25 OF

	D RECEIPTS		for each category of the Detailed Summary Page	×	11a	Щ	11b		11c		2											
	tion copied from such Reports and ercial purposes, other than using t									g conti												
	F COMMITTEE (In Full)																					
$\rangle$ Health	Underwriters Political A	Action Com	mittee																			
	e of Individual (Last, First, Middle   William, Boyce, ,	Initial) or Full O	rganization Name	D	Date of Receipt																	
Mailing A	ddress 212 Overlook Circle Suite 1	06			06	/		D 10	/ Y	ү 202		Ŷ										
City		State TN	Zip Code 37027-5396				-		66873:													
Brentwoo			37027-5396	A	mount	of	Each	ו Re	ceipt tl	nis Per	riod											
	number of contributing blitical committee.	С			_		7	_	-	3	65.0	0										
	Employer (for Individual) Associates, Inc.	Occ	upation (for Individual)		Me	emo	lter	n														
Receipt F		Aggregate	Year-to-Date ▼																			
	nary General er (specify) <b>v</b>		365.00	]																		
	e of Individual (Last, First, Middle ) Dianne, M., ,	Initial) or Full O	rganization Name	D	ate of	Re	ceip	t														
Mailing A	ddress 7320 N La Cholla Blvd. 154-219				м м 06	/		D 11	/ Y	2022		Ŷ										
City		State	Zip Code		Trans	actio	on II	D : 10	668738	8		_										
Tucson	Tucson		AZ 85741-2309								Amount of Each Receipt this Period											
	umber of contributing plitical committee.	С					,	Ξ	-9-		63.0	0										
Name of Sandbroo	Employer (for Individual) k Group		upation (for Individual) Broker		Me	emo	lter	n														
Receipt F	For:	Aggregate	Year-to-Date ▼																			
	nary General er (specify) ▼		378.00	]																		
	e of Individual (Last, First, Middle I , Ronald David, , ,	Initial) or Full O	rganization Name	D	ate of	Re	ceip															
Mailing A	ddress PO Box 507				06 <sup>M</sup>	/		р 12	/ Y	202		Y										
City		State	Zip Code		Trans	acti	on l	D : 1	66874	20												
Carrolltor		GA	30112-0009	A	mount	of	Each	ו Re	ceipt tl	nis Pei	riod											
	number of contributing plitical committee.	C			_		,		g		85.0	0										
Name of	Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Iter	n														
	Mclennan Agency LLC Company	Age	nt																			
Receipt F		Aggregate	Year-to-Date 🔻																			
	nary General er (specify)		510.00		onthly	Con	tribu	tion														
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# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 26 OF

ITE			Use separate schedule(s)	(ch	eck only	у о	ne)	L							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17					
	information copied from such Reports and S or commercial purposes, other than using the				for the		pose o	f soliciting	contribut	ions					
<u> </u>	JAME OF COMMITTEE (In Full)														
) I	Health Underwriters Political Ac	tion Com	imittee												
A	Full Name of Individual (Last, First, Middle In Gertz, Josh, , ,	itial) or Full O	organization Name		Date of Receipt										
N	Jailing Address 222 S. Riverside Plaza Suite 900				06 12 2022										
	City Chicago	State IL	Zip Code 60606-5975					: 1668742							
_	EC ID number of contributing				Amount		Each	Receipt th							
fe	ederal political committee.	С		<u> </u>	-	-y 1		85.0	0						
	Name of Employer (for Individual) JSI Insurance Services		upation (for Individual) npliance Project Specialist		M	emo	o Item								
F	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) V		510.00												
	- Full Name of Individual (Last, First, Middle In Nigro, Samuel, , ,	itial) or Full O	organization Name		Date of	f Re	eceipt								
_	Nailing Address 17117 Oak Drive Suite D				06 / D / Y Y Y Y 2022										
	City Omaha	State NE	Zip Code 68130-2193	-				1668743							
F	EC ID number of contributing ederal political committee.	С			Amouni			Receipt th	85.0	00					
	Name of Employer (for Individual) Compass Benefit Advisors	Occ Bro		M	emo	o Item									
F	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		]												
	ull Name of Individual (Last, First, Middle In Thomas, Brett, , ,	itial) or Full O	organization Name		Date of	f Re	eceipt								
_	Nailing Address 710 Fillmore St STE 100				06	/	D 13		y y 2022	Y					
	City Twin Falls	State ID	Zip Code 83301-4641					: 1668747 Receipt th	-						
	EC ID number of contributing ederal political committee.	С					,	J	85.0	00					
Ν	Jame of Employer (for Individual) Magic Valley Insurance	Occi	upation (for Individual)		M	emo	o Item								
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	1											
SU	BTOTAL of Receipts This Page (optional)			<u> </u>		1	9	5	255.0	00					
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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	-	Use separate schedule(s)	(cheo	k onl	y or	ne)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17			
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose of	solicitin	g contribu	utions			
NAME OF COMMITTEE (In Full)		, see e. any pointour committee			16							
Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middl A. Scholz, Paul, J., ,	e Initial) or Full O	rganization Name	D	ate of	Re	eceipt						
Mailing Address 4221 N 203rd St Ste 200				06 / Y Y Y Y 2022								
City Elkhorn	State NE	Zip Code 68022-3474					1668747 Receipt th	76 nis Perioc	ł			
FEC ID number of contributing federal political committee.	С			_			-		.00			
Name of Employer (for Individual) OCI Insurance & Financial Services	Occi Brol	upation (for Individual) ker		M	emo	ttem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00										
Full Name of Individual (Last, First, Middl B. Blakely, Russ, , ,	e Initial) or Full O	rganization Name	D	ate of	Re	eceipt						
Mailing Address 246 E 11th Street Suite 302				<sup>M</sup> 06	1	13		2022	Y			
City Chattanooga	State TN	Zip Code 37402-4269					1668747					
FEC ID number of contributing federal political committee.	С	0.102 1200					Receipt tr	nis Perioc 85	.00			
Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occ	upation (for Individual) ker	1	M	emo	b Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼										
Full Name of Individual (Last, First, Middl C. Daugherty, Cathy, M., ,	e Initial) or Full O	rganization Name	D	ate of	Re	eceipt						
Mailing Address 3071 Via Serena N. Unit A.				06 <sup>M</sup>	/	D 13		ү ү 2022	Y			
City Laguna Woods	State CA	Zip Code 92637-0416					: <b>166874</b> 7 Receipt th	<b>79</b> nis Perioc	ł			
FEC ID number of contributing federal political committee.	С		ļļ	_		9	9	85	.00			
Name of Employer (for Individual) Bridgeport Benefits	Occi Part	upation (for Individual) ner		M	emo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 635.00	1									
SUBTOTAL of Receipts This Page (optiona	l)					,	,	255	.00			
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# SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
	y information copied from such Reports and S for commercial purposes, other than using the			13     14     15     16     1       berson for the purpose of soliciting contributions       te to solicit contributions from such committee.									
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Health Underwriters Political Ac	tion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Ini Schiebel, AI, C., ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 10 Glenlake Parkway North Tower, Suite 1050			06 / D D / Y Y Y Y 2022									
	City Atlanta	State GA	Zip Code 30328-3495	Transaction ID : 16687480           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		45.00									
	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Brok		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]									
в.	Full Name of Individual (Last, First, Middle Ini Sherrill, David, M., ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 498 Palm Springs Dr, Suite 27			06 13 / Y Y Y Y 2022									
	City	State FL	Zip Code 32701-7805	Transaction ID : 16687481									
	Altamonte Springs FEC ID number of contributing federal political committee.	C	32701-7005	Amount of Each Receipt this Period 30.00									
	Name of Employer (for Individual) Sherrill Insurance Brokerage	Occ	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00	]									
С.	Full Name of Individual (Last, First, Middle Ini Anderson, Corey, Lee, ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 11247 69th St NE Albertville			06 / D D / Y Y Y Y 2022									
	City Albertville	State MN	Zip Code 55301-4576	Transaction ID : 16687482 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Corey Anderson Insurance Services	Occi Brok	upation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]									
$\vdash$	UBTOTAL of Receipts This Page (optional)			105.00									
Т	OTAL This Period (last page this line number	only)											

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## SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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			for each category of the Detailed Summary Page	×	11a		11b	11c	12	
	/ information copied from such Reports and Sta for commercial purposes, other than using the r					purp				
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee							
	Full Name of Individual (Last, First, Middle Initia Booth, Tonya, S., ,	al) or Full O	rganization Name		Date of	Rec	ceipt			
	Mailing Address P.O. Box 2542 432 Halifax Drive				06	/	D 13		y y 2022	Y
	City Coppell	State TX	Zip Code 75019-8500					1668749 Receipt th	1 is Period	
	FEC ID number of contributing federal political committee.	С					<b></b>		1000.0	00
	Name of Employer (for Individual) BIZ Benefits, LLC	Occu Brok	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00							
<b>B.</b>	Full Name of Individual (Last, First, Middle Initia Chornak, Shelley, A., , Mailing Address 7251 Engle Rd. Suite 103	al) or Full O	rganization Name	_	Date of	Rec	ceipt	) / Y	- Y - Y -	Y
	City	State	Zip Code 44130-3400	_				1668759		
	Cleveland FEC ID number of contributing federal political committee.	C		Amount	of E	=ach ⊢	leceipt th	iis Period 42.0	00	
	Name of Employer (for Individual) Sage Partners, LLC	Occi Brol	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]						
	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., LUTCF,RHU,,	al) or Full O	rganization Name		Date of	Rec	ceipt			
	Mailing Address 12138 Big Canoe				06 <sup>M</sup>	/	D 14		y y 2022	Y
-	City Big Canoe	State GA	Zip Code 30143-5157					1668759 Receipt th	<b>4</b> iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	100.0	00
	Name of Employer (for Individual) David S. Johnson Insurance	Occu Brok	upation (for Individual) er		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	1						
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson fo	r the		pose of	soliciting	g contrib	utions			
$\overline{)}$	NAME OF COMMITTEE (In Full)	-											
]	Health Underwriters Political Acti	ion Com	mittee										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Renkar, Christopher, J., ,	al) or Full O	Date of Receipt										
	Mailing Address 10286 Staples Mill Road #128				06 14 2022								
	City	State	Zip Code		Transaction ID : 16687598								
	Glen Allen	VA	23060-3064	Ar	mount	of	Each R	eceipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С			_				42	2.00			
	Name of Employer (for Individual)	Осси	upation (for Individual)	-	Me	emo	Item						
	Renkar Insurance Agency LLC	Brok	er										
	Receipt For:	Aggregate	Year-to-Date 🔻										
		General 752.00											
	Other (specify)	L	7.00	4									
В.	Full Name of Individual (Last, First, Middle Initia Matznick, Michael, E., ,	al) or Full O	rganization Name	Di	ate of	Re	ceipt						
	Mailing Address 3207 Cottingham Ct			_	м м 06	/	14	/ Y	2022	Y			
	City	State	Zip Code		Trans	acti	on ID :	1668760	)1				
	Greensboro	NC	27410-8362	Ar	mount	of	Each R	eceipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					-	-	42	2.00			
	Name of Employer (for Individual) eBen Benefits	Occi Brol	upation (for Individual) ker		Me	emo	tem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify) <b>v</b>	<u> </u>	252.00	4									
— c.	Full Name of Individual (Last, First, Middle Initia Huston, Danielle, , ,	al) or Full O	rganization Name	Di	ate of	Re	eceipt						
	Mailing Address 600 University Street Suite 1900				06	/	15	/ Y	2022	Y			
	City	State	Zip Code		Trans	act	ion ID :	1675980	)8				
	Seattle	WA	98101-4115	Ar	mount	of	Each R	eceipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С			_		,	, ,	85	5.00			
	Name of Employer (for Individual) Lockton Companies	Occu Brok	upation (for Individual) er		Me	emc	tem						
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify)		510.00	]									
s	UBTOTAL of Receipts This Page (optional)				-		5		169	9.00			
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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				Detailed Summary Page		×	2 1 <sup>7</sup>	1a 3		-	11I 14	, [		11c 15		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the nar						for	the		rpo	os			liciting		ntribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Com	۱m	ittee													
Α.	Full Name of Individual (Last, First, Middle Initial) Denz, Stephanie, , ,	or Full C	Drga	anization Name			Dat	e o	of Re	ec	ceip	ot					
	Mailing Address 20 N Wacker Dr Ste 500	<u></u>		7.0.1		06 15 2022 Transaction ID : 16759809											
	City Chicago	State IL		Zip Code 60606-2847		-					-				-	oriod	
		C					Am	oun	IT OF		=a0	n R	ece	eipt thi	SP	200.	00
	Name of Employer (for Individual)         United Benefit Advisors         Receipt For:       A         Primary       General         Other (specify) ▼	Mai	rket	ation (for Individual) ing Director ar-to-Date ▼ 940.00		_		N	lem	0	Ite	m					
В.	Full Name of Individual (Last, First, Middle Initial) Stoneburner, Ryan, , ,	or Full C	Drga	anization Name			Dat	e o	of Re	ec	ceip	ot					
	Mailing Address 110 West Berry Street Suite 1204	State		Zip Code				06		/	L	15			20	ү 22	Y
	Fort Wayne	IN 46802-2366											-	<b>760130</b> eipt thi	-	eriod	
	FEC ID number of contributing federal political committee.	С						240.00									
	Name of Employer (for Individual) Health Insurance, Inc.		cupa oker	ation (for Individual)				N	lem	0	Ite	m					
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Ye	ar-to-Date ▼ 240.00	)												
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) Stanley, Jennifer, , ,	or Full C	Drga	anization Name			Dat	e o	of Re	ec	ceip	ot					
	Mailing Address 410 N Michigan Ave FI 12			1				06	1	/		15		/ Y		22 22	Y
	City Chicago	State IL		Zip Code 60611-4292				-		-	-		-	76013 eipt thi	-	eriod	
	FEC ID number of contributing federal political committee.	C	-				Ľ			,	9	_	-	g	_	365.	00
	Name of Employer (for Individual) Alera Group		•	ation (for Individual) el & Compliance Officer				N	1em	0	lte	m					
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Ye	ar-to-Date ▼ 365.00	)												
s	UBTOTAL of Receipts This Page (optional)				►			_		,	,	-	-	y		805.	00
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#### SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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171			Use separate schedule(s)	(ch	neck only	0	ne)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11		12	<u> </u>		
	y information copied from such Reports and s for commercial purposes, other than using th								iting				
	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Health Underwriters Political A	ction Com	mittee										
Α.	Full Name of Individual (Last, First, Middle In Bilhartz, Brian, , ,	itial) or Full O	Date of Receipt										
	Mailing Address 41865 Boardwalk Ste 108				06 / 15 / Y Y Y Y 2022								
	City Palm Desert	State CA	Zip Code 92211-9031					: 1676 Receip		7 is Period			
	FEC ID number of contributing federal political committee.	С						7	42.	00			
	Name of Employer (for Individual) Bilhartz Desert Insurance Agency	Occu Age	upation (for Individual) nt		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.00	]									
в.	Full Name of Individual (Last, First, Middle In Kennedy, Tamara, P., ,	itial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 7310 N 16th Street Suite 226				06	/	D 16		Y	y y 2022	Y		
	City Phoenix	State AZ	Zip Code 85020-8212		Trans Amount				-	<b>1</b> is Period			
	FEC ID number of contributing federal political committee.	С						,	85.	00			
	Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	]										
с.	Full Name of Individual (Last, First, Middle In Owens, David, Patrick, ,	itial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2 Hazelwood Lane				<sup>M</sup> 06	/	D 1		Y	2022	Y		
	City Kinnelon	State NJ	Zip Code 07405-2104					: 1676 Receip	-	3 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		<b>,</b>		9	85.	00		
	Name of Employer (for Individual) E.B. Cohen & Co., Inc.	Occu Princ	upation (for Individual) cipal		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	]									
	UBTOTAL of Receipts This Page (optional)			• •			3 1 3 1		,	212.(	00		

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mi A. Mayer, Alana, Marie, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3800 N. Central Ave 9th Floor			06 / Y Y Y Y 2022
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 16760942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		255.00
Name of Employer (for Individual) Black, Gould & Associates Receipt For:	Age		Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]
Full Name of Individual (Last, First, Mi Douglas, James, F., , Mailing Address 5721 Woodboro Dr	ddle Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	06 17 2022 Transaction ID : 16761043
Huntington Beach	CA	92649-4949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Health Sync Insurance		upation (for Individual) e President Employee Benefits	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210,00	]
Full Name of Individual (Last, First, Mi C. Buza, Raymond, F., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1070 Reef Rd Apt 305			06 / D D / Y Y Y Y 2022
City Vero Beach	State FL	Zip Code 32963-4342	Transaction ID : 16761044           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Palm Beach Insurance Advisory Group,		upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	]
SUBTOTAL of Receipts This Page (optic	, onal)		375.00
TOTAL This Period (last page this line r	number only)		

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

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

(check only one)

PAGE 34 OF

			Detailed Summary Page	×			11b	11c		12				
Any info	rmation copied from such Reports and	Statements m	av not be sold or used by any n	erson f	13 or the		14	15		16 htribut	17 ions			
	mmercial purposes, other than using t													
\ \	E OF COMMITTEE (In Full)	_												
Hea	alth Underwriters Political A	Action Com	mittee											
	lame of Individual (Last, First, Middle Perry, J., ,	Initial) or Full O	rganization Name		Date of Receipt									
	g Address 528 N Sycamore Ave Ste 2				<sup>M</sup> 06	/	D D 17	/ Y	y 2(	ү 022	Y			
City	- <b>F</b> -ll-	State SD	Zip Code				on ID : 1							
51003	Falls	30	57110-5737	/	Amount	of	Each Re	eceipt th	is P	Period				
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	e of Employer (for Individual) Il Insurance Agency, Inc.	Occ	upation (for Individual) nt		Me	emo	Item							
	pt For:	<b>~</b>	Year-to-Date ▼											
	Primary General Other (specify) ▼		510.00	]										
	lame of Individual (Last, First, Middle ppkins, Daniel, R., JD, MBA,	Initial) or Full O	rganization Name		Date of	Re	ceipt							
	g Address 1720 Windward Concourse Suite 290			м м	/	D D D 17	/ Y	Y 20	)22	Ŷ				
City		State	Zip Code		Trans	acti	on ID : 1	676105	5	-				
Alpha	aretta	GA	30005-2291				Each Re			Period				
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	e of Employer (for Individual) America, Inc.	Occ Bro	upation (for Individual) ker		Me	emo	Item							
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	lame of Individual (Last, First, Middle ren, M. Hughes, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailin	g Address P.O. Box 7661				м м 06	/	D D 18	/ Y		)22	Y			
City		State	Zip Code		Trans	acti	ion ID : 1	676113	3					
Wilm	ington	NC	28406-7661	A	Amount	of	Each Re	eceipt th	is P	Period				
	ID number of contributing al political committee.	С					,	9	_	85.0	00			
	e of Employer (for Individual) Benefits	Occi Brok	upation (for Individual) ser		Me	emo	ltem							
	pt For:		Year-to-Date ▼											
	Primary General Other (specify)		425.00	1										
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SUBTO	TAL of Receipts This Page (optional).		······	•			,	,	_	255.0	0			
TOTAL	This Period (last page this line number	er only)						- 40-						

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

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

(check only one)

PAGE 35 OF

			Detailed Summary P		×	11a		11b	11c	12	<u> </u>		
An	y information copied from such Reports and S	Statements ma	av not be sold or used t	ov anv ne	erson f	13 or the	DUrr	14 Dose of	15 soliciting	16 contribu	utions		
	for commercial purposes, other than using the												
$\setminus$	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Ac												
Α.	Full Name of Individual (Last, First, Middle Ini Singleton, Terry, , REBC,CFP,C,	itial) or Full O	rganization Name		Date of Receipt								
	Mailing Address PO Box 195579					06 18 2022							
	City	State Zip Code				Transaction ID : 16761134							
	Winter Springs	FL	32719-5579		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				85.00 Memo Item							
	Name of Employer (for Individual) The Enterprise Team	Occupation (for Individual) Partner											
	Receipt For:	Aggregate Year-to-Date ▼											
	Primary General Other (specify) ▼			5.00									
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Anderson, Michael, , REBC,					Date of Receipt							
	Mailing Address 3800 American Blvd W 1500					06 18 2022							
	City	State	Zip Code					on ID : 1		-			
	Minneapolis	MN	55431-4420	_	Amount of Each Receipt this Period					k			
	FEC ID number of contributing federal political committee.	C				_		-		42	.00		
	Name of Employer (for Individual) Anderson Benefit Partners	Occupation (for Individual)				M	emo	ltem					
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼										
	Other (specify)		252.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name King, Colleen, , ,					Date of	Re	ceipt					
	Mailing Address 8427 Beckford Ave.					06 18 2022							
	City	State	Zip Code					ion ID :					
	Northridge	CA	91324-4208	_	A	mount	t of	Each Re	eceipt th	is Period	k		
	FEC ID number of contributing federal political committee.	C				42.00							
	Aame of Employer (for Individual) Occupation (for Individual)						Memo Item						
	Colleen King Insurance Agency, Inc.	Founder/Owner											
	Receipt For: Primary General	Year-to-Date <b>V</b>											
	Other (specify)	252.00											
s	UBTOTAL of Receipts This Page (optional)					_		y .	,	169	.00		
Т	OTAL This Period (last page this line number	only)		►	- I.								

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	-									
Full Name of Individual (Last, First, Midd A. Walker, Mychal, H., ,	le Initial) or Full C	Date of Receipt								
Mailing Address 3455 Peachtree Industria Ste 305	06 / Y Y Y Y 2022									
City Duluth	State GA	Zip Code 30096-5176	Transaction ID : 1676114 Amount of Each Receipt th							
FEC ID number of contributing federal political committee.	С			85.00						
Name of Employer (for Individual) The Walker Agency, LLC	Occ Brol	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00								
Full Name of Individual (Last, First, Midd B. Wolfe, Rosanne, , RHU, REBC,	Date of Receipt									
Mailing Address PO Box 17236	M M / D D / Y 06 18	2022								
City Tucson	State AZ	Zip Code 85731-7236	Transaction ID : 1676114 Amount of Each Receipt th							
FEC ID number of contributing federal political committee.	C		42.00							
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00								
Full Name of Individual (Last, First, Midd C. Eckard, Brenda, A., ,	Date of Receipt									
Mailing Address 130 North 25th Street	M M / D D / Y 06 18	2022								
City Fort Dodge	State IA	Zip Code 50501-4338	Transaction ID : 1676114 Amount of Each Receipt th							
FEC ID number of contributing federal political committee.	C		, ,	85.00						
Name of Employer (for Individual) KHI Solutions	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00								
SUBTOTAL of Receipts This Page (optional	al)			212.00						
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Detailed Summary Page

FOR LINE NUMBER:

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PAGE 37 OF

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	ME OF COMMITTEE (In Full) ealth Underwriters Political Act	tion Com	mittee									
	l Name of Individual (Last, First, Middle Init Ilagran, Denise, S., MBA,	ial) or Full O	rganization Name		Date o	f Re	ecei	ipt				
	iling Address 210 S Carancahua St Ste 301				м м 06	/	Ľ	18	1		y y 2022	Y
City	/ rpus Christi	State TX	Zip Code 78401-3042				-		167611		Devie	
FE	C ID number of contributing eral political committee.	С		_	Amoun	t or	Ea	ICH R	eceipt	tnis	63	
	me of Employer (for Individual) Degree Benefits/Entrust, Inc.	Occi	upation (for Individual) ser		М	emo	o Ite	em				
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 638.00									
	I Name of Individual (Last, First, Middle Init iggs, Donald, L., ,	ial) or Full O	rganization Name		Date o	f Re	ecei	ipt				
Ма	iling Address P.O. Box 14788				м м 06	/	Ľ	18	1		2022	Y
City Irvi		State CA	Zip Code 92623-4788		Trans Amoun		-		<b>167611</b> eceipt	-	Perioc	
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	me of Employer (for Individual) f Employed	Occ Bro	upation (for Individual) ker		М	emo	o Ite	em				
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	I Name of Individual (Last, First, Middle Init mith, David, C., REBC,	ial) or Full O	rganization Name		Date o	f Re	ecei	ipt				
Ma	iling Address 110 N. Corcoran St. #1205				<sup>M</sup> 06	/	Γ	19	1		2022	Y
City	/ Irham	State NC	Zip Code 27701-5020		Trans Amoun				<b>16761</b> eceipt		Perioc	
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eB	me of Employer (for Individual) en Benefits	Occi Brok	upation (for Individual) er		M	emo	o Ite	em				
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IТ	EMIZED RECEIPTS	Use separate schedule(s)	(ch	eck only	/ or	ıe)				
11			for each category of the Detailed Summary Page	×	11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Nelson, Mary, Jayne, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 9810 Fairbury Ln				м м 06	1	20		ү ү 2022	Y
	City Lincoln	State NE	Zip Code 68516-9530					<b>: 167612</b> Receipt t	10 his Period	
	FEC ID number of contributing federal political committee.	С					-		150.	00
	Name of Employer (for Individual) Ameritas	Осси	pation (for Individual)		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]						
в.	Full Name of Individual (Last, First, Middle Initia Bartholomew, Rhonda, , CHRS,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 5099				<sup>M</sup> 06	1	D 20		y y 2022	Y
	City Twin Falls	State ID	Zip Code 83303-5099					<b>167612</b> Receipt t	I <b>1</b> his Period	_
	FEC ID number of contributing federal political committee.	С					-		42.	00
	Name of Employer (for Individual) HUB International		upation (for Individual) up Division Manager		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 252.00	]						
c.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 8430 W Lake Mead #100				06 <sup>M</sup>	1	20	)	2022	Y
	City Las Vegas	State NV	Zip Code 89128-7674	_				: 167612 Receipt t	12 his Period	
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, ,	100.	00
	Name of Employer (for Individual) Insurance Concepts of Nevada	Occu Ager	ipation (for Individual) nt		M	emo	tem Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]						
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### SCHEDULE A (FEC Form 3X) - . . . . . . . DEOEIDTO

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11			for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)		active of any political commute	0 10 0						
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Cross, Danny, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 22421 Barton Rd 372				м м 06	1	20		y y 2022	Y
	City Grand Terrace	State CA	Zip Code 92313-5008					<b>1676121</b> Receipt th	3 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		42.0	00
	Name of Employer (for Individual) D Cross Insurance Marketing Services	Occu Brok	upation (for Individual) ser		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Pifer, Randall, K., LUTCF,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 940 Colorado Avenue				м м 06	/	20		y y 2022	Y
	City Grand Junction	State CO	Zip Code 81501-3519					1676122		
	FEC ID number of contributing federal political committee.	C			Amount	. OT	Each F	Receipt tr	is Period 365.0	00
	Name of Employer (for Individual) Active Insurance Solutions	Occi Brol	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	]						
С.	Full Name of Individual (Last, First, Middle Initi Moore, Adrian, E., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 7936 Covey Chase Drive	-			<sup>M</sup> 06	1	21		ү ү 2022	Y
	City Charlotte	State NC	Zip Code 28210-7231					: <b>1676198</b> Receipt th	<b>34</b> his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	42.0	00
	Name of Employer (for Individual) Friday Health Plans		upation (for Individual) onal Sales Director		Me	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	1						
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### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmittee							
Α.	Full Name of Individual (Last, First, Middle Initia Hall, Dwight, , CHC, LUTCF, Mailing Address 6107 Hazelwood Ave.	al) or Full O	Organization Name		Date of	Red				
	City	State	Zip Code		06 Trans	actio	21 on ID : 1	676198	2022 9	Ŷ
	Indianapolis	IN	46228-1316	A	Amount	of I	Each Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,	-95	30.	00
	Name of Employer (for Individual) D Hall & Associates	Occi Brol	cupation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00							
в.	Full Name of Individual (Last, First, Middle Initia Hain, Erica, R., ,	al) or Full O	Drganization Name		Date of	Red	ceipt			
	Mailing Address 801 Raring Dr				м м 06	/	D D D 21	/ Y	y y 2022	Y
	City	State	Zip Code		Trans	actio	on ID : 1	676199	4	
	Orwigsburg	PA	17961-2209	/	Amount	of I	Each Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			_		,	41-	100.	00
	Name of Employer (for Individual)		cupation (for Individual) nior Director, Commercial Sale	s	Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600,00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Kohlsdorf, Eric, , ,	al) or Full O	Drganization Name		Date of	Red	ceipt			
	Mailing Address 1501 Ingersoll Ave Suite 200				м м 06	/	D D D 22	/ Y	y y 2022	Y
	City Des Moines	State IA	Zip Code 50309-3102	<i>F</i>			<b>on ID : 1</b> Each Re		94 his Period	
	FEC ID number of contributing federal political committee.	С					,	9	85.	00
	Name of Employer (for Individual) Prisma Strategies	Occi Brok	cupation (for Individual) ker		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 635.00							
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### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

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11			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c	12		17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	L ay not be sold or used by any p uddress of any political committe	person e to s	for the	pur ntrik	pose of	soliciting	g contrib	utions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Init Kite, William, , ,	ial) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address PO Box 629				06	1	D 22	) / Y	y y 2022	Y	
	City Roanoke	State VA	Zip Code 24004-0629					1676219 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					-			5.00	]
	Name of Employer (for Individual) D&S Agency	Occi Broł	upation (for Individual) ker		M	emo	tem Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1660.00								
в.	Full Name of Individual (Last, First, Middle Init Norris, Michael, A., ,	ial) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address 295 E Palmer Street				06	/	D D D 22	) / Y	2022	Y	
	City Franklin	State NC	Zip Code 28734-3049	-				1676219	-	al	
	FEC ID number of contributing federal political committee.	С						leceipt th		u ).00	
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occ	upation (for Individual) ker		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630,00								
C.	Full Name of Individual (Last, First, Middle Init Wild, Trei, , ,	ial) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address Five Cowboys Way Suite 300 City	State	Zip Code		06 Trens		22		2022	Y	
	Frisco	TX	75034-2074					1676219 Receipt th		d	_
	FEC ID number of contributing federal political committee.	С			Ľ.		y .		8	5.00	
	Name of Employer (for Individual) Warner Pacific Insurance Svcs	Occi Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00								
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	260	0.00	
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	EMIZED RECEIPTS Use separate schedule(s for each category of the					у ог	ne)				
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\	COMMITTEE (In Full) Underwriters Political A	ction Com	mittee								
	of Individual (Last, First, Middle Ir Iomas, , RHU,	nitial) or Full O	rganization Name		Date of	f Re	eceipt				
Mailing Add	dress 1126 Clifton Avenue				06 <sup>M</sup>	/	D 23	р / Y	ү ү 2022	Ŷ	
City Clifton		State NJ	Zip Code 07013-3622					<b>1676231</b> Receipt th			
	mber of contributing itical committee.	C			<u> </u>		-	- 490	30.	00	
Executive E	mployer (for Individual) Benefits Group, LLC	Occi Brol	upation (for Individual) ker		M	emo	ttem				
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 280.00	]							
	of Individual (Last, First, Middle Ir an, Robert, Hiram, ,	nitial) or Full O	rganization Name		Date of	f Re	eceipt				
	dress 2211 7th Avenue South				<sup>M</sup> 06	/	23		ү ү 2022	Ŷ	
City Birminghar	m	State AL	Zip Code 35233-2310					1676232			
FEC ID nu	mber of contributing itical committee.	С			Amoun			Receipt th	42.	_	
	mployer (for Individual) urance Services	Occ	upation (for Individual) ker		M	emo	ttem				
Receipt Fo		Aggregate	Year-to-Date ▼ 252.00	]							
	of Individual (Last, First, Middle Ir ald, Robert, Mark, ,	nitial) or Full O	rganization Name		Date of	f Re	eceipt				
	dress 185 Fowler St				06 <sup>M</sup>	1	23		ү ү 2022	Y	
City Woodstoc	k	State GA	Zip Code 30188-5023					1676232 Receipt th			
	mber of contributing itical committee.	С			<u> </u>		<u>y</u>	. ,	170.	00	
Robert Fitz	mployer (for Individual) gerald Insurance Agency, In	Occi Brok	upation (for Individual) xer		М	emo	o Item				
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 1095.00	]							
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	y information copied from such Reports and Sta for commercial purposes, other than using the							citing		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Taylor, June, Kaye, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 8046 Genesta Ave				м м 06	1	D 23	 Y	ү ү 2022	Y
	City Van Nuys	State CA	Zip Code 91406-1114				i <b>on ID</b> Each		5 is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-yr. 1	<b>,</b>	30.	00
	Name of Employer (for Individual) Kaiser Permanente	Осси	pation (for Individual)		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]						
в.	Full Name of Individual (Last, First, Middle Initia Griffey, Patricia, A., CSA, RHU,,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 56294 Primrose Cir				<sup>M</sup> 06	/	D 23	 Y	y y 2022	Y
	City Elkhart	State IN	Zip Code 46516-1509				<b>ion ID</b> Each		s Period	_
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y	,	100.	00
	Name of Employer (for Individual) Page 1 Medicare	Occi Broł	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00	]						
С.	Full Name of Individual (Last, First, Middle Initia Pendergraft, Ross, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 16622 Calahan Street				06 <sup>M</sup>	1	D 2:	 Y	y y 2022	Y
	City North Hills	State CA	Zip Code 91343-3602				t <b>ion ID</b> Each		9 s Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		<b>,</b>	9	85.	00
	Name of Employer (for Individual) Leavitt Group	Occu Brok	ıpation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]						
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			Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and Si for commercial purposes, other than using the							soliciting		tions
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Gadinas, Kathy, M., CLTC, Mailing Address 16325 Boones Ferry Rd., #204	-	rganization Name		Date of		· .			
		+			м м 06	/	23		2022	Y
	City Lake Oswego	State OR	Zip Code 97035-4297					1676233 leceipt th		
	FEC ID number of contributing federal political committee.	С			anoun				50.	00
	Name of Employer (for Individual) Columbia Benefit Solutions	Occi Brol	upation (for Individual) ker		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
в.	Full Name of Individual (Last, First, Middle Init McClaskey, Barbara, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1965 Pine Street				м м 06	1	23		y y 2022	Y
	City Redding	State CA	Zip Code 96001-1921					1676233 leceipt th		
	FEC ID number of contributing federal political committee.	С							42.	00
	Name of Employer (for Individual) Barbara McClaskey Insurance Services	Occ Bro	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	]						
C.	Full Name of Individual (Last, First, Middle Init Reeves, Valerie, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 3702 Brownsboro Rd				<sup>M</sup> 06	1	23		2022	Y
	City Louisville	State KY	Zip Code 40207-1820	A				1676233 leceipt th		
	FEC ID number of contributing federal political committee.	С			_		,	,	42.	_
	Name of Employer (for Individual) Preferred Benefits, LLC	Occi Brok	upation (for Individual) er		M	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	]						
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	134.	00
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			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or fo	information copied from such Reports and Sta or commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	IAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee	
	ull Name of Individual (Last, First, Middle Initia Curt, George, G., ,	l) or Full O	rganization Name	Date of Receipt
_	Aailing Address 91 Rte 103B Suite #5	1-		06 / D / Y Y Y Y 2022
	Sity Sunapee	State NH	Zip Code 03782-2515	Transaction ID : 16762368
F	EC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period
_	lame of Employer (for Individual)		upation (for Individual)	
	CBS Insurance Inc dba - Curt linsur	Brok		
_	Receipt For:	-	Year-to-Date ▼	_
	Other (specify) ▼		1365.00	
	ull Name of Individual (Last, First, Middle Initia Middleton, Jo, L., CBC, CSA,	l) or Full O	rganization Name	Date of Receipt
N	Iailing Address 14825 St. Mary's Lane Suite 105			06 23 2022
C	Sity	State	Zip Code	Transaction ID : 16763448
ŀ	Houston	TX	77079-2912	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		365.00
	lame of Employer (for Individual) radeMark Insurance Agency LLC	Occu Broł	upation (for Individual) ker	Memo Item
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	ull Name of Individual (Last, First, Middle Initia Lettenmaier, Lisa, Marie, ,	l) or Full O	rganization Name	Date of Receipt
_	Aailing Address 16850 SW Upper Boones Ferry Ste F			06 / D D / Y Y Y Y 23 2022
	City Portland	State OR	Zip Code 97224-7039	Transaction ID : 16763528 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		500.00
F	lame of Employer (for Individual) lealth Source NW	Осси	upation (for Individual)	Memo Item
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	BTOTAL of Receipts This Page (optional)		`	1865.00

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

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			Detailed Summary Page	•	×	11a 13		11 14	1b 4	11c		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na									soliciting			ons
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initial Kramer, Sherrie, , ,	) or Full O	rganization Name			Date of	f Re	ecei	ipt				
	Mailing Address 310 West McKinley Suite 350					<sup>M</sup> 06	1		D D D 24	/ Y	Y 20	)22	Y
	City Mishawaka	State IN	Zip Code 46545-5699							1676361 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						- -				42.0	0
	Name of Employer (for Individual) The Sanders Agency		upation (for Individual) rance Agent			М	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 502.00	)									
в.	Full Name of Individual (Last, First, Middle Initial Mackin, Martin, John, ,	) or Full O	rganization Name			Date of	f Re	ecei	ipt				
	Mailing Address 5133 Harding Pike Ste. B10 - 284	1				м м 06	1		D D D 24	/ Y	ү 20	)22	Y
	City Nashville	State TN	Zip Code 37205-2891							676361	-	eriod	
	FEC ID number of contributing federal political committee.	С						-7-			_	63.0	0
	Name of Employer (for Individual) Foresight Benefits, Inc.	Occu Broł	upation (for Individual) ker			М	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 378.00	)									
C.	Full Name of Individual (Last, First, Middle Initial Clark, Jonathan, S., ,	) or Full O	rganization Name			Date of	f Re	ecei	ipt				
	Mailing Address 5525 S 900 E Ste 325	1				<sup>M</sup> 06	J.	L	D D D 24	/ Y	20	)22	Y
	City Salt Lake City	State UT	Zip Code 84117-3516							1676362 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						9		y	_	20.0	0
	Name of Employer (for Individual) Fringe Benefit Analysts	Occu Brok	upation (for Individual) er			M	emo	o It	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	)									
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NAME OF COMMITTEE (In Full								
Health Underwriters P		mittee						
Full Name of Individual (Last, F Lubenow, Justin, , ,	. ,	rganization Name	Date o	of Re	eceipt			
Mailing Address 15 Alden Street Suite 8			06	VI /	24	) / Y	2022	Y
City Cranford	State NJ	Zip Code 07016-2149				1676362 Receipt th	25 nis Period	
FEC ID number of contributing federal political committee.	C					F	30.0	00
Name of Employer (for Individua Lubenow Agency	al) Occu Brok	upation (for Individual) ker		/lemo	tem Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.00	]					
Full Name of Individual (Last, F B. Tellesbo-Kembel, Marsh		rganization Name	Date o	of Re	eceipt			
Mailing Address 40 Lake Bellevu			·			y y 2022	Y	
City Bellevue	State WA	Zip Code 98005-2480				1676362 Receipt th	8 nis Period	
FEC ID number of contributing federal political committee.	С						170.0	00
Name of Employer (for Individua Tellesbo & Company	al) Occu Brol	upation (for Individual) ker		/lemc	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	]					
Full Name of Individual (Last, F C. Barrera, Rolando, G., ,	rst, Middle Initial) or Full O	rganization Name	Date o	of Re	eceipt			
Mailing Address 807 N Upper B Suite 102			06	VI /	24		y y 2022	Y
City Corpus Christi	State TX	Zip Code 78401-1909				1676362 Receipt th	29 nis Period	
FEC ID number of contributing federal political committee.	C				y	. ,	100.0	00
Name of Employer (for Individua Roland Barrera Insurance	al) Occu Ager	upation (for Individual) nt	N	/lemo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 645.00	]					
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### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

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	y information copied from such Reports and St for commercial purposes, other than using the												
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			0 10 3									
$\rangle$	Health Underwriters Political Act	tion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initi Pittman, Joseph, E., ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address P O Box 24133				06 / 24 2022								
	City Omaha	State NE	Zip Code 68124-0133		Transaction ID : 16763632 Amount of Each Receipt this Per								
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Creative Association Management	reative Association Management Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	1									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McConnaughey, John, R., ,						eceipt						
	Mailing Address PO Box 805						24		2022	Ŷ			
	City West Chaster	State OH	Zip Code					1676363					
	West Chester	OH 45071-0805				of	Each F	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	ů – Elektrik					42.00						
	Name of Employer (for Individual)Occupation (for Individual)JRM & Associates Agency, IncBroker				Memo Item								
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		252.00	1									
C.	Full Name of Individual (Last, First, Middle Initi Lawson, Tonda, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 6611 Orion Drive Suite 201				06 / Y Y Y Y 06 24 2022								
	City Fort Myers	State FL	Zip Code 33912-4329					<b>167636</b> Receipt th	37 nis Period				
	FEC ID number of contributing federal political committee.	С			Ľ		y	7	30.0	00			
	Name of Employer (for Individual) Brown & Brown, Inc.		upation (for Individual) Employee Benefits		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	1										
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Mide Fristoe, Kelly, Don, LUTCF, SGS,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address PO Box 4789	Otata	Zin Oada	06 / D D / Y Y Y Y 2022								
City Wichita Falls	State TX	Zip Code 76308-0789	Transaction ID : 16763866 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		180.00								
Name of Employer (for Individual) Financial Partners	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	]									
Full Name of Individual (Last, First, Mide B. Roberts, Danielle, Kunkle, ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 2601 Meacham Blvd Ste	e 500		06 / Y Y Y Y Y 2022								
City Fort Worth	State TX	Zip Code 76137-4224	Transaction ID : 16763883 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Boomer Benefits	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	]								
Full Name of Individual (Last, First, Mide C. Hogeland, Charlene, M., ,	dle Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 3800 N Central Ave Ninth Floor			06 / 25 / 2022								
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 16764005								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) Black, Gould & Associates	Occ Sale	upation (for Individual) es	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1510.00	]								
SUBTOTAL of Receipts This Page (option	al)		350.00								
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittoo									
/	Health Underwhiers Political Act	ion Com	imiliee									
Α.	Full Name of Individual (Last, First, Middle Initia McComb, Margaret, E., ,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 21862 Seacrest Lane				06 / 25 / 2022 Transaction ID : 16764010							
	City Huntington Beach	State CA	Zip Code 92646-8226	-								
			32040 0220	_ ′	Amount	tot	Eac	ch Red	ceipt th	is Perioc	1	
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) McComb Insurance Services	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General											
	Other (specify) <b>v</b>	500.00										
— В.	Full Name of Individual (Last, First, Middle Initia Currier, Craig, T., ,	al) or Full O	rganization Name		Date of	Re	ceip	ot				
	Mailing Address 1919 Aksarben Drive				M M	/		25	/ Y	2022	Y	
	City	State	Zip Code		Trans	acti	ion I	ID · 16	576401	9		
	Omaha	NE	68180-0001							is Perioc	I	
	FEC ID number of contributing federal political committee.	С				-		-1	30	.00		
	Name of Employer (for Individual) Blue Cross and Blue Shield of Nebraska	upation (for Individual) ker	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼											
С.	Full Name of Individual (Last, First, Middle Initia Olson, Charles, , ,	al) or Full O	rganization Name		Date of	Re	ceip	ot				
	Mailing Address 4221 N. 203rd St, Suite 200				06	/	D	25	/ Y	y y 2022	Ŷ	
	City	State	Zip Code		Trans	acti	ion	ID : 10	676402	.0		
	Elkhorn	NE	68022-3474	/	Amount	t of	Eac	h Red	ceipt th	is Period	I	
	FEC ID number of contributing federal political committee.	С					,		y	50	.00	
	Name of Employer (for Individual)	Occ	upation (for Individual)	-	М	emo	b Ite	m				
	OCI Insurance & Financial Services	Brok	, ,									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		200.00									
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		Detailed Summary Page	×			11b	11c	12				
An	y information copied from such Reports and for commercial purposes, other than using t	Statements ma	L ay not be sold or used by any p ddress of any political committee	erson fo	13 or the j	purp purp	14 pose of	15 soliciting	16 g contribu	tions		
	NAME OF COMMITTEE (In Full) Health Underwriters Political A							000				
<u> </u>	Full Name of Individual (Last, First, Middle Tuthill, Glendae, , ,	Initial) or Full O	rganization Name	Date of Receipt								
<b>-</b> .	Mailing Address 736 Old Greenville Rd				м м м 06	/	25	/ Y	2022	Y		
	City Fayetteville	State GA	Zip Code 30215-5935		Trans		ion ID :	1676402	:1			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 63.00								
	Name of Employer (for Individual) Resource Seven	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00									
B.	Full Name of Individual (Last, First, Middle Rice, Russell, Lee, SGS,	Initial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 8830 Buckskin Dr				м м 06	1	D D D 25	/ Y	y y 2022	Y		
	City Boerne	State TX	Zip Code 78006-5554	A				1676402 eceipt th	<b>2</b> nis Period			
	FEC ID number of contributing federal political committee.	С							85.	00		
	Name of Employer (for Individual) AVESIS, Inc.	Occ Bro	upation (for Individual) ker		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	1								
с.	Full Name of Individual (Last, First, Middle Thal, Harry, P., ,	Initial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address PO BOX 2137				<sup>M</sup> 06	/	25	/ Y	2022	Y		
	City KERNVILLE	State CA	Zip Code 93238-2137	A			-	1676402 eceipt th	29 nis Period			
	FEC ID number of contributing federal political committee.	С			_		,	,	85.	00		
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occi Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate										
s	UBTOTAL of Receipts This Page (optional).				-	_	,	9	233.	00		
Т	OTAL This Period (last page this line number	er only)		.			-					

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s) for each category of the Detailed Summary Page			(check only one)							
11	EMIZED RECEIPTS					<b>K</b> 11a 13		11b	11c	12		17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	I ay not be sold or Iddress of any pol	used by any pe itical committee	erson e to s	for the	purp ntrib	oose of	soliciting	g contril	butio	ns	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Gwin, David, R., ,	al) or Full O	rganization Name			Date of	f Re	ceipt					
	Mailing Address P.O. Box 1396					06 25 2022							
	City Irmo	State SC	Zip Code 29063-1396	3	_	Transaction ID : 16764030 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С								8	5.00		
	Name of Employer (for Individual) Southeastern Insurance Consultants	Occu Brok		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sullivan, Audra, I., SGS,						f Re	ceipt					
	Mailing Address 6315 Merritt Way Court					06	/	D D D D 25		2022	Y		
	City Arlington	State TX	Zip Code 76018-3132		_				1676403		1		
	FEC ID number of contributing federal political committee.	C					Amount of Each Receipt this Period						
	Name of Employer (for Individual)Occupation (for Individual)Vogue Insurance Agency, LLCBroker						Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	222.00									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Todd, Helen, M., ,	al) or Full O	rganization Name			Date of	f Re	ceipt					
	Mailing Address 10800 Financial Centre Pkwy Ste 300					Date of Receipt							
	City Little Rock	State AR	Zip Code 72211-3588						1676403 Receipt th		od		
	FEC ID number of contributing federal political committee.	С				Ē		<b>,</b> .	. ,	3	0.00		
	Name of Employer (for Individual) Sunstar Insurance of AR	Occu Brok	upation (for Individer	lual)		М	emc	ttem					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00											
s	UBTOTAL of Receipts This Page (optional)			•				, .	. ,	14	5.00		
т	OTAL This Period (last page this line number o	only)							-		-		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVILED RECEIPIO	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd Schneider, Chad, P., ,	lle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 4470 Woodman Ave Apt 303			06 26 2022								
City Sherman Oaks	State CA	Zip Code 91423-5520	Transaction ID : 16764069 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Origin	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]								
Full Name of Individual (Last, First, Midd Cociu, Dorothy, M., RHU, REBC	Date of Receipt										
Mailing Address P.O. Box 6677	State	Zip Code	06 / D D / Y Y Y Y 26 2022								
City Fullerton	CA	92834-6677	Transaction ID : 16764072 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]								
Full Name of Individual (Last, First, Midd C. Rivera, Michael, A., ,	lle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 13201 N.W. Fwy. Suite 2	265		06 / 26 / Y Y Y Y 2022								
City Houston	State TX	Zip Code 77040-6165	Transaction ID : 16764076 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Northwest General Insurance	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	1								
SUBTOTAL of Receipts This Page (option	al)		255.00								
TOTAL This Period (last page this line nur	nber only)										

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and Stat for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Tretter, Robert, C., CLU, ChFC,,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 6222 Spring Lake Drive	State	Zip Code	06 / D D / Y Y Y Y 2022								
	Hamilton	OH	45011-8189	Transaction ID : 16764077 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer (for Individual) NAHU	Occu Brok	upation (for Individual) ser	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00									
В.	Full Name of Individual (Last, First, Middle Initia Rasch, Tim, C., ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 19445 Westling Dr			M M / D D / Y Y Y Y 06 26 2022								
	City Oregon City	State OR	Zip Code 97045-6920	Transaction ID : 16764097 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer (for Individual) Consilium Benefit Advisors	Occu Broł	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	]								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Wallace, Keith, , Seattle Ch,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1400 Broadway			M M / D D / Y Y Y Y 06 26 2022								
	City Bellingham	State WA	Zip Code 98225-3036	Transaction ID : 16764101 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) Www.RiceInsurance.Com	Occı Brok	upation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	]								
s	UBTOTAL of Receipts This Page (optional)		••••••	292.00								
т	OTAL This Period (last page this line number on	ıly)	······ •									

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ידו			Use separate schedule(s)		(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 St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions			
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initi Espinal-Aguerre, Gina, T., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 4600 Kietzke Lane #A105				06 26 Y Y Y Y Y 06 26 2022								
	City Reno	State NV	Zip Code 89502-5035					<b>1676410</b> Receipt th		d			
	FEC ID number of contributing federal political committee.	С							365	.00			
	Name of Employer (for Individual) Nevada Silver		M	emo	tem Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	1									
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harris, Deborah, I., ,						eceipt						
	Mailing Address 1236 122nd Ave				<sup>M</sup> M 06	/	D 26		y y 2022	Y			
	City Hopkins	State MI	Zip Code 49328-9623					<b>1676411</b> Receipt th		4			
	FEC ID number of contributing federal political committee.	ID number of contributing					100.00						
	Name of Employer (for Individual)         Occupation (for Individual)           TriFound Financial         Occupation (for Individual)						Memo Item						
	Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     292.00												
C.	Full Name of Individual (Last, First, Middle Initi Magnuson, Raymond, E., JD,CLU		rganization Name		Date of	f Re	eceipt						
	Mailing Address 4337 E. 5th Street				<sup>M</sup> 06		26		2022	Y			
	City Tucson	State AZ	Zip Code 85711-2025					1676412 Receipt th		d			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	100	.00			
	Name of Employer (for Individual) Magnuson and Associates	Occu Brok	upation (for Individual) ser		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1235.00	1									
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	565	.00			
т	OTAL This Period (last page this line number o	only)		•				-					

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

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ITEMIZED RECEIPTS	2	Use separate schedule(s)	(check only one)							
	7	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 e to solicit contributions from such committee.							
NAME OF COMMITTEE (In	*									
	s Political Action Con	nmittee								
<b>A.</b> Lawson, Tonda, , ,	st, First, Middle Initial) or Full (	Organization Name	Date of Receipt							
Mailing Address 6611 Orion			06 26 / Y Y Y Y 2022							
City Fort Myers	State FL	Zip Code 33912-4329	Transaction ID : 16764124 Amount of Each Receipt this Period							
FEC ID number of contribut federal political committee.	ing C		500.00							
Name of Employer (for Indiv Brown & Brown, Inc.	,	cupation (for Individual) P Employee Benefits	Memo Item							
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 1045.00	]							
Full Name of Individual (Las 3. Riedl, Alycia, , ,	st, First, Middle Initial) or Full (	Date of Receipt								
Mailing Address 16570 Lake	∋ Ridge Dr		06 26 2022							
City	State	Zip Code	Transaction ID : 16764127							
Maple Grove	MN	55311-1453	Amount of Each Receipt this Period							
FEC ID number of contribut federal political committee.	ing C		50.00							
Name of Employer (for Indiv Mercer		cupation (for Individual) oker	Memo Item							
Receipt For:	Aggregate	e Year-to-Date ▼								
Primary Gen Other (specify) ▼	eral	, 390.00	]							
. Hollister, Deborah, E		Organization Name	Date of Receipt							
Mailing Address 850 NW Fe Suite 224	-		M M / D D / Y Y Y Y 06 27 2022							
City Stuart	State FL	Zip Code 34994-1019	Transaction ID : 16764146           Amount of Each Receipt this Period							
FEC ID number of contribut federal political committee.	ing		42.00							
Name of Employer (for Indiv Hollister Insurance, Inc.	,	cupation (for Individual) oker	Memo Item							
Receipt For: Primary Gen Other (specify)		e Year-to-Date ▼ 252.00	]							
SUBTOTAL of Receipts This	Page (optional)		592.00							
TOTAL This Period (last page	e this line number only)									

Use separate schedule(s) (check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: 11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than	rts and Statements may not be sold or used by any using the name and address of any political committee	person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Health Underwriters Polit	ical Action Committee									
<ul> <li>Full Name of Individual (Last, First, I Jackson, Jerry, D., ,</li> <li>Mailing Address 1017 N. Maplewood</li> </ul>	Middle Initial) or Full Organization Name	Date of Receipt								
City	State Zip Code	06 27 2022 Transaction ID : 16764148								
Peoria	IL 61606-1035	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	42.00								
Name of Employer (for Individual) Jackson Financial Services	Occupation (for Individual) Broker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	]								
Full Name of Individual (Last, First, I B. Schwartz, Matt, B., ,										
Mailing Address 2950 Breckenridge L	Mailing Address 2950 Breckenridge Lane, Suite 8A									
City Louisville	StateZip CodeKY40220-1462	Transaction ID : 16764150 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	85.00								
Name of Employer (for Individual) Schwartz Insurance Group	Occupation (for Individual) Broker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00									
Full Name of Individual (Last, First, I C. Tierney, Robert, J., HDHP,	Middle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 830 N Main St Ste 200		06 / Y Y Y Y Y 2022								
City Meridian	StateZip CodeID83642-2611	Transaction ID : 16764151 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	85.00								
Name of Employer (for Individual) OneDigital	Occupation (for Individual) Broker	Memo Item								
Receipt For: Primary General Other (specify)										
SUBTOTAL of Receipts This Page (op	tional)	▶ 212.00								
TOTAL This Period (last page this line	number only)									

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

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		Use separate schedule(s)	(check only	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12					
Any information copied from such Re or for commercial purposes, other that											
NAME OF COMMITTEE (In Full) Health Underwriters Po	-										
Full Name of Individual (Last, Firs A. Kalish, Alan, Max, CLU,RHU,		rganization Name	Date of	Receipt							
Mailing Address 2824 Cottman Av Ste 6	e		06	06 27 2022							
City Philadelphia	State PA	Zip Code 19149-1400		of Each Rec							
FEC ID number of contributing federal political committee.	C					85.0	0				
Name of Employer (for Individual) Kalish Financial Services, LLC											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]								
B. Johnson, Suzanne, K., RH	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Johnson, Suzanne, K., RHU, CEBS,,         Mailing Address 1024 SOUTHSTONE DR					YY					
	City State Zip Code						Ŷ				
Charlotte	NC	28210-3029	Transaction ID : 16764162 Amount of Each Receipt this Per								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Hilb Group Southeast	Occ Bro	upation (for Individual) ker	Me	mo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]								
Full Name of Individual (Last, Firs C. Brown, Carey, H., CLU,	t, Middle Initial) or Full C	rganization Name	Date of	Receipt							
Mailing Address Six Concourse Pa Suite 2750	arkway	Zin Oode	06	/ D D D 27		2022 Y	Y				
City Atlanta	GA	Zip Code 30328-6243		action ID : 16 of Each Rec							
FEC ID number of contributing federal political committee.	C			5	9	50.0	0				
Name of Employer (for Individual) The Benefit Company	Occ Broł	upation (for Individual) ker	Me	mo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
SUBTOTAL of Receipts This Page	(optional)			, ,	,	220.0	0				
TOTAL This Period (last page this I	ine number only)										

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	only o	ne)							
II LIVIIZED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b 14	11c 15	12	17				
Any information copied from such or for commercial purposes, other			erson for th		rpose of	soliciting	g contribu	tions				
NAME OF COMMITTEE (In Fu Health Underwriters F		mittee										
Full Name of Individual (Last, F Edewards, Jonathan, , ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 161 S Madisor	Ave #12			06 27 Y Y Y Y 2022								
City Pasadena	State CA	Zip Code 91101-2544		Transaction ID : 16764167 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C				ар. I		85.	00				
Name of Employer (for Individu Citrust Insurance Agency	al) Occu	upation (for Individual)		Mem	o Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 255.00	1									
Full Name of Individual (Last, F B. Underhill, Elizabeth, J., ,		rganization Name	Date	of R	eceipt							
Mailing Address 5951 Canoga A			06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Woodland Hills	State CA	Zip Code 91367-5010				1676416 Receipt th						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00									
Name of Employer (for Individu Underhill Insurance Agency, Inc.		upation (for Individual) Irance agent		Mem	o Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 510.00	]									
Full Name of Individual (Last, F C. Reddy, Michael, S., ,	irst, Middle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 330 River Poin			0		27 D		2022	Y				
City Elkhart	State IN	Zip Code 46514-1457				1676417 Receipt th	70 nis Period					
FEC ID number of contributing federal political committee.	C				, .	- 9	85.	00				
Name of Employer (for Individu Keystone Ins. & Benefits Group,	,	upation (for Individual) er		Mem	o Item							
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 510.00	1									
SUBTOTAL of Receipts This Pag	e (optional)			_	, .	. ,	255.0	00				
TOTAL This Period (last page thi	s line number only)		. L.									

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PAGE 60 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X	11a		1	1b	11c	1	2	_		
Δn	y information copied from such Reports and St	atemente ma		erson	fr	13 or the		14 rno:		15		-	17 005		
	for commercial purposes, other than using the														
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
<u>م</u>	Full Name of Individual (Last, First, Middle Initi Rice, Russell, Lee, SGS,	al) or Full O	Organization Name		Date of Receipt										
	Mailing Address 8830 Buckskin Dr				l	<sup>M</sup> 06	/	′	D D 27	/ Y	y 202	² 2	Y		
	City Boerne	State TX	Zip Code 78006-5554	-						676419 eceipt tl		riod			
	FEC ID number of contributing federal political committee.	С			l			-		-		25.0	0		
	Name of Employer (for Individual) AVESIS, Inc.	Occi Brol	upation (for Individual) ker		l	Ν	lemo	o It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 685.00	]											
З.	Full Name of Individual (Last, First, Middle Initi Oleksiak, Edward, M., ESQ,	al) or Full O	Organization Name		D	ate c	of Re	ece	eipt						
	Mailing Address 36 Remington Dr W				06 27 2022										
	City Highland Village	State TX	Zip Code 75077-4006							676419 eceipt tl		riod	_		
	FEC ID number of contributing federal political committee.	С		1500.00											
	Name of Employer (for Individual) Holmes Murphy & Associates	Occ Bro	upation (for Individual) ker		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3125.00	]											
<b>.</b>	Full Name of Individual (Last, First, Middle Initi Lilburn, Corey, , ,	al) or Full O	organization Name		D	ate c	of Re	ece	eipt						
	Mailing Address 15831 Trackside Dr				ľ	<sup>M</sup> 06	1	/	D D 27	/ Y	2022		Y		
	City Odessa	State FL	Zip Code 33556-2904		A					<b>67642</b> ceipt tl		riod			
	FEC ID number of contributing federal political committee.	С			ļ			y		,		00.0	0		
	Name of Employer (for Individual) Alltrust Insurance	Occi Brok	upation (for Individual) ker		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 1075.00												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	ļ			y		9	26	25.0	0		
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			Use separate schedule(s)	(ch	eck only	y oi	ne)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		] 11b	11c	12	<u> </u>		
	y information copied from such Reports and St for commercial purposes, other than using the											
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Act											
Α.	Full Name of Individual (Last, First, Middle Initi Nolimal, Frank, R, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5740 S. Arville, Ste 204				м м 06	1	D 27		2022	Y		
	City Las Vegas	State NV	Zip Code 89118-3071		Transaction ID : 16764216 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						1.7	500.0	00		
	Name of Employer (for Individual) Assurance Ltd.	Occu Age	upation (for Individual) nt		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	]								
в.	Full Name of Individual (Last, First, Middle Initi Embry, Michael, A., RHU, REBC,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 49927 Schooner Ct				<sup>M</sup> 06	/	D 27		y y 2022	Y		
	City Chesterfield	State MI	Zip Code 48047-4339					1676422				
			48047-4339		Amount	: of	Each I	Receipt th	nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		- <b>1</b>		415.0	00		
	Name of Employer (for Individual) Comprehensive Benefits	Occi Brol	upation (for Individual) ker		Me	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		, 415.00	1								
С.	Full Name of Individual (Last, First, Middle Initi Kramer, Sherrie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 310 West McKinley Suite 350				<sup>M</sup> 06	1	D 27		y y 2022	Y		
	City Mishawaka	State IN	Zip Code 46545-5699					: 1676422 Receipt th	29 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	9	50.0	00		
	Name of Employer (for Individual) The Sanders Agency		upation (for Individual) rance Agent		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 552.00									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		_	,	. ,	965.0	00		
т	OTAL This Period (last page this line number of	only)		•	L		-	1.40				

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			Detailed Summary Page	<b>४</b> 11a ☐ 11b ☐ 11c ☐ 12									
			Detailed Summary Page	13 14 15 16 17									
				berson for the purpose of soliciting contributions be to solicit contributions from such committee.									
$\backslash$	NAME OF COMMITTEE (In Full)		_										
$\Big)$	Health Underwriters Political A	Action Com	mittee										
A.	Full Name of Individual (Last, First, Middle   Keehn, Joanie, , ,	Initial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 3104 Hubbard Rd			M M / D D / Y Y Y Y Y 06 28 2022									
	City	State	Zip Code	Transaction ID : 16764512									
	Madison	OH	44057-2940	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) HealthMarkets	Occi Brol	upation (for Individual) ker	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		425.00	]									
В.	Full Name of Individual (Last, First, Middle   Rojas, Pedro, , ,	Initial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1545 E Iron Eagle Dr Ste 10	)1		06 28 2022									
	City	State	Zip Code	Transaction ID : 16764513									
	Eagle	ID	83616-7079	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Mountain Health CO-OP	Occ	upation (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
	Full Name of Individual (Last, First, Middle   Ashby, Thomas, F., LPRT, LUT(		rganization Name	Date of Receipt									
9.	Mailing Address 2270 College Ave Ste 524	<del>-</del> ;											
	City	State	Zip Code	Transaction ID : 16764523									
	Forest City	NC	28043-2464	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.	Occi Brok	upation (for Individual) ker	Memo Item									
	Receipt For:		Year-to-Date ▼	—									
	Primary General	Aggregale											
	Other (specify)		210.00										
s	UBTOTAL of Receipts This Page (optional)			157.00									
Т	OTAL This Period (last page this line number	er only)											

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	-	12 16	17
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	COMMITTEE (In Full) Inderwriters Political Ac	tion Com	mittee								
	f Individual (Last, First, Middle Init nnifer, Liane, ,	ial) or Full O	rganization Name	[	Date of	Re	ceipt				
	ress 3800 North Central Avenue 9th Floor				м м 06	/	D 28		Y	ү ү 2022	Y
City Phoenix		State AZ	Zip Code 85012-1979	<i>F</i>				<b>16764</b> Receipt		Period	
	nber of contributing cal committee.	С					<b>y</b>			85.0	0
Black, Gould	nployer (for Individual) I & Associates	Occu Brok	upation (for Individual) ker		Me	emo	Item				
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 1510.00								
B. Gant, To		ial) or Full O	rganization Name		Date of	Re					
	ess 100 North Weinbach Avenue	Ototo	Zin Oode		06	/	28		Y	2022	Y
City Evansville		State IN	Zip Code 47711-6006	A				16764! Receipt	-	Period	
	nber of contributing cal committee.	С								42.0	0
	nployer (for Individual) fe & Health Agency	Occi Age		Me	emo	Item					
Receipt For: Primar		Aggregate	Year-to-Date ▼								
Other	(specify) ▼	L	, 502.00								
<b>c.</b> Furr, Ke			rganization Name	[	Date of	Re	ceipt				
	ress 1325 Airmotive Way, Ste. 320				06	/	28	1 L		y y 2022	Y
City Incline Villa	ge	State NV	Zip Code 89451					: <b>16764</b> Receipt		Period	
	nber of contributing cal committee.	С					,	. ,	_	30.0	0
Menath Insu	nployer (for Individual) rance Agency	Occu Brok	upation (for Individual) er		Me	emo	Item				
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 210.00	1							
SUBTOTAL of	f Receipts This Page (optional)						, .	. ,		157.0	0
TOTAL This P	Period (last page this line number	only)							_		

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

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111			for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c 15	12	17
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Stubbs, Guy, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 337				06	1	28	) / Y	ү ү 2022	Y
	City Jerome	State ID	Zip Code 83338-0337					1676452 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>				42.	00
	Name of Employer (for Individual) Hall and Associates	Occu Age	upation (for Individual) Int		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.00							
в.	Full Name of Individual (Last, First, Middle Initi Cagliola, Victoria, , CPA,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1041 Old Cassatt Rd				м м 06	/	28	) / Y	y y 2022	Y
	City Berwyn	State PA	Zip Code 19312-1152					1676453	-	
	FEC ID number of contributing federal political committee.	С						Receipt th	85.	_
	Name of Employer (for Individual) Simkiss & Block	Occi CP/	upation (for Individual) A		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510,00							
с.	Full Name of Individual (Last, First, Middle Initi Lubenow, Douglas, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 214 West Main Street Suite 101 City	State	Zip Code		06 <sup>M</sup>	Ŀ.	28	J L	2022	Ŷ
	Moorestown	NJ	08057-2345				-	1676453 Receipt th	-	
	FEC ID number of contributing federal political committee.	С			Ľ.		,	,	85.	00
	Name of Employer (for Individual) Lubenow Agency	Occu Brok		M	emo	b Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	]						
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	212.	00
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ITEMIZED RECEIPTS	·	Use separate schedule(s)	(check on	ly one)								
II EIVIIZED REGEIFI 3		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	17					
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NAME OF COMMITTEE (In Full) Health Underwriters Pol	itical Action Com	mittee										
Full Name of Individual (Last, First Ybarra, Valeria, , ,	, Middle Initial) or Full O	rganization Name	Date o	Date of Receipt								
Mailing Address 7236 Vanessa Dr			M N 06		D / Y 8	y y 2022	Y					
City Corpus Christi	State TX	Zip Code 78414-5710			: 1676453 Receipt th							
FEC ID number of contributing federal political committee.	C					85.0	00					
Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance		upation (for Individual) ker		1emo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 635.00	]									
Full Name of Individual (Last, First B. Crosby, Neil, R., ,	Middle Initial) or Full O	rganization Name	Date c	of Receipt								
Mailing Address 32110 Agoura Roa	d		06		B / Y	y y 2022	Y					
City Westlake Village	State CA	Zip Code 91361-4026			: 1676454 Receipt th							
FEC ID number of contributing federal political committee.	С					85.0	00					
Name of Employer (for Individual) Warner Pacific Insurance Services		upation (for Individual) ector of Sales	N	lemo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	]									
Full Name of Individual (Last, First C. Whang, Victor, , ,		rganization Name	Date c	of Receipt								
Mailing Address 51150 Washington			06	2	.8	2022	Y					
City New Baltimore	State MI	Zip Code 48047-2159			e: 1676454 Receipt th							
FEC ID number of contributing federal political committee.	C			. , .	. ,	85.0	00					
Name of Employer (for Individual) Insurance Warehouse	Brok	upation (for Individual) er/Agent	N	lemo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 760.00	1									
SUBTOTAL of Receipts This Page (	optional)			. , .	. ,	255.0	00					
TOTAL This Period (last page this li	ne number only)				-							

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			Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		bose of s	oliciting	, con	tributi	ons
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Init Morrison, James, M., RHU,REBC,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2710 Gateway Rd				м м 06		28	/ Y	Y 202	ү 22	Y
	City Carlsbad	State CA	Zip Code 92009-1730	A			<b>on ID : 1</b> Each Re			eriod	
	FEC ID number of contributing federal political committee.	С						-9		85.0	0
	Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]							
B.	Full Name of Individual (Last, First, Middle Ini Burns, Patrick, , CEBS,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 5653 Maxwelton Road				м м 06	/	D D D 28	/ Y	y 202	22 22	Y
	City Piedmont	State CA	Zip Code 94618-2654	A	Transaction ID : 16764546 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			_		7	-		170.0	0
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occ Bro	upation (for Individual) ker		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1240.00	]							
C.	Full Name of Individual (Last, First, Middle Ini Coley, Maggie, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 29 Olde Gate Court				<sup>M</sup> 06	/	28	/ Y	202	22 <sup>Y</sup>	Y
	City Pooler	State GA	Zip Code 31322-8281				i <b>on ID : 1</b> Each Re			eriod	
	FEC ID number of contributing federal political committee.	С			_		y	y		42.0	0
	Name of Employer (for Individual) Coley Benefit Services, Inc	Occu Brok	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	]							
	JBTOTAL of Receipts This Page (optional)				-		,			297.0	0

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12					
		ay not be sold or used by any p address of any political committee									
NAME OF COMMITTEE (In F		address of any political committee	e to solicit col	ntributions in	rom such	Committe					
	Political Action Com	mittee									
Full Name of Individual (Last A. Meyhoff, Jennifer, , ,	, First, Middle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1031 W 4th	Ave., Ste 400		M M 06	/ D D 28	/ Y	үүү 2022	Y				
City Anchorage	State AK	Zip Code 99501-5905	Transaction ID : 16764553           Amount of Each Receipt this Period								
FEC ID number of contributin federal political committee.	C C			-		85.0	0				
Name of Employer (for Indivio Marsh & McLennan Agency	dual) Occ Brol	upation (for Individual) ker	M	emo Item							
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 635.00	]								
Full Name of Individual (Last B. Childers, Russell, B., C	, First, Middle Initial) or Full C CLU,ChFC,	Organization Name	Date of	f Receipt							
Mailing Address PO Box 154			M M 06	/ D D 28	/ Y	y y 2022	Y				
City Americus	State	Zip Code 31709-1547		action ID : * t of Each Re							
FEC ID number of contributir federal political committee.	lg C		90.00								
Name of Employer (for Indivi Russ Childers, CLU	dual) Occ Bro	upation (for Individual) ker	м	emo Item							
Receipt For: Primary Generic Other (specify) ▼		Year-to-Date ▼ 540.00	]								
Full Name of Individual (Last C. Hill, Donna, D., FLMI	, First, Middle Initial) or Full C	Organization Name	Date of	f Receipt							
Mailing Address 2905 Premie Suite 285	ere Parkway		06		/ Y	y y 2022	Y				
City Duluth	State GA	Zip Code 30097-5246		saction ID : t of Each Re							
FEC ID number of contributir federal political committee.	C C			, , ,	9	85.0	0				
Name of Employer (for Individ E2E Benefits Services Inc	dual) Occ Brok	upation (for Individual) ker	M	emo Item							
Receipt For: Primary Generation Other (specify)		Year-to-Date ▼ 510.00	]								
SUBTOTAL of Receipts This P	age (optional)	••••••				260.0	0				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	imittee	
Full Name of Individual (Last, First, Middle II         A.       Reents, Joni, Robin, ,         Mailing Address 10701 Melody Drive         Suite 320         City         Northglenn         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Reents Insurance Agency         Receipt For:         Primary       General         Other (specify)	State CO C Brol	Zip Code 80234-4122 upation (for Individual)	Date of Receipt 06 28 2022 Transaction ID : 16764556 Amount of Each Receipt this Period 85.00 Memo Item
Full Name of Individual (Last, First, Middle I <b>B.</b> Kapostins, Ashley, , , Mailing Address 3843 Rock Hill Loop	nitial) or Full C	-ga	Date of Receipt
City Apopka FEC ID number of contributing federal political committee.	State FL	Zip Code 32712-4792	Transaction ID : 16764559         Amount of Each Receipt this Period         85.00         Memo Item
Name of Employer (for Individual) CIGNA Receipt For: Primary General Other (specify) ▼	Bro	upation (for Individual) ker Year-to-Date ▼ 780.00	
Full Name of Individual (Last, First, Middle I Wilson, Thomas, R., , Mailing Address 701 Lamar City Wichita Falls FEC ID number of contributing federal political committee.	State TX	Zip Code 76301-6824	Date of Receipt 06 28 2022 Transaction ID : 16764565 Amount of Each Receipt this Period 170.00
Name of Employer (for Individual) Keystone/Boley Featherston Insurance A Receipt For: Primary General Other (specify)	Brok	upation (for Individual) ker Year-to-Date ▼ 1195.00	Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		· ·	340.00

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<u> </u>	or commercial purposes, other than using the r	ame and a	ddress of any political committe	e to so	olicit cor	ntrib	outions	from su	ich co		е.	
	JAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee									
	Full Name of Individual (Last, First, Middle Initia Selinsky, Steven, , ,	l) or Full O	Drganization Name Date of Receipt									
_	Aailing Address 28638 Oak Point Drive				м м 06	/	28			2022	Y	
	City Farmington Hills	State MI	Zip Code 48331-2706		Transaction ID : 16764566           Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		<u> </u>		-			85.0	0		
	Jame of Employer (for Individual) Health Alliance Plan	Occu Dire		Me	emo	tem						
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]								
	Full Name of Individual (Last, First, Middle Initia Hartman, William, J., ,	l) or Full O	rganization Name		Date of	Re	eceipt					
_	Nailing Address 217 Airport North Office Park				м м 06	/	28			022	Y	
	City Fort Wayne	State IN	Zip Code 46825-6702					: <b>16764</b>		Period		
F	EC ID number of contributing ederal political committee.	С	Amount of Each Receipt this Period									
	Name of Employer (for Individual) łartman Insurance Services	Occupation (for Individual) Broker				emo	o Item					
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	]									
	Full Name of Individual (Last, First, Middle Initia Grava, A. Andra, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					
_	Aailing Address 40 E. McDermott Drive				M M 06	1	28			022	Y	
	City Allen	State TX	Zip Code 75002-2802		Trans Amount			: <b>16764</b> Receipt		Period		
	EC ID number of contributing ederal political committee.	С			Ľ.		y	,		250.0	0	
٦	Name of Employer (for Individual) The DI Center	Occu Brok	upation (for Individual) ker		M	emo	o Item					
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	1								
su	BTOTAL of Receipts This Page (optional)			•			,	. ,	_	420.0	0	
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	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	mittee											
٩.	Full Name of Individual (Last, First, Middle In Bear, Dale, F., ,		Date of Receipt											
	Mailing Address 2027 Scott Station Rd		M         M         /         D         D         /         Y											
	City Jefferson City	State MO	Zip Code 65109-8425	Transaction ID : 16764573           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		63.00										
	Name of Employer (for Individual) Expat Solutions International dba ESI	Occi Age	upation (for Individual) nt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	]										
3.	Full Name of Individual (Last, First, Middle In Kowalczyk-Gonzalez, CarrieAnne, ,		Date o	f Re	ecei	ipt								
	Mailing Address 6568 S Federal Way #213		06 28 2022											
	City Boise	State ID	Zip Code 83716-9277		Transaction ID : 16764574         Amount of Each Receipt this Period         85.00									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC		upation (for Individual) Ilth Insurance Agent		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00											
<b>.</b>	Full Name of Individual (Last, First, Middle In Stancil, Greg, , ,	itial) or Full O	rganization Name		Date o	f Re	ecei	ipt						
	Mailing Address 400 Bellemeade Street Suite 201		M M / D D / Y Y Y Y 06 28 2022											
	City Greensboro	State NC	Zip Code 27401-3796		Transaction ID : 16764576 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		,	12	00			
	Name of Employer (for Individual) Scott Benefit Services		N	lemo	o Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 222.00	]										
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						9	-		160.	00			

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				or each category of the Detailed Summary Page		-	11a 13		-	1b 4		11c 15		12 16	17					
or for	nformation copied from such Reports and St commercial purposes, other than using the					fo	or the		po	se		oliciting		ntribu	ions					
\ \	ME OF COMMITTEE (In Full) ealth Underwriters Political Act	ion Com	imi	ttee																
	II Name of Individual (Last, First, Middle Initial) or Full Organization Name Iorier, Dennis, J., REBC,							Date of Receipt												
Ma	Mailing Address 601 Abbott St       City     State       Zip Code									06 / D D / Y Y Y Y 2022										
Cit	-	State			Trans	sact	io	n ID	:1	676457	7									
	etroit	MI		48226-2513	Amount of Each Receipt this Peri								Period							
	C ID number of contributing deral political committee.	С		85.00																
	me of Employer (for Individual) esults Marketing, Inc.	Occi Insu	Memo Item																	
Re	eceipt For:	Aggregate																		
	Primary General Other (specify) ▼		-	510.00																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Blasman, Wayne, , ,							f Re	ece	eipt										
Ma	ailing Address 5210 Lewis Road, Suite 14		06 28 2022																	
Cit	iy	State		Zip Code		Transaction ID : 16764590														
Ag	goura Hills	CA		91301-2662	_	Amount of Each Receipt this Period														
	C ID number of contributing deral political committee.	С		85.00																
	ame of Employer (for Individual) dgeport Benefits Inc	Occupation (for Individual) Broker								Memo Item										
Re	eceipt For: Primary General Other (specify) ▼	Aggregate																		
	II Name of Individual (Last, First, Middle Initi Collins, Martha, T., RHU,	al) or Full O	rga	nization Name		D	ate o	f Re	ece	eipt										
Ma	Mailing Address 545 N. Mountain Avenue Suite 208									06 / Y Y Y Y 06 28 2022										
Cit U	y pland	State CA		Zip Code 91786-5055		Transaction ID : 16764591 Amount of Each Receipt this							eriod							
	C ID number of contributing deral political committee.	С		30.00																
Ma	ame of Employer (for Individual) artin & Associates	Occi Brok		1	М	emo	0	tem												
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11	TEMIZED RECEIPTS for each category Detailed Summar				<b>×</b> 11a 13		11b 14	11c		2	17						
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	solicitin	g conti	ributio	ons						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Patton, Rhonda, L., ,						Date of Receipt										
	Mailing Address PO Box 751180		м м 06	/	28		y 202	22	Y								
	City Petaluma	State CA	Zip Code 94975-1180					<b>167645</b> 9 Receipt th		riod							
	FEC ID number of contributing federal political committee.	С						63.00									
	Name of Employer (for Individual) Patton & Spahr Insurance Services		upation (for Individual) urance Agent		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	]													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sherrill, David, M., ,						ceipt										
	Mailing Address 498 Palm Springs Dr, Suite 270		06 / D D / Y Y Y Y 2022														
	City Altamonte Springs	State FL	Zip Code 32701-7805	Transaction ID : 167 Amount of Each Rece						riod							
	FEC ID number of contributing federal political committee.	С			100.00												
	Name of Employer (for Individual) Sherrill Insurance Brokerage	upation (for Individual) ker		M	emo	Item											
	Receipt For: Primary General Other (specify) ▼																
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Singleton, Terry, , REBC,CFP,C,	al) or Full O	Prganization Name		Date of	f Re	ceipt										
	Mailing Address PO Box 195579						06 / 28 / Y Y Y Y 06 28 2022										
	City Winter Springs	State FL	Zip Code 32719-5579					: <b>167646</b> ' Receipt th		riod							
	FEC ID number of contributing federal political committee.			Ē		,	9	10	00.00	0							
	Name of Employer (for Individual) The Enterprise Team	Occu Parti	upation (for Individual) ner		M	emo	ttem										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1685.00	]													
s	UBTOTAL of Receipts This Page (optional)		•••••	•			, .		11	63.00	)						
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			person for the purpose of soliciting contributions
TEMIZED RECEIPTS       for each category of the Detailed Summary Page       Image: Im			
	al Action Com	mittee	
A. Hughes, Amie, , ,		rganization Name	Date of Receipt
	1		
	C		500.00
Rogers Benefit Group	Occ	upation (for Individual)	Memo Item
Primary General	Aggregate		1
Full Name of Individual (Last, First, M B. Gregg, Korina, Kay, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6020 E Paseo Santa	leresa		
	С		
			Memo Item
	Aggregate	Year-to-Date ▼	_
		500.00	]
Full Name of Individual (Last, First, M Hepscher, William, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 38168 Medical Cente			
5	C		1000.00
The Canadian Medstore			Memo Item
Primary General	Aggregate	1440.00	]
SUBTOTAL of Receipts This Page (opti	onal)		2000.00
TOTAL This Period (last page this line	number only)		

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11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	<b>1</b> 1
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Oleksiak, Edward, M., ESQ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 36 Remington Dr W				м м 06	/	28		ү ү 2022	Y
	City Highland Village	State TX	Zip Code 75077-4006					<b>1676622</b> Receipt th		d
	FEC ID number of contributing federal political committee.	С					- <b>7</b> -		500	0.00
	Name of Employer (for Individual) Holmes Murphy & Associates Receipt For:	Brok			M	emo	o Item			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3625.00	]						
в.	Full Name of Individual (Last, First, Middle Initi Booth, Tonya, S., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address P.O. Box 2542 432 Halifax Drive City	State	Zip Code		<sup>M</sup> 06	/	D 10 26		y y 2022	Y
	Coppell	TX	75019-8500					1676664 Receipt th		Ч
	FEC ID number of contributing federal political committee.	С								0.00
	Name of Employer (for Individual) BIZ Benefits, LLC	Occ	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1520.00	]						
С.	Full Name of Individual (Last, First, Middle Initi Hoffman, Crystal, , SGS,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address P.O. Box 709				06 <sup>M</sup>	1	D 26		2022	Y
	City Sugar Land	State TX	Zip Code 77487-0709					<b>1676664</b> Receipt th	-	d
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	20	0.00
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occi Brok	upation (for Individual) ser		М	em	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 620.00	]						
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	540	.00
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					for the		pose c	of solici	ting	contribu	tions
Ary Information copied from such Reports and Statements may not be solution yr hege       13       14       15       16       17         Ary Information copied from such Reports and Statements may not be solution yr hege       13       14       15       16       17         NAME OF COMMITTEE (in Fail)       Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. Rojas, Pedro,       Malling Address 1545 E Iron Eagle Dr Ste 101       06       28       2022         Transaction 10 : 157/56552       Transaction 10 : 157/56552       Amount of Each Receipt Itis Period         FEC ID number of contributing federal political committee       0       100.00       Memo Item         Numare of Employer for Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt Itis Period       0         B. Burns, Patrick, CEBS,       Malling Address 5653 Maxweithin Road       0       28       2022         Transaction ID : 157/56552       Transaction ID : 157/56532       Transaction ID : 157/56532       Mount of Each Receipt Itis Period         Burns, Patrick, CEBS,       Malling Address 5653 Maxweithin Road       0       28       2022       Transaction ID : 157/56532         Malling Address 16325 Boones Ferry Rd 9204       CA       9618/2854       Period       20.00       Memo Item <td< td=""><td></td></td<>											
	· · · ·	ion Com	mittee								
Α.		al) or Full O	rganization Name		Date of	Re	eceipt				
						1			Y		Y
	8	С			<u> </u>					100.	00
	Mountain Health CO-OP	Occu	ipation (for Individual)		Me	emo	b Item				
	Primary General	Aggregate		]							
В.		al) or Full Oi	rganization Name		Date of	Re	eceipt				
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			94618-2654		Amount	: of	Each	Receip	t thi	s Period	
	8	C			Ľ.					20.	00
			,		Me	emo	tem				
		Aggregate	Year-to-Date 🔻								
			1070.00								
с.		al) or Full Oi	rganization Name		Date of	Re	eceipt				
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	8	С			<u> </u>		y .	,		100.	00
	Columbia Benefit Solutions, Inc.		, ,		M	emo	o Item				
	Primary General	Aggregate	640.00	]							
$\vdash$	UBTOTAL of Receipts This Page (optional)			▶ _			,	,		220.	00

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				or each category of the Detailed Summary Page		¥ 11a 13		1 <sup>4</sup>	1b 4	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmit	tee								
Α.	Full Name of Individual (Last, First, Middle Initia Hepscher, William, , ,	al) or Full C	)rgan	ization Name		Date	of R	lece	ipt			
	Mailing Address 38168 Medical Center Avenue	Otata		Zin Ondo		<sup>M</sup> 06		/	26	JL	2022	Y
	City Zephyrhills	State FL		Zip Code 33540-1380	$\vdash$					1676666	is Period	4
	FEC ID number of contributing federal political committee.	С						1 = c			100	
	Name of Employer (for Individual) The Canadian Medstore	Occ Brol	•	on (for Individual)			Mem	io It	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 440.00								
В.	Full Name of Individual (Last, First, Middle Initia Kennedy-Simington, Dierdre, , CHRS		rgan	ization Name		Date	of R	lece	ipt			
	Mailing Address 550 E. Green Street, Second Flo	oor				M 06		/	D D 26	/ Y	y y 2022	Ŷ
	City Pasadena	State CA		Zip Code 91101-2034	_					<b>1676666</b> eceipt th	<b>9</b> iis Perioc	1
	FEC ID number of contributing federal political committee.	С				Ē		-,-		- 45-	20	.00
	Name of Employer (for Individual) BenAssist Health Insurance Services, L	Occ Bro		ion (for Individual)			Mem	io It	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 347.00	]							
с.	Full Name of Individual (Last, First, Middle Initia Kapostins, Ashley, , ,	al) or Full C	rgan	ization Name		Date	of R	lece	ipt			
	Mailing Address 3843 Rock Hill Loop					06		/	D D D	/ Y	y y 2022	Ŷ
	City Apopka	State FL		Zip Code 32712-4792	-					1676667	<b>'0</b> iis Perioo	4
	FEC ID number of contributing federal political committee.	С						ן בכ ייי			20	.00
	Name of Employer (for Individual) CIGNA	Occ Brok		on (for Individual)			Mem	no It	em			
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 695.00	]							
s	UBTOTAL of Receipts This Page (optional)				<u> </u>						140	.00
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EMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II LIVIIZED KEVEIFIJ		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, Middl A. Schmidt, Kenneth, L., CLU,RHU,RE	3	organization Name	Date of Receipt
Mailing Address 1332 Hunters Hollow Cou	irt		06 28 2022
City Eureka	State MO	Zip Code 63025-1051	Transaction ID : 16766671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Sonus Benefits	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middl B. Avery, Michael, K., ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1015 North Dixie			06 28 2022
City Odessa	State TX	Zip Code 79761-2805	Transaction ID : 16766673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) AL J. Avery & Associates, Inc.	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, Middl C. Embry, Michael, A., RHU, REE		organization Name	Date of Receipt
Mailing Address 49927 Schooner Ct			06 / 28 / Y Y Y Y Y Y Y Y
City Chesterfield	State MI	Zip Code 48047-4339	Transaction ID : 16766675           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Comprehensive Benefits	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1415.00	]
SUBTOTAL of Receipts This Page (optiona	l)		2250.00
TOTAL This Period (last page this line num	ber only)		

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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 Trokey, Kevin, , ,	iitial) or Full O	rganization Name		Date of	Re	ecei	eipt						
	Mailing Address 215 S. Kirkwood Rd Ste 201			06 / 28 /										
	City Saint Louis	State MO	Zip Code 63122-4359		Trans Amount				167666		Period			
	FEC ID number of contributing federal political committee.	С				. OI	-				500.0	0		
	Name of Employer (for Individual) Q4intelligence LLC	Occi Brol	upation (for Individual) ker		Me	emc	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1510.00	]										
	Full Name of Individual (Last, First, Middle Ir Harrington, Paula, , ,	iitial) or Full O	rganization Name		Date of	Re	ecei	eipt						
	Mailing Address 6817 K Ave Ste 104			06 / 28 / Y Y Y Y 2022										
	City Plano	State TX	Zip Code 75074-2544		Trans: Amount		-		1 <b>67666</b> eceipt 1		Period			
	FEC ID number of contributing federal political committee.	С					-		<b>-</b> - <b>-</b>	_	250.0	0		
	Name of Employer (for Individual) Harrington Insurance Solutions, LLC	Occ Bro	upation (for Individual) ker		Me	emc	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]										
<u>с.</u>	Full Name of Individual (Last, First, Middle Ir Malooley, Michele, , LPRT, CSA,		rganization Name		Date of	Re	ecei	eipt						
	Mailing Address 2500 Quantum Lakes Drive S	Suite 203			<sup>M</sup> 06	/	E	28	/		022	Y		
	City Boynton Beach	State FL	Zip Code 33426-8323		Trans Amount				167666 aceint 1		Period	_		
	FEC ID number of contributing federal political committee.	С					,		,		365.0	0		
	Name of Employer (for Individual) Michele Malooley Independent Insuranc	Occi Brok	upation (for Individual) er		M	emo	o It	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	1										
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			Detailed Summary Page	×	11a 13		11b		11c 15		12 16	17	
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any pe address of any political committee	erson to so	for the	pur htrib	pose	of s	soliciting	, coi 1 co	ntribut	ions	
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Perera, Kishan, Chanaka, MBA,QPA, Mailing Address 5010 Campuswood Dr. Suite 105	-	Organization Name		Date of	_	D	26	/ Y	2(	022	Y	
	City East Syracuse	State NY	Zip Code 13057-1229		Trans		ion ID	):1	676667	9	_		
	FEC ID number of contributing federal political committee.	С					-			_	365.0		
	Name of Employer (for Individual) Benefit Design Services Corp.	Occ Brol	upation (for Individual) ker		M	emo	) Item						
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00										
в.	Full Name of Individual (Last, First, Middle Initia Marshall, Mary, , ,	l) or Full C	Organization Name		Date of	Re	eceipt						
	Mailing Address City	State	Zip Code		06	1		80	/ Y	-	)22	Y	
		State		_					677492 eceipt th		'eriod		
	FEC ID number of contributing federal political committee.	С				_	-		JF.	_	365.0	00	
	Name of Employer (for Individual) Self Employed	Occ Bro	upation (for Individual) ker		M	emo	) Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.00										
C.	Full Name of Individual (Last, First, Middle Initial Sansevieri, Paul, F., , Mailing Address P O Box 641	l) or Full C	Organization Name	_	Date of	_					Y	v	
	City	State	Zip Code		06	L		24	677572	20	)22	T	
	Corona Del Mar	CA	92625-0641						ceipt th		'eriod		
	FEC ID number of contributing federal political committee.	С		0.00									
	Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occ Owr	upation (for Individual) her		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00						lle B Tot al to \$1			).00 This	
s	UBTOTAL of Receipts This Page (optional)		•				,		,	_	730.0	0	
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Detailed Summary Page	<b>X</b> 11a	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
or for commercial purposes, other than using			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle Villagran, Denise, S., MBA,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 210 S Carancahua St <u>Ste 301</u> City	State	Zip Code	06 / 0 / 2022									
Corpus Christi	TX	78401-3042	Transaction ID : PR433061228865 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Middle B. Schreder, Lynn, M., ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 5550 Wild Rose Lane Suite 400			06 / D D / Y Y Y Y 06 30 2022									
City West Des Moines	State IA	Zip Code 50266-5351	Transaction ID : PR433076128865 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer (for Individual) KHI Solutions	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Monthly)									
Full Name of Individual (Last, First, Middle C. Rubio, Hilario, Francisco, ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 807 Grand Ave			06 / D D / Y Y Y Y 06 30 2022									
City Las Vegas	State NM	Zip Code 87701-4518	Transaction ID : PR433085728865 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Rubio Financial, LLC	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	P/R Deduction (\$42.00 Monthly)									
SUBTOTAL of Receipts This Page (optional)			184.00									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b		11c	12	17			
Any information copied from such Reports or for commercial purposes, other than usi				or the		pose		oliciting	g contribu	tions			
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mid Adams, Carla, , CBC, GBA,,	dle Initial) or Full O	rganization Name	[	Date of	Re	eceipt	t						
Mailing Address 210 Bridget Dr				<sup>M</sup> 06	/		30	/ Y	ү ү 2022	Y			
City Marble Falls	State TX	Zip Code 78654-4127							95028865				
		78004-4127	/	Amount	of	Each	n Red	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	-		-	42.	00			
Name of Employer (for Individual) Isolved	Occ Brol	upation (for Individual) ker		Me	emo	lten	n						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	] Р/	/R Ded	uctio	on (\$	42.00	0 Month	nly)				
Full Name of Individual (Last, First, Mid B. Sweaney, Jennifer, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt	t						
Mailing Address 13231 Champion Fores	Mailing Address 13231 Champion Forest Dr., Ste 305												
City	State	Zip Code		Trans	acti	ion II	D : P	R43315	51828865				
Houston	ТХ	77069-2648	/	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) Business Health Strategies, LLC	Occ	upation (for Individual)	(for Individual) Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	P/	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Mid C. McFerrin, Dwane, C., CLU, C		rganization Name		Date of	Re	eceipt	t						
Mailing Address 8420 West Dodge Road Suite 510	1			<sup>M</sup> 06	/		зо <sup>р</sup>	/ Y	y y 2022	Y			
City	State	Zip Code		Trans	acti	ion I	D : P	R43310	68128865	5			
Omaha	NE	68114-3432	A	Amount	of	Each	n Red	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С					y		y	85.	00			
Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Brok	upation (for Individual) ter		M	emo	o Iter	n						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	<b>P</b>	/R Ded	uctio	on (\$	85.0	0 Montl	hly)				
SUBTOTAL of Receipts This Page (option	nal)		•			,		9	169.	00			
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	mation copied from such Reports and Stannercial purposes, other than using the													
NAME	OF COMMITTEE (In Full)													
	Ith Underwriters Political Act	ion Com	mittee											
	ame of Individual (Last, First, Middle Initi ain, Jennifer, , ,	al) or Full O	rganization N	ame		Da	ate of	Re	ceipt					
Mailing	g Address 208 N. Mill					Ľ	06	/	D 3	в ВО	/ Y		)22	Y
City		State	Zip Code			-	Trans	acti	on ID	):F	PR4332	1432	8865	
Pryor		OK	74361-	2422	_	Ar	nount	t of	Each	Re	eceipt th	nis Pe	eriod	
	D number of contributing I political committee.	С				Ľ			,			_	85.0	00
	of Employer (for Individual) & Brown, Inc.	Occi Broł	upation (for Ir ker	ndividual)		l	M	emo	Item	I				
Receip	-	-	Year-to-Date	•										
	Primary General Other (specify) ▼			510.00		P/F	R Ded	uctio	on (\$8	35.0	00 Montl	hly)		
	ame of Individual (Last, First, Middle Initi ken, Barb, , ,	al) or Full O	rganization N	ame		Da	ate of	Re	ceipt					
Mailing	g Address 5520 Monroe Street Suite A					Γ	06	/	D 3	р 30	/ Y	202	22 22	Y
City		State	Zip Code	Э			Trans	acti	on ID	) : F	PR43320	6832	8865	
Sylvar	nia	OH	43560-2	2538		Ar	nount	t of	Each	Re	eceipt th	nis Pe	eriod	
	D number of contributing I political committee.	С			30.00									
	of Employer (for Individual) Isurance Group	Occi Dire	upation (for li	ndividual)			M	emo	Item	I				
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	280.00	l f	P/R	Ded	uctic	on (\$3	30.C	0 Montł	nly)		
	ame of Individual (Last, First, Middle Initi ms, Todd, , ,	al) or Full O	rganization N	ame		Da	ate of	Re	ceipt					
Mailing	g Address 1209 Broadway						06	/	D	во ВО	/ Y	202	22	Y
City		State	Zip Code				Trans	acti	ion IC	):	PR4333	0832	8865	
Denis	on	IA	51442-2	2632		Ar	nount	t of	Each	Re	eceipt th	nis Pe	eriod	
	D number of contributing I political committee.	С							,		,	_	85.0	00
	of Employer (for Individual) s Agency	Occu Brok	upation (for Ir	ndividual)		l	М	emo	Item	1				
	ot For: Primary General Other (specify)	Aggregate	Year-to-Date	510.00		P/F	R Ded	uctio	on (\$8	35.(	00 Mont	hly)		
	TAL of Receipts This Page (optional)			-	• -		-		5		· · ·	-	200.0	00

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		Use separate schedule(s)		(cł	(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12	
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	y information copied from such Reports and S for commercial purposes, other than using the									
$\setminus$	NAME OF COMMITTEE (In Full)									
	Health Underwriters Political Ac	tion Com	mittee							
/	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name							
Α.	Ornellas, Helen, , ,				Date of	Re	eceipt			
	Mailing Address 239 W. Court St.				м м 06	1	30		2022	Y
	City	State	Zip Code			act			63228865	
	Woodland	CA	95695-3080		Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing	С				1			42.0	00
	federal political committee.	U			<u></u>	-	7	7		
	Name of Employer (for Individual)	Осси	upation (for Individual)		Me	emo	b Item			
	Ornellas & Associates	Brok	ker							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_			an (@ 40	00 Mant	6. L. J.	
	Other (specify) V		252.00		P/R Deu	ucu	011 (\$42	.00 Mont	niy)	
				_						
Р	Full Name of Individual (Last, First, Middle Init Willison, Clover, Denise, ,	tial) or Full O	rganization Name		Data of		agint			
в.	Mailing Address 355 Sprowel Creek Rd				Date of	Re	ceipt		YY	V
	Maning Address 355 Spidwer Creek Ku				06	<i>'</i>	30		2022	
	City	State	Zip Code				-		68628865	
	Garberville	CA 95542-3110				of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					-	-	100.	00
	Name of Employer (for Individual)	Occupation (for Individual) Broker			Memo Item					
	Clover Willison Insurance Services									
	Receipt For:	Aggregate	Year-to-Date ▼				(*			
	Other (specify) V		600.00	111	P/R Dedu	uctio	on (\$10	0.00 Mon	thly)	
				_	·					
c	Full Name of Individual (Last, First, Middle Init Coogan, Michael, , ,	tial) or Full O	rganization Name		Date of		opint			
С.	Mailing Address 118 North Bedford Road								YY	Y
	Suite 100				06	Ľ	30		2022	
	City Mount Kingo	State NY	Zip Code	_					48028865	
	Mount Kisco		10549-2555		Amount	of	Each F	Receipt th	nis Period	
FEC ID number of contributing federal political committee.		С			L		, .		42.0	00
	Nome of Employer (for Individual)	0.00	unation (for Individual)		Memo Item					
Name of Employer (for Individual) Coogan FX Insurance LLC			upation (for Individual) ncy Founder							
	Receipt For:		Year-to-Date ▼							
Primary General Other (specify)			252.00	11	P/R Ded	ucti	on (\$42	2.00 Mont	hly)	
			252.00							
					_	-				_
s	UBTOTAL of Receipts This Page (optional)						,		184.0	00
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11	OTAL This Period (last page this line number	onny)			I and the second	1	app		1.	

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

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				Detailed Summary Page	×	-		-	1b	11c		12	<u> </u>	
Ar	y information copied from such Reports and Sta	tements ma	l av n	ot be sold or used by any ne	erson f	13 for the	pur	12 200		15 Solicitin		16 ntributi	17 ons	
	for commercial purposes, other than using the n													
$\backslash$	NAME OF COMMITTEE (In Full)	•												
/	Health Underwriters Political Activ	on Com	ımı	ttee										
Α.	Full Name of Individual (Last, First, Middle Initia Schneider, JoEllen, , ,	l) or Full C	Orgai	nization Name		Date o	f Re	200	int					
<b>-</b>	Mailing Address 1818 W. State Street				- '		_		•		V	V	V	
						06 30 2022								
	City	State ID		Zip Code	_	Trans	sact	ion	ו ID : F	PR4337	9182	28865	_	
	Boise     ID       FEC ID number of contributing federal political committee.     C			83702-3955	_ /	Amoun	t of	Ea	ach Re	ceipt tl	nis P	Period		
								-		-7	_	42.0	0	
				tion (for Individual)		М	emc	o It	em					
	JS & BK Insurance			Consultant										
	Receipt For:	Aggregate	Yea	r-to-Date ▼			l ti		(\$40.0	0 Mant	6 h h h			
	Other (specify) ▼							ion	(\$42.0	0 Mont	niy)			
В.	Full Name of Individual (Last, First, Middle Initia Trautwein, Janet, , ,	l) or Full C	Orgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 999 E Street NW, Ste 400								06 / D D / Y Y Y Y Y 02022					
	City	State		Zip Code	<u> </u>	Trans	acti	ion	D ID : P	R4368	2142	28865		
	Washington	DC		20004-2032	_ /	Amoun	t of	Ea	ach Re	ceipt tl	nis P	Period		
	FEC ID number of contributing federal political committee.	С		170.00										
	Name of Employer (for Individual) NAHU	Occ CE		М	emo	o It	em							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General	· · ·	P/	P/R Deduction (\$170.00 Monthly)										
	Other (specify)		,	1020.00										
с.	Full Name of Individual (Last, First, Middle Initia Ashmore, Elizabeth, , CBC, SGS,,	l) or Full C	Orgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 6102 82nd St, Bldg #6					<sup>M</sup> 06	/	Γ	D D D 30	/ Y		)22	Y	
	City	State		Zip Code		Trans	sact	tior	n ID : F	PR4368	3032	28865		
	Lubbock	TX		79424-0803	/	Amoun	t of	Ea	ach Re	ceipt tl	nis P	Period		
FEC ID number of contributing federal political committee.								,		9	_	170.0	0	
	Name of Employer (for Individual)	Occ	upat	tion (for Individual)	-	М	emo	o It	tem					
	Ashmore/Arthur J. Gallagher, Inc.	Brok	ker											
			Yea	ur-to-Date ▼										
	Other (specify)		-9-	1020.00		/R Dec	lucti	ion	(\$170	.00 Moi	nthly	)		
s	UBTOTAL of Receipts This Page (optional)			<b>\</b>							-	382.0	0	
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Use separate schedule(s)

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ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
or for commercial purposes, other than u			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Commit	ttee						
Full Name of Individual (Last, First, M Grundman, Robert, A., ,	iddle Initial) or Full Orgar	Date of Receipt						
Mailing Address 7412 Karl Drive	State	Zip Code	06 30 2022 Transaction ID : PR436838928865					
Lincoln	NE	68516-4368	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Senior Benefit Strategies	Occupat Broker	ion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)					
Full Name of Individual (Last, First, M B. Wright, Keith, L., ChHC,CLU,		nization Name	Date of Receipt					
Mailing Address 401 W Front St Ste 4			06 / D D / Y Y Y Y 2022					
City Traverse City	State MI	Zip Code 49684-2259	Transaction ID : PR436848528865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) Wright Insurance Group	Occupat Broker	ion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 252.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, M C. Trebing, C. Louanne, , ,	iddle Initial) or Full Orgar	nization Name	Date of Receipt					
Mailing Address 1806 Patton Drive			06 / D D / Y Y Y Y 2022					
City	State TX	Zip Code	Transaction ID : PR436856928865					
Garland FEC ID number of contributing federal political committee.	C	75042-8205	Amount of Each Receipt this Period 30.00					
Name of Employer (for Individual)		ion (for Individual)	Memo Item					
Trebing Insurance Services	Broker	. ,						
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 380.00	P/R Deduction (\$30.00 Monthly)					
SUBTOTAL of Receipts This Page (opt	ional)		122.00					
TOTAL This Period (last page this line	number only)							

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
II LIVIIZED KEVEIF 13		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
Health Underwriters Political A	Action Com	imittee						
Full Name of Individual (Last, First, Middle A. Wilson, Paula, L., ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 31930 Daniel Way			06 30 2022					
City	State	Zip Code	Transaction ID : PR436873528865					
Temecula	CA	92591-2129	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Paula Wilson, Inc.	Bro	ker						
Receipt For:	Aggregate	Year-to-Date ▼	D/D Deduction (\$95.00 Monthly)					
Other (specify) ▼		510.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name						
B. Trahin, Cindy, K., RHU, CSA, Mailing Address 7127 Homestead Road			Date of Receipt					
Suite B			06 30 2022					
City	State	Zip Code	Transaction ID : PR436875628865					
Fort Wayne	IN	46814-4601	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Trahin Insurance Services LLC	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	1					
Other (specify) ▼		, 360.00	P/R Deduction (\$50.00 Monthly)					
Full Name of Individual (Last, First, Middle C. Stuart, Rodney, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 484 E Carmel Dr								
Suite 358	01-1-	Zin Onda	06 30 2022					
City Carmel	State IN	Zip Code 46032-2812	Transaction ID : PR436883328865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item					
Strategic Insurance Inc.	Brok	, ,						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		300.00	P/R Deduction (\$50.00 Monthly)					
SUBTOTAL of Receipts This Page (optional)			185.00					
TOTAL This Period (last page this line numb								

Use separate schedule(s)

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			Detailed Sur	egory of the		<b>K</b> 11a		11b		11c	1	2	
						13		14		15	1	6	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\langle \rangle$	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Acti	on Com	mittee										
٩.	Full Name of Individual (Last, First, Middle Initia Spragins, Jackie, L., ,	al) or Full O	rganization Nan		Date of	Re	ceipt						
	Mailing Address P O Box 2073			06 M	/	D 3	во ВО	/ Y	ү 202	ү 2	Y		
		State TX	_					R4368					
	Wichita Falls		76307-20		_	Amount	of	Each	Re	ceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С						-		-		50.0	0
	Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura		upation (for Indi	vidual)		Me	emo	Item	I				
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼	Aggregate		300.00		P/R Deduction (\$50.00 Monthly)							
	Full Name of Individual (Last, First, Middle Initia Booth, Tonya, S., ,	al) or Full O	rganization Nan	ne		Date of	Re	ceipt					
	Mailing Address P.O. Box 2542 432 Halifax Drive				06 30 2022								
	City	State	Zip Code			Trans	acti	on ID	) : P	R4369	11028	865	
	Coppell	ТХ	75019-85	00		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C					100.00						
	Name of Employer (for Individual) BIZ Benefits, LLC	Occi Brol		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1620.00	F	P/R Dedu	uctic	on (\$1	00.	00 Mon	thly)		
	Full Name of Individual (Last, First, Middle Initia Stenger, James, R., ,	al) or Full O	rganization Nan	ne		Date of	Re	ceipt					
	Mailing Address 8926 Crown Colony Boulevard					06 30 2022						Y	
	City	State	Zip Code			Trans	acti	ion ID	) : F	PR4369	39928	865	
	Fort Myers	FL	33908-562	27		Amount	of	Each	Re	ceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С						,		y		85.0	0
	Name of Employer (for Individual)	Occi	upation (for Indi	vidual)	_	M	emo	Item	n				
	AgencySmart	Brok		,									
	Receipt For:	Aggregate	Year-to-Date 🔻			-							
	Other (specify)			510.00		P/R Ded	uctio	on (\$8	35.0	0 Mont	hly)		
	JBTOTAL of Receipts This Page (optional)				• •			9		5	2	35.0	0

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LIVIIZED RECEIPIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee						
Full Name of Individual (Last, First, Mi Seifert, Greg, J., ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3311 NE 115th St.			M M / D D / Y Y Y Y 06 30 2022					
City Vancouver	State WA	Zip Code 98686-3945	Transaction ID : PR436941628865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer (for Individual) Self Employed	Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Mi B. Holland, Robert, V., ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address PO Box 698			06 30 / Y Y Y Y 2022					
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961728865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		63.00					
Name of Employer (for Individual) Centralia General Agencies	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$63.00 Monthly)					
Full Name of Individual (Last, First, Mi c. Parker, John, C., RHU, LTC		rganization Name	Date of Receipt					
Mailing Address 38 Hope St Unit 1312 City	State	Zip Code						
Niantic	CT	06357-2454	Transaction ID : PR436986828865           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		125.00					
Name of Employer (for Individual) Parker Agency	Occu Brok	upation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 775.00	P/R Deduction (\$125.00 Monthly)					
SUBTOTAL of Receipts This Page (optic	nal)		273.00					
TOTAL This Period (last page this line n	umber only)							

Use separate schedule(s)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
	Ind Statements may not be sold or used by any p	
	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Committee	
Full Name of Individual (Last, First, Midd Splawn, William, Craig, ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 800 Avenue C		M M / D D / Y Y Y Y 06 30 2022
City	State Zip Code	Transaction ID : PR436992828865
Katy	TX 77493-2302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Splawn & Associates	Occupation (for Individual) Broker	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General Other (specify) ▼	300.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First, Midd 3. Fristoe, Kelly, Don, LUTCF, SG		Date of Receipt
Mailing Address PO Box 4789		M M / D D / Y Y Y Y 06 30 2022
City	State Zip Code	Transaction ID : PR437002328865
Wichita Falls	TX 76308-0789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Financial Partners	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Midd C. Thorn, Ryan, P., ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 10342 South Springcrest	Lane	06 30 2022
City	State Zip Code	Transaction ID : PR437004028865
South Jordan	UT 84095-4538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Monthly)
	nber only)	120.00

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179		Use separate schedule(s)			(check only one)					
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the									
<u></u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Act									
Α.	Full Name of Individual (Last, First, Middle Initia Buie, Scott, T., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4525 S 2300 E Ste 201				м м 06	1	D 30		ү ү 2022	Y
	City Salt Lake City	State UT	Zip Code 84117-4639						10528865 nis Period	
	FEC ID number of contributing federal political committee.	С					-		50.0	00
	Name of Employer (for Individual) Buie Insurance Services	Occu Brok	upation (for Individual) ker		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]	P/R Ded	uctio	on (\$50	0.00 Montl	hly)	
	Full Name of Individual (Last, First, Middle Initi Gray, Michael, D., RHU,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 601 R St. Ste. 150				<sup>M</sup> 06	/	D 30		у у 2022	Y
	City Lincoln	State NE	Zip Code 68508-1540				-		16728865 nis Period	
	FEC ID number of contributing federal political committee.	C			100.00					
	Name of Employer (for Individual) FNIC	Occi Brol	upation (for Individual) ker		Me	emc	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	] P	P/R Dedu	uctio	on (\$10	0.00 Mon	thly)	
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address P. O. Box 21479	State	Zip Code		06 M	1	30		2022	
	City Keizer	OR	97307-1479				-		70228865 nis Period	
FEC ID number of contributing federal political committee.		С			<u> </u>		,	9	65.0	00
	Name of Employer (for Individual) Olson Insurance	Occu Brok	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	]	P/R Ded	ucti	on (\$65	5.00 Mont	hly)	
S	JBTOTAL of Receipts This Page (optional)			▶ _			,	. ,	215.(	00
т	OTAL This Period (last page this line number o	nly)					-			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         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 Po	olitical Action Com	mittee						
Full Name of Individual (Last, Fire A. Alberts, Suzetta, E., ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 5605 Storrow Ct			M M / D D / Y Y Y Y 06 30 2022					
City Warren	State MI	Zip Code 48092-6338	Transaction ID : PR437076128865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		84.00					
Name of Employer (for Individual) Comprehensive Benefits, Inc.	) Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 579.00	P/R Deduction (\$84.00 Monthly)					
Full Name of Individual (Last, Firs B. MCEVILLY, BRIAN, J., RI		rganization Name	Date of Receipt					
Mailing Address 7260 West Azure #140-201	Drive		06 / 0 / Y Y Y Y 2022					
City Las Vegas	State NV	Zip Code 89130-7999	Transaction ID : PR437117728865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual McEvilly Benefits	) Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, Fire Benton, Bruce, D., RHU		rganization Name	Date of Receipt					
Mailing Address 20300 Ventura B Suite 200	1		06 / D D / Y Y Y Y 06 30 2022					
City Woodland Hills	State CA	Zip Code 91364-0959	Transaction ID : PR437123028865 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) Genesis Financial & Insurance Se		upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)					
SUBTOTAL of Receipts This Page	(optional)		211.00					
TOTAL This Period (last page this	line number only)	,						

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee							
Full Name of Individual (Last, First, Middle Aguilar, Terry, , CEBS,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 3000 A Street, Suite 400			06 / D D / Y Y Y Y 2022						
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437182328865						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) Wilson Albers	Occ Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1625.00	P/R Deduction (\$250.00 Monthly)						
Full Name of Individual (Last, First, Middle <b>B.</b> Garbina, James, S., ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 14010 FNB Pkwy Ste 300			06 30 2022						
City Omaha	State NE	Zip Code 68154-5235	Transaction ID : PR437212228865 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		Memo Item						
Name of Employer (for Individual) First Insurance Group, LLC dba FNIC	Occ Bro	upation (for Individual) ker							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Daubert, Jim, F., CLU,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address P.O. Box 67220			06 / D D / Y Y Y Y Y 06 30 2022						
City Lincoln	State NE	Zip Code 68506-7220	Transaction ID : PR437219628865						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) First Concord Benefits Group	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (optional).			420.00						
TOTAL This Period (last page this line numb	er only)	•••••	· · · · · · · · · · · ·						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17				
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee					
Full Name of Individual (Last, First, Mide Gardner, Joy, K., LUTCF,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 9424 Double R Blvd			06 30 / Y Y Y Y Y				
City Reno	State NV	Zip Code 89521-5977	Transaction ID : PR437231228865				
FEC ID number of contributing federal political committee.	C	0321-3377	Amount of Each Receipt this Period				
Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occi Brol	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 432.00	P/R Deduction (\$47.00 Monthly)				
Full Name of Individual (Last, First, Mide B. Rowe, Peter, L., CLU,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3033 N. Central Ave Suite 810			M M / D D / Y Y Y Y Y 06 30 2022				
City Phoenix	State AZ	Zip Code 85012-2804	Transaction ID : PR437236928865 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	P/R Deduction (\$250.00 Monthly)				
Full Name of Individual (Last, First, Mide C. Powers-Booth, Sandra, Lee,		rganization Name	Date of Receipt				
Mailing Address 4817 S. 175th Street			06 30 / Y Y Y Y				
City	State	Zip Code	Transaction ID : PR437264328865				
Seatac FEC ID number of contributing	C	98188-3710	Amount of Each Receipt this Period 42.00				
federal political committee.							
Name of Employer (for Individual) Health Benefits Northwest	Occi Brok	upation (for Individual) er	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	P/R Deduction (\$42.00 Monthly)				
SUBTOTAL of Receipts This Page (option	al)		339.00				
TOTAL This Period (last page this line nu	mber only)						

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T			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12					
An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	ements mag ame and ac	y not be sold or used by any p Idress of any political committee	13     14     15     16       erson for the purpose of soliciting contributions to solicit contributions from such committee.					
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action								
A.	Full Name of Individual (Last, First, Middle Initia Toups, Jennifer, L., ,	) or Full Or	ganization Name	Date of Receipt					
	Mailing Address #1 Galleria Blvd, Suite 1122			M M / D D / Y Y Y Y 06 30 2022					
	City Metairie	State LA	Zip Code 70001-2092	Transaction ID : PR437270528865           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual) Humana	Occu Brok	pation (for Individual) er	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)					
в.	Full Name of Individual (Last, First, Middle Initia Summers, James, F., , Mailing Address 8420 West Dodge Road, 5th Foc		ganization Name	Date of Receipt					
	City	State	Zip Code	06 30 2022 Transaction ID : PR437281028865					
	Omaha	NE	68114-3443	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Brok	pation (for Individual) er	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 750.00	P/R Deduction (\$125.00 Monthly)					
с.	Full Name of Individual (Last, First, Middle Initia Bell, Marie, D., FLMI,AIAA,	) or Full Or	ganization Name	Date of Receipt					
	Mailing Address PO Box 1853			06 / 0 / Y Y Y Y 2022					
	City Minnetonka	State MN	Zip Code 55345-0853	Transaction ID : PR437323328865           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual) DeRuyter-Bell, LLC	Occu Broke	pation (for Individual) er	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 510.00	P/R Deduction (\$85.00 Monthly)					
	UBTOTAL of Receipts This Page (optional)			295.00					

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
	I	Detailed Summary 1 age				12	<b>1</b> 47
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 Mihalyi-Stiffler, Patricia, , ,	e Initial) or Full O	rganization Name	Date of	Receipt			
Mailing Address 155 N. Riverview Dr Suite 100			м м 06	/ D D 30	/ Y	y y 2022	Y
City Anaheim	State CA	Zip Code 92808-1225		of Each Rec			
FEC ID number of contributing federal political committee.	С			-y-	-	85.0	0
Name of Employer (for Individual) Options in Insurance	Occu Brok	upation (for Individual) ser	Me	mo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 635.00	P/R Dedu	iction (\$85.00	Month	ly)	
Full Name of Individual (Last, First, Middl Bajkowski, Catherine, A., ,	e Initial) or Full O	rganization Name	Date of	Receipt			
Mailing Address 188 Industrial Drive, Suite	1		м м 06	/ D D 30	/ Y	y y 2022	Y
City Elmhurst	State IL	Zip Code 60126-1610		ction ID : PR			
FEC ID number of contributing federal political committee.	С			of Each Rec		42.0	)0
Name of Employer (for Individual) CB Health Insurance	Occu Brol	upation (for Individual) ker	Me	mo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	P/R Dedu	ction (\$42.00	Month	ly)	
Full Name of Individual (Last, First, Middl . Thomas, Jeffery, C., CLU,RHU		rganization Name	Date of	Receipt			
Mailing Address 3072 Arborwood Blvd.			M M 06	/ D D 30	/ Y	y y 2022	Y
City Spring Arbor	State MI	Zip Code 49283-9663		of Each Rec			
FEC ID number of contributing federal political committee.	С			,	9	42.0	0
Name of Employer (for Individual) Small Business Assocation of Michigan	Occu Brok	upation (for Individual) er	Me	emo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	P/R Dedu	uction (\$42.00	Month	ıly)	
SUBTOTAL of Receipts This Page (optiona	al)					169.0	0

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		1	1b		11c	1	2			
						13		14			15	1		17		
	y information copied from such Reports and State for commercial purposes, other than using the na															
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mi	ttee												
A.	Full Name of Individual (Last, First, Middle Initial) Jensen, Cerrina, , CHRS, CBC,,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 12846 Knightsbrook Ave					м м 06	/	ſ	D 30		/ Y	ý 202	ү 2			
	City	State		Zip Code		Trans	sacti	ior	ו ID :	P	R43739	91228	865			
	Rancho Cordova	CA		95742-6625	_ /	Amoun	t of	Ea	ach F	Rec	ceipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	С						,			- <b>J</b> -		50.00	)		
	Name of Employer (for Individual) SolV Independent Insurance Associates	Occi Brol	•	ion (for Individual)		М	emo	o It	tem							
	Receipt For:     µ       Primary     General       Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 300.00	P	/R Ded	luctio	on	(\$50	0.00	) Month	nly)				
в.	Full Name of Individual (Last, First, Middle Initial) Cramer, Valerie, Lynn, RHU,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 2701 Burgen Ct. NE					м м 06	/	l	D 30		/ Y	2022				
	City Grand Rapids	State MI		Zip Code 49525-3979	Transaction ID : PR437416428865 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						-					00.00	)		
	Name of Employer (for Individual) HealthBridge	Occ Bro	•	ion (for Individual)	Memo Item											
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 725.00	P/R Deduction (\$100.00 Monthly)											
с.	Full Name of Individual (Last, First, Middle Initial) Clark, Robert, S., ,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 7548 Preston Road					<sup>M</sup> 06	/	l	D 30		/ Y	2022				
	City	State		Zip Code				-			R43742					
	Frisco	ТХ		75034-5683		Amoun	t of	Ea	ach F	Rec	ceipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	С						,			y		42.0	)		
	Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occi Brok	•	ion (for Individual)		M	emc	o li	tem							
	Reasint For:			r-to-Date ▼ 252.00	P	/R Dec	lucti	on	(\$42	2.00	) Month	ıly)				
s	UBTOTAL of Receipts This Page (optional)											1	92.00	)		
Т	OTAL This Period (last page this line number only	y)						,			-		-			

Use separate schedule(s)

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ıт	EMIZED RECEIPTS		Use separate schedule(s)	(check only o									
			for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b 11c 14 15	12 16	17						
	y information copied from such Reports and St for commercial purposes, other than using the												
$\setminus$	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Ac	tion Com	mittee										
/	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name										
Α.	Mutter, Amy, D., ,			Date of Re	eceipt								
	Mailing Address 2670 Electric Road			M M /	30	2022	Y						
	City	State	Zip Code	Transact	tion ID : PR4374	454928865							
	Roanoke	VA	24018-3511	Amount of	Each Receipt t	his Period							
	FEC ID number of contributing federal political committee.	С				63.0	0						
	Name of Employer (for Individual)	Occu Brok	upation (for Individual)	Memo	o Item								
	Innovative Insurance Group, LLC Receipt For:	-		_									
	Primary General	Aggregate	Year-to-Date ▼	P/R Deducti	ion (\$63.00 Mon	thly)							
	Other (specify) <b>v</b>		378.00										
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name										
в.	Sterner, Heidi, J., PAHM, LPRT,			Date of Re	eceipt								
	Mailing Address 3402 Cinnamon Creek Ave			M M /	30	2022	Y						
	City	State NV	Zip Code 89031-3520		ion ID : PR4375								
	North Las Vegas FEC ID number of contributing		09031-3520	Amount of Each Receipt this Period									
	federal political committee.	С		42									
	Name of Employer (for Individual) A and H Insurance		upation (for Individual) Irance Consultant	Memo	o Item								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		452.00	P/R Deducti	ion (\$42.00 Mon	thly)							
с.	Full Name of Individual (Last, First, Middle Init Stedt, Margaret, Evelyn, C.S.A., L		rganization Name	Date of Re	eceipt								
	Mailing Address 486 Calle Amigo			M M /		2022	Y						
	City	State	Zip Code	06 Transact	30 tion ID : PR437	2022 529928865							
	San Clemente	CA	92673-3003		Each Receipt t								
	FEC ID number of contributing federal political committee.	С			, , , ,	100.0	0						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo	o Item								
	Stedt Insurance Services	Brok											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		1050.00	P/R Deducti	ion (\$100.00 Mo	nthly)							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of				<u> </u>	205.0	0						

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		Detailed Summary Page	×	11a 13		11b	11c	12	17					
Any information copied from such Report or for commercial purposes, other than t	ts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committed	erson fo e to soli	or the	purp ntrib	oose of	soliciting	g contrib	utions					
NAME OF COMMITTEE (In Full) Health Underwriters Politie	cal Action Com	mittee												
Full Name of Individual (Last, First, M Giardina, Charles, J., ,	liddle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 5440 Mounes Street,	Suite 112			м м 06	1	D D D 30	/ Y	y y 2022	Y					
City	State	Zip Code		Trans	acti	ion ID :	PR4375	6282886	5					
New Orleans	LA	70123-3296	A	mount	of	Each R	eceipt th	nis Perio	d					
FEC ID number of contributing federal political committee.	C					-		42	2.00					
Name of Employer (for Individual) MassMutual	Occi Brok	upation (for Individual) ker		Me	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 677.00	P/	R Dedi	uctio	on (\$42.)	00 Monti	hly)						
Full Name of Individual (Last, First, M Mobley, Dennis, F., ,	liddle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 137 Executive Drive Suite D				м м 06	1	D D 30	/ Y	y y 2022	Y					
City	State	Zip Code	Transaction ID : PR437587528865											
Madison	MS	39110-8456	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		50.00											
Name of Employer (for Individual) SouthGroup Benefits Consultants, LLC		upation (for Individual) ker		Me	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/I	R Dedu	uctic	on (\$50.0	00 Montł	nly)						
Full Name of Individual (Last, First, M C. Robinson, Judith, L., ,	liddle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address P O Box 10071				<sup>M</sup> 06	/	<sup>D</sup> 30		y y 2022						
City Tyler	State TX	Zip Code 75711-0071	-					9412886						
FEC ID number of contributing federal political committee.	С		A	mount	of	Each R	eceipt th	nis Perio 8	d 5.00					
Name of Employer (for Individual)		upation (for Individual)	- ī	Me	emo	tem								
Judith Robinson Insurance Services, L Receipt For: Primary General Other (specify)		er Year-to-Date ▼ 510.00	P/	R Ded	uctio	on (\$85.	00 Mont	hly)						
SUBTOTAL of Receipts This Page (opt	ional)					, .	. ,	177	7.00					
TOTAL This Period (last page this line	number only)													

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			for each category of the Detailed Summary Page	<b>X</b> 1 <sup>2</sup>			11b 14	11c 15	12	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for	the p	ourp tribi	ose of	soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Starks, Eugene, , ,	al) or Full O	rganization Name	Dat	e of	Ree	ceipt			
	Mailing Address 1022 Highland Colony Parkway Suite 202				06 <sup>™</sup>	/	30	/ Y	ү ү 2022	Y
	City Ridgeland	State MS	Zip Code 39157-2086						0312886 nis Period	
	FEC ID number of contributing federal political committee.	С					,	-	85	.00
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occu Brok	upation (for Individual) ker		Me	mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1410.00	P/R	Dedu	uctic	on (\$85.0	00 Mont	hly)	
в.	Full Name of Individual (Last, First, Middle Initia Rasch, Tim, C., ,	al) or Full O	rganization Name	Dat	e of	Ree	ceipt			
	Mailing Address 19445 Westling Dr				06	/	30	/ Y	y y 2022	Ý
	City Oregon City	State OR	Zip Code 97045-6920						0622886	-
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) Consilium Benefit Advisors	Occi Brol	upation (for Individual) ker		Me	mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 472.00	P/R I	Dedu	ictio	ın (\$12.(	00 Montl	nly)	
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Dat	e of	Ree	ceipt			
	Mailing Address 12022 FOREST MOON DR	State	Zin Onde		06	/	30	L	2022	_
	City CYPRESS	TX	Zip Code 77433-3834				-		7192886 nis Period	-
	FEC ID number of contributing federal political committee.	С			_		,	. y	42	.00
	Name of Employer (for Individual) Senior Health Plans of Texas	Occu Brok	upation (for Individual) ker		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	P/R	Dedu	uctic	on (\$42.	00 Mont	hly)	
s	UBTOTAL of Receipts This Page (optional)						, .		139	.00
т	OTAL This Period (last page this line number or	וy)	•				,			

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			for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	<u> </u>				
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Strouse, Marcie, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 9854 Colby Ave				м м 06	1	30	) / Y	y y 2022	Y				
	City Clive	State IA	Zip Code 50325-6422	_					83128865 nis Period					
	FEC ID number of contributing federal political committee.	C							85.0	00				
	Name of Employer (for Individual) Capitol Benefits Group	Occu Brok	upation (for Individual) ker		Me	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00		P/R Dedu	uctio	on (\$85	.00 Mont	hly)					
в.	Full Name of Individual (Last, First, Middle Initia Granado, Arthur, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 418 Peoples, # 505				<sup>M</sup> 06	1	30		2022	Ŷ				
	Corpus Christi	State TX	Zip Code 78401-2350		Transaction ID : PR437693228865 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			00									
	Name of Employer (for Individual) The Granado Group	Occu Brok	upation (for Individual) ker		Me	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	l f	P/R Dedu	uctio	on (\$85.	00 Montl	hly)					
с.	Full Name of Individual (Last, First, Middle Initia Melgoza, Renee, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 9114 Adams Avenue Ste 191 City	State	Zip Code		06 Trans	/	30		2022 01128865					
	Huntington Beach	CA	92646-3405						nis Period					
	FEC ID number of contributing federal political committee.	С			Ē		,		60.0	00				
	Name of Employer (for Individual) Melgoza Insurance Solutions	Occu Ager	upation (for Individual) ht		Me	emo	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00		P/R Dedi	ucti	on (\$30	.00 Mont	hly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	•	Ę.	_	,		230.0	00				
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FOR LINE NUMBER:

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or for commercial purposes, other than using		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl Webb, Yolanda, Marie, CHRS,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6117 Clover Ct.			M M / D D / Y Y Y Y 06 30 2022
City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705628865           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Webb Insurance Solutions	Occu Brok	upation (for Individual) ser	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middl Berry, Ernest, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5121 69th St., A9A			06 / D D / Y Y Y Y 2022
City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737428865
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Berry Agency	Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First, Middl Williams, Leslie, A., CHRS,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2295 Hilltop Drive Suite 5			06 / D D / Y Y Y Y Y 2022
City Redding	State CA	Zip Code 96002-0515	Transaction ID : PR437742928865           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	P/R Deduction (\$42.00 Monthly)
SUBTOTAL of Receipts This Page (optiona	l)		177.00

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

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			Detailed Summary Page		<b>×</b> 11a		]11b	11c		12		
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any puddress of any political committee	erson e to s	for the olicit cor	pur ntrib	pose of outions f	solicitin from suc	g co :h cc	ntribut mmitt	ions ee.	_
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee									
/												
Α.	Full Name of Individual (Last, First, Middle Initia Edwards, Susan, Christensen, ,	al) or Full C	organization Name		Date of	Re	eceipt					
	Mailing Address 40 S. Roop St PO Box 1478				м м 06	1	30		2'	022	Y	
	City	State	Zip Code		Trans	acti	ion ID :	PR4377	5552	28865		
	Susanville	CA	96130-4336	_	Amount	of	Each R	Receipt t	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С				_	-	-	_	50.0	00	
	Name of Employer (for Individual) E. Christensen Insurance Agency, Inc.	Occ Brol	upation (for Individual) ker		Me	emc	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00		P/R Dedu	uctio	on (\$50.	.00 Mont	:hly)			
В.	Full Name of Individual (Last, First, Middle Initia Johnson, John, P., ,	al) or Full C	Organization Name		Date of	Re	eceipt					
	Mailing Address 8414 N. Wall Street Ste C				<sup>M</sup> M	1	30		2(	)22	Y	
	City	State	Zip Code		Trans	acti	on ID :	PR4377	7582	28865		
	Spokane	WA	99208-6161	_	Amount	of	Each R	Receipt t	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			_	63.0	00	
	Name of Employer (for Individual) IFS	Occ Bro	upation (for Individual) ker		Me	emc	ltem					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		P/R Dedu	uctio	on (\$63.	.00 Mont	hlv)			
	Other (specify) ▼	L	378.00						,,			
с.	Full Name of Individual (Last, First, Middle Initia Cade, Kareim, R., ,	al) or Full C	organization Name		Date of	Re	eceipt					
	Mailing Address 512 N Main St Suite 105				06	1	D 30			)22 <sup>°</sup>	Y	
	City	State	Zip Code		Trans	act	ion ID :	PR4377	7862	28865		
	Royal Oak	MI	48067-1815		Amount	of	Each R	Receipt t	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С			Ŀ	_	y	 y	_	85.0	00	
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	tem					
	Great Lakes Benefit Group Receipt For:	Brok										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00		P/R Ded	ucti	on (\$85	.00 Mon	thly)			
	UBTOTAL of Receipts This Page (optional)			<u> </u>	[.		y .	· · ·	-	198.0	00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting co or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such or NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Network of Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 1145 2nd Street       Image: Committee         #A. Little, Cathy,       Code         #A. 269       Chy         State       Zip Code         Breintwood       CA         PFC ID number of contributing tederal political committee.       Date of Receipt for         Receipt For:       Primary         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Mailing Address 15 Alden Street       C         State       Zip Code         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 15 Alden Street       State         State       Zip Code         Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$555.00 Monthly)         Primary       General       Other (specify) ▼ <th></th> <th>Detailed Summary</th> <th></th> <th><b>X</b> 11a 11b 11c 12</th>		Detailed Summary		<b>X</b> 11a 11b 11c 12
Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Little, Cathy, , ,         Mailing Address 1145 2nd Street         #A-269         City         Brentwood         Citor (nonview of contributing federal political committee.         Name of Employer (tor Individual)         Essential Exchange Insurance Services         Breatter (specify) ▼         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Lubernow, Justin, , ,         Mailing Address 15 Alder Street Suite 8         City         Cranford         PEC ID number of contributing federal political committee.         Name of Employer (for Individual) Broker         B. Lubernow, Justin, , ,         Mailing Address 15 Alder Street Suite 8         City         Carnford         Primary       General Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General State 100         City       State 100         Piracin				
A.       Little, Cathy, , , , , , , , , , , , , , , , , , ,		n Committee		
#A-269       06       30       2         City       State       Zip Code       Transaction ID : PR4378556         Brentwood       C       94513-2292       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Docupation (for Individual)       Bicker         Receipt For:	tle, Cathy, , ,	or Full Organization Name		Date of Receipt
Brentwood       CA       94513-2292       Amount of Each Receipt this F         FEC. ID number of contributing tederal political committee.       C       Amount of Each Receipt this F         Name of Employer (for Individual)       Occupation (for Individual)       Broker         Besential Exchange Insurance Services       Broker         Primary       General       Office Services         Dther (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.00 Monthly)         B. Lubenow, Justin, , ,       Malling Address 15 Alden Street       Of (* 30 ′ 22         Suite 8       City       Orole-2149         FEC ID number of contributing tederal political committee.       Occupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)       Date of Receipt this F         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$55.00 Monthly)         Primary       General       Occupation (for Individual)         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$55.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Waltman, Jessica, , ,       Malling Address 182/2 Resistentown Road       Suite 100         City       State       Zip Code       Mount of Each	#A-269	State Zin Code		06 30 2022
FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Essential Exchange Insurance Services       Occupation (for Individual) Broker       P/R Deduction (\$38.00 Monthly)         Receipt For: B. Lubenow, Justin, , , Mailing Address 15 Adden Street Suite 8       Aggregate Year-to-Date ▼       P/R Deduction (\$38.00 Monthly)         FEC ID number of Individual (Last, First, Middle Initial) or Full Organization Name B. Lubenow, Justin, , , Mailing Address 15 Adden Street Suite 8       Date of Receipt         FEC ID number of contributing federal political committee.       C       Transaction ID :: PR47006912 Monut of Each Receipt this F         Name of Employer (for Individual) Lubenow Agency       Occupation (for Individual) Broker       Memo Item         P/R Deduction (\$55.00 Monthly)       Occupation Name       P/R Deduction (\$55.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Waltman, Jessica, , , Mailing Address 1829 Resistertown Road Suite 100       C       Date of Receipt this F         FEC ID number of contributing federal political committee.       C       Mailing Address 1829 Resistertown Road Suite 100       Transaction ID : PR4701001         Receipt For: Pikesville       Mailing Address 1829 Resistertown Road Suite 100       C       Memo Item         Name of Employer (for Individual) Principal       Occupation (for Individual) Principal       P/R Deduc				Amount of Each Receipt this Period
Essential Exchange Insurance Services       Broker         Receipt For:       Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Lubenow, Justin, , ,       Mailing Address 15 Alden Street       Date of Receipt         Suite 8       City       State       Zip Code         Cranford       NJ       07016-2149       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Mailing Address 1520 Monthly)       P/R Deduction (\$55.00 Monthly)         Receipt For:       Primary       General       Occupation (for Individual) Broker       P/R Deduction (\$55.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         Mailing Address 1829 Reistertown Road Suite 100       State       Zip Code       Transaction ID : PR4701001         Aggregate Year-to-Date ▼       Mailing Address 1829 Reistertown Road Suite 100       C       Transaction ID : PR4701001         Aggregate Year-to-Date ▼       MD       21208-6301       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       MD       21208-6301 <td>8</td> <td>C</td> <td></td> <td>38.00</td>	8	C		38.00
Primary       General         Other (specify) ▼       228.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Lubernow, Justin, , ,       Mailing Address 15 Alden Street       Date of Receipt         Suite 8       City       State       Zip Code         Cranford       NJ       07016-2149       Transaction ID : PR47006912         FEC ID number of contributing federal political committee.       C       Mailing Address 15, Alden Street       Momont of Each Receipt this F         Name of Employer (for Individual)       Occupation (for Individual)       Broker       P/R Deduction (\$55.00 Monthly)         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$55.00 Monthly)       Date of Receipt         Mailing Address 1a29 Relistertown Road       State       Zip Code       Date of Receipt         Mailing Address 1a29 Relistertown Road       MD       21208-6301       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Momount of Each Receipt this F       Momount of Each Receipt this F         Pikesville       MD       21208-6301       Amount of Each Receipt this F       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$85.00 Monthly)			)	Memo Item
B.       Lubenow, Justin, , ,         Mailing Address 15 Alden Street       State         Suite 8       State         City       State         City       State         PEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Broker       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Mailing Address 1829 Reistertown Road       Mo       21208-6301         FEC ID number of contributing federal political committee.       C       Mailing Address 1829 Reistertown Road         Mailing Address 1829 Reistertown Road       Mo       21208-6301       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Mo       21208-6301       Amount of Each Receipt this F         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$85.00 Monthly)       P/R Deduction (\$85.00 Monthly)         Mailing Address (for:       Aggregate Year-to-Date ▼        P/R Deduction (\$85.00 Monthly)	Primary General		228.00	P/R Deduction (\$38.00 Monthly)
Suite 8       06       30       20         City       State       Zip Code       Transaction ID : PR47006913         Cranford       NJ       07016-2149       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Image: Committee interval int		or Full Organization Name		Date of Receipt
Cranford       NJ       07016-2149       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this F         Name of Employer (for Individual) Lubenow Agency       Occupation (for Individual) Broker       Memo Item         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$55.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Waltman, Jessica, , ,       Mailing Address 1829 Reistertown Road Suite 100       Date of Receipt         City       State       Zip Code       Mount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Mailing Address 1829 Reistertown Road Suite 100       Memo Item         FEC ID number of contributing federal political committee.       C       Magregate Year-to-Date ▼       P/R Deduction (\$85.00 Monthly)         MZQ Consulting       Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$85.00 Monthly)	Suite 8			
federal political committee.       C         Name of Employer (for Individual) Lubenow Agency       Occupation (for Individual) Broker       Memo Item         Receipt For:  Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$55.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Waltman, Jessica, , ,         Mailing Address 1829 Reistertown Road Suite 100       State       Zip Code         City       State       Zip Code         Pricesville       MD       21208-6301         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         MZQ Consulting       Principal         Receipt For: 				Transaction ID : PR470069128865 Amount of Each Receipt this Period
Inderion Agency       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Waltman, Jessica, , ,       Mailing Address 1829 Reistertown Road       Date of Receipt         Gity       State       Zip Code       Transaction ID : PR4701001         Prikesville       MD       21208-6301       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Mamount of Each Receipt this F         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         MZQ Consulting       Aggregate Year-to-Date ▼       P/R Deduction (\$85.00 Monthly)         Principal       Aggregate Year-to-Date ▼       P/R Deduction (\$85.00 Monthly)	8	C		55.00
Primary       General         Other (specify)       P/R Deduction (\$55.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Waltman, Jessica, , ,         Mailing Address 1829 Reistertown Road       State         Suite 100       City         Pikesville       MD         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         MZQ Consulting       Primary         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       State	enow Agency	,	)	Memo Item
C.       Waltman, Jessica, , ,         Mailing Address 1829 Reistertown Road	Primary General		424.00	P/R Deduction (\$55.00 Monthly)
Suite 100       Of       30       20         City       State       Zip Code       Transaction ID : PR4701001         Pikesville       MD       21208-6301       Amount of Each Receipt this F         FEC ID number of contributing tederal political committee.       C       MD       21208-6301         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         MZQ Consulting       Principal       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$85.00 Monthly)         Other (specify)       510.00       S10.00       P/R Deduction (\$85.00 Monthly)		or Full Organization Name		Date of Receipt
Pikesville       MD       21208-6301         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this F         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         MZQ Consulting       Principal       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$85.00 Monthly)         Other (specify)       510.00       FIGURE 1000	Suite 100			06 30 2022
FEC ID number of contributing federal political committee.       C       Image: Construction of the system				
Marke of Employer (for individual)     Occupation (for individual)       MZQ Consulting     Principal       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     510.00	0	C		85.00
Primary General Other (specify) 510.00 P/R Deduction (\$85.00 Monthly)	Q Consulting	,	)	Memo Item
	Primary General		510.00	P/R Deduction (\$85.00 Monthly)
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	information copied from such Reports and State r commercial purposes, other than using the na										
\ N/	AME OF COMMITTEE (In Full)										
ightarrow H	lealth Underwriters Political Actio	n Com	mittee								
	III Name of Individual (Last, First, Middle Initial) Stevens, Kenneth, W., ,	or Full O	rganization Name	[	Date of	Re	ecei	pt			
Ma	ailing Address 4916 Bellemeade Ave				м м 06	/	ľ	30	/ Y	y y 2022	Y
Ci	-	State	Zip Code		Trans	acti	ion	ID :	PR49632	23828865	
	vansville	IN	47715-4130	A	mount	of	Ea	ch Re	eceipt th	is Period	
	EC ID number of contributing deral political committee.	С			_		-		-	85.0	
	ame of Employer (for Individual) evens Insurance Advisors		pation (for Individual) pendent Agent & Broker		Me	emo	o Ite	əm			
Re	eceipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		510.00	P	'R Dedi	uctio	on (	(\$85.0	00 Month	nly)	
	III Name of Individual (Last, First, Middle Initial) 'barra, Valeria, , ,	or Full O	rganization Name		Date of	Re	ecei	pt			
Ma	ailing Address 7236 Vanessa Dr				м м 06	/	ľ	30	/ Y	y y 2022	Y
Ci	•	State	Zip Code				-			24128865	
	orpus Christi	ТХ	78414-5710	_	mount	of	Ea	ch Re	eceipt th	is Period	
	EC ID number of contributing deral political committee.	С					-			30.0	00
	ame of Employer (for Individual) risure LLC dba Carlisle Insurance	Occu Brok	upation (for Individual) Ker		Me	emo	o Ite	əm			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 665.00	P/	R Dedu	uctic	on (	(\$30.0	00 Month	nly)	
	III Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name		Date of	Re	ecei	pt			
Ma	ailing Address 901 E. Battlefield				м м 06	/		30	/ Y	y y 2022	Y
Ci	-	State MO	Zip Code 65807-4811							84928865	
	pringfield		03007-4011		Amount	of	Ea	ch Re	eceipt th	is Period	
	EC ID number of contributing deral political committee.	С			_	_	,			85.0	00
	ame of Employer (for Individual) ixon & Lindstrom Insurance		ipation (for Individual) p Health and Benefits Producer		Me	emo	o Ite	əm			
Re	eceipt For:	1	Year-to-Date ▼								
	Primary General Other (specify)		455.00	P	/R Ded	uctio	on	(\$85.)	00 Montl	hly)	
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ITEMIZED RECEIPTS		Detailed Summary Page	×	11a		]11b		11c		12				
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Any information copied from such Repo or for commercial purposes, other than														
NAME OF COMMITTEE (In Full) Health Underwriters Polit	ical Action Com	mittee												
Full Name of Individual (Last, First, <b>A.</b> Nichols, Thomas, L., ,	Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt			_					
Mailing Address 3100 S Berry Suite 100				м м 06	/	;	д 30	/ Y	20	)22	Y			
City Norman	State OK	Zip Code 73072-7480						R84026						
		13012 1400	A	mount	t of	⊢ach	ı Re	ceipt th	is P	eriod				
FEC ID number of contributing federal political committee.	C					-		-		85.0	00			
Name of Employer (for Individual) Colonial Life		upation (for Individual) rict General Manager		M	emo	lten	ſ							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/	'R Ded	uctio	on (\$	85.0	0 Month	ıly)					
Full Name of Individual (Last, First, <b>B. Mulcare, Robert</b> , , ,	Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address 121 S 6th St				м м 06	/		р 30	/ Y	y 20	22	Y			
City	State	Zip Code	Transaction ID : PR860243828865											
Klamath Falls	OR	97601-6132	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		85.00											
Name of Employer (for Individual) Simmons Insurance Group	Occ Bro	upation (for Individual) ker		M	emo	lten	ſ							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 785.00	P/I	R Ded	uctic	on (\$8	85.00	0 Month	ıly)					
Full Name of Individual (Last, First, C. Morgan, Christian, D., ,	Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address 2200 W Commercia Ste 306	1			<sup>M</sup> 06	/		30 <sup>D</sup>	/ Y		22	Ŷ			
City Fort Lauderdale	State FL	Zip Code 33309-3064						R89108						
FEC ID number of contributing federal political committee.	С		A	Amount	t of	⊢ach	i Re	ceipt th	is P	eriod 170.(	0			
Name of Employer (for Individual)		upation (for Individual)	1	М	emo	o Iten	n	7						
Morgan Fidelity Associates, Inc. Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00		/R Ded	luctio	on (\$	170.	00 Mon	thly)	)				
SUBTOTAL of Receipts This Page (or	tional)	••••••	. [			y		9		340.0	0			
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SC	HEDULE B (FEC Form 3X)						NUMBER	:			_	PAGE	106	6 OF	118
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C	heck		one)		23	Г	26	 : Г	27		
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	Health Underwriters Political Actio	n Commi	ittee												
	Full Name (Last, First, Middle Initial) PayPal						Date o	f Dis	sburse	em	ent				
	Mailing Address 2211 North First Street						06	/	9	D 30	/		2022	Y	
	City San Jose	State CA	Zip Code 95131				FEC lo	lenti	ficatio	n I	Numt	ber			
	Purpose of Disbursement	-		0	01	٦	С								
	Candidate Name		L		egory ype	/	Tr: Amour		action Each					s Per	riod
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	Candidate Name		\		egory ype	/	Amour	t of	Each	D	isbur	seme	nt thi	s Per	riod
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SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 107 OF 118						
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)						
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or	for commercial purposes, other than using the na										
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)										
$\bigvee$	Health Underwriters Political Actio	n Comm	littee								
	Full Name (Last, First, Middle Initial)				Data of Disburgement						
А.	Wyden for Oregon				Date of Disbursement						
	Mailing Address PO Box 3271				06 03 2022						
	City Portland	State OR	Zip Code 97208		FEC Identification Number						
	Portand Purpose of Disbursement		97208		С						
				011	Transaction ID : 16683126						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:		Туре	3000.00						
	Senate	Primary	General		7 7 7						
	President	Other (spe	ecify) 🔻		Memo Item						
	State: District:										
	Full Name (Last, First, Middle Initial)				Date of Disbursement						
	HOUFS FAC										
	Mailing Address PO BOX 3314				06 03 2022						
	City	State OR	Zip Code		FEC Identification Number						
	PORTLAND Purpose of Disbursement	UK	97208		С С00392738						
				011	Transaction ID : 16683128						
	Candidate Name		'	Category/	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:		Туре	2000.00						
	Senate	Primary	General		45 45 46						
	President	Other (spe	cify)		Memo Item						
	State: District:										
-	Full Name (Last, First, Middle Initial) Grassley Committee Inc				Date of Disbursement						
	Mailing Address PO Box 1000				06 03 2022						
	City	State	Zip Code		FEC Identification Number						
	Des Moines Purpose of Disbursement	IA	50304								
				011	C C00230482						
	Candidate Name			Category/	Transaction ID : 16683129 Amount of Each Disbursement this Period						
	Grassley, Chuck, E., Sen., Office Sought: House Disburse			Туре	1000.00						
	Office Sought: House Disburse	ment For: Primary	2022 X General		7 7 7						
	President	Other (spe			Memo Item						
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SCHEDU	LE B (FEC Form 3X)			FOR I	LINE	NUMBER: PAGE 108 OF 118
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Any informat or for comme	ion copied from such Reports and Stat ercial purposes, other than using the na	ements may ame and add	not be sold or us Iress of any politic	ed by any cal commit	perso tee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	COMMITTEE (In Full)	on Comm	nittee			
A. Titus F	e (Last, First, Middle Initial) For Congress ddress PO Box 72454					Date of Disbursement
City		State	Zip Code			FEC Identification Number
Las Vegas Purpose o	s of Disbursement	NV	89170	011		C C00499467
Candidate <b>Titus, I</b> Office Sou	Dina, , Rep.,	ement For:	2000	Categor Type	y/	Transaction ID : 16683130 Amount of Each Disbursement this Period 2000.00
	NV District: 01		General			Memo Item
	e (Last, First, Middle Initial) r For Congress					Date of Disbursement
	ddress 301 W Platt Street, #385	1	- 1			06 09 2022
City Tampa Purpose o Candidate	of Disbursement	State FL	Zip Code 33606	011		FEC Identification Number C C00410761 Transaction ID : 16686619 Amount of Each Disbursement this Period
Office Sou	Senate X President	ement For: Primary Other (spe	General	Categor Type	y/	1000.00 Memo Item
Full Name	FL       District:       14         e (Last, First, Middle Initial)         Sherrill For Congress					Date of Disbursement
Mailing Ad	ddress P.O. Box 43032					06 / D D / Y Y Y Y 06 09 2022
City Montclair Purpose c	of Disbursement	State NJ	Zip Code 07043	011	-	FEC Identification Number
	ll, Rebecca, , ,			Categor Type	y/	Transaction ID : 16686622 Amount of Each Disbursement this Period
Office Sou	ught: House Disburs Senate President NJ District: 11	ement For: Primary Other (spe	<b>x</b> General			2000.00 Memo Item
SUBTOTAL	of Disbursements This Page (optional)	)			•	5000.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 109 OF 118
ITEMIZED DISBURSEMENTS	for each	barate schedule(s) n category of the I Summary Page	(check on 21b 28a	ly one) 22 <b>X</b> 23 26 27
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NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Comn	nittee		
Full Name (Last, First, Middle Initial) A- Angie Craig For Congress Mailing Address PO Box 22116				Date of Disbursement
City	State	Zip Code		
Eagan Purpose of Disbursement	MN	55122		FEC Identification Number
Candidate Name Craig, Angela, , , Office Sought: x House Disbur	sement For:	2022	011 Category/ Type	Transaction ID : 16686623 Amount of Each Disbursement this Period
State: MN District: 02	Primary Other (sp	General (€ General) € General		Memo Item
Full Name (Last, First, Middle Initial) B. Hoyer For Congress Mailing Address 700 13th Street Nw Suite 800				Date of Disbursement
City Washington Purpose of Disbursement Candidate Name Hoyer, Steny, H., Rep.,	State DC	Zip Code 20005	011 Category/ Type	FEC Identification Number C C00140715 Transaction ID : 16686624 Amount of Each Disbursement this Period
	sement For: Primary Other (sp	<b>x</b> General		Memo Item
Full Name (Last, First, Middle Initial) C. Kuster For Congress, Inc Mailing Address PO Box 1498				Date of Disbursement
City Concord Purpose of Disbursement	State NH	Zip Code 03302	011	FEC Identification Number C C00462861 Transaction ID : 16686625
Sonato	sement For: Primary Other (spe	General	Category/ Type	Amount of Each Disbursement this Period
	Other (spi	ecify) ▼		Memo Item

SCHEDULE B (FEC Form 3	3X)			FOR I	INF	NUMBER:		PA	AGE	110 OF 118
ITEMIZED DISBURSEMENTS	5		arate schedule(s) category of the	(check	only	one)				
			Summary Page		21b 28a	22 28b	<b>X</b> 23 28c	26		27 30b
Any information copied from such Reports or for commercial purposes, other than usi				ed by any	perso	on for the p	ourpose (	of soliciti		ntributions
NAME OF COMMITTEE (In Full)		_								
Health Underwriters Politica	al Actior	ר Comm	ittee							
Full Name (Last, First, Middle Initial) A. Jake Auchincloss For Cong	ress					Date of	Disburse		V	YY
Mailing Address P.O. Box 600698						06	0			)22
City Newtonville	:	State MA	Zip Code 02460			FEC Ide	entificatio	n Numbe	er	
Purpose of Disbursement				011	٦	С	C007214	49		
Candidate Name				Category	/		n <b>saction</b> of Each			this Period
Auchincloss, Jake, , , Office Sought: x House	Disburser	nent For: 2	2022	Туре					1	000.00
Senate President	×	Primary Other (spec	General				no Item			-40-
State: MA District: 04							no item			
Full Name (Last, First, Middle Initial) B. Mcconnell Senate Committ Mailing Address PO Box 1496	ee					Date of	Disburse			)22
						00		5	20	
City Louisville		State KY	Zip Code 40201			FEC Ide	entificatio	n Numbe	er	_
Purpose of Disbursement				011		Ŭ	C001933₄ nsaction	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	86627	
Candidate Name McConnell, Mitch, , Sen.,				Category Type	/	Amount	of Each	Disburse	ement	this Period
Office Sought: House	Disburser	ment For: 2	2021	туре					1	000.00
X Senate President	×	Primary Other (spec	General Gify)					- 4		4
State: KY District:						Mer	no Item			
Full Name (Last, First, Middle Initial) C. Lauren Underwood For Cor	ngress						Disburse			
Mailing Address 13400 S ROUTE 59 STE 116 BOX 248						06	/ D	6		)22
City PLAINFIELD		State IL	Zip Code 60585			FEC Ide	entificatio	n Numbe	er	
Purpose of Disbursement				011		Tra	C006527 nsaction	ID : 167		
Underwood, Lauren, , Rep.				Category Type	//	Amount	of Each	Disburse		this Period
Office Sought: X House Senate	Disburser	nent For: 2 Primary	2022 General						2	2000.00
State: IL District: 14		Other (spec	cify) ▼			Mer	no Item			
SUBTOTAL of Disbursements This Page	(optional)									4000.00
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SCHEDULE B (FEC Form 3X)		oroto ophericie ( )	FOR LINE	NUMBER: PAGE 111 OF 118
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 28a	22 <b>X</b> 23 26 27
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. Anna Eshoo For Congress				Date of Disbursement
Mailing Address 555 Capitol Mall, Suite 400				06 16 2022
City Sacramento	State CA	Zip Code 95814		FEC Identification Number
Purpose of Disbursement Candidate Name			011	C C00258475 Transaction ID : 16760469 Amount of Each Disbursement this Period
	ment For:		Category/ Type	
State: CA District: 18	Primary Other (spe	ify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. Kuster For Congress, Inc Mailing Address PO Box 1498				Date of Disbursement
City Concord Purpose of Disbursement	State NH	Zip Code 03302		FEC Identification Number
	1	2022	011 Category/ Type	Transaction ID : 16760922 Amount of Each Disbursement this Period 1000.00
State: NH District: 02	Primary Other (spe	cify)		Memo Item
Full Name (Last, First, Middle Initial) C. Clarke For Congress				Date of Disbursement
Mailing Address 111-36 200th. Street				06 / 16 / Y Y Y Y 2022
City Hollis Purpose of Disbursement	State NY	Zip Code 11412		FEC Identification Number
Candidate Name Clarke, Yvette, D., Rep.,			011 Category/ Type	C C00415331 Transaction ID : 16760923 Amount of Each Disbursement this Period
Office Sought: Senate President State: NY Disburse President Disburse Senate President 09	ment For: Primary Other (spe	General		Memo Item
SUBTOTAL of Disbursements This Page (optional).			F	3000.00

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$  \rangle$	NAME OF COMMITTEE (In Full)		•											
	Health Underwriters Political Actio	n Comm	ittee											
Α.	Full Name (Last, First, Middle Initial) Scott Peters For Congress						Date of	Disl	burse	ment				
							M M	1	D	D /	Y	YY	Y	
	Mailing Address PO Box 22074						06		10	6	L	2022		
	City	State	Zip Code				FEC Id	entifi	catior	n Num	ıber			
	San Diego	CA	92192					-						
	Purpose of Disbursement			0	)11		•	-	50311					
	Candidate Name										67609	ent this P	oriod	
	Peters, Scott, , Rep.,				egory ype	″	Amoun		_acm	มอมน	Seine	ant u 115 P	enou	
		ment For: 2	2022									500.00	)	
	Senate x	Primary	General					,			,			
	State: CA District: 52	Other (spe	city) 🔻				Me	mo l	tem					
	Full Name (Last, First, Middle Initial)													
Β.	Lisa Blunt Rochester For Congres	S					Date of	Disl	burse	ment				
							MM	/	D		Y	Y Y	Y	
	Mailing Address PO Box 9767						06 16 2022							
	City	State	Zip Code				FEC Id	entifi	catior	Num	ber			
	Wilmington Purpose of Disbursement	DE	19809				C	000	-007-	<b>70</b>				
				0	)11		C C00590778 Transaction ID : 16760925							
	Candidate Name					<b>25</b> ent this P	eriod							
	Blunt Rochester, Lisa, , ,				egory ype					2.000				
		ment For:									,	1000.00	)	
		Primary	General											
	State: DE District: 00	Other (spec	uny)				Me	mo l	tem					
_	Full Name (Last, First, Middle Initial)						_							
C.	Rosen For Nevada						Date of	Disl		_				
	Mailing Address 1000 N Green Valley Pkwy						м м 06	/	D 16		Y	Y Y 2022	Y	
	#440-177						00							
	City	State	Zip Code				FEC Id	entifi	catior	n Num	ber			
	Henderson Purpose of Disbursement	NV	89074				0	000	0000	20				
				0	)11		U	_	60693	_	0705			
	Candidate Name				egory	//					67609 rseme	9 <b>26</b> ent this P	eriod	
	Rosen, Jacky, , ,				ype	<u> </u>								
		ment For: 2									,	2500.00	)	
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	State. IV District. 05						_	_	_	_	_		_	
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$\backslash$	NAME OF COMMITTEE (In Full)	-												
	Health Underwriters Political Actio	n Comm	littee											
Α.	Full Name (Last, First, Middle Initial) Rosen For Nevada							ate of	f Di					
	Mailing Address 1000 N Green Valley Pkwy #440-177							06	<i>'</i>	D 1	16			022
	City Henderson	State NV	Zip Code 89074				F	EC Id	enti	ficatio	n	Numbe	r	
	Purpose of Disbursement Void - Rosen For Nevada			0	)11	٦	(			06069 Action		) D:1676	002	8
	Candidate Name Rosen, Jacky, , ,			Cate	egor ype	y/	A							t this Period
		ement For:	2022 X General				L			<b>y</b>			-	2500.00
	State: NV District: 03	Other (spe	cify) ▼					Me	mo	Item	V	01a - Ro	sen i	For Nevada
	Full Name (Last, First, Middle Initial)													
В.	Rosen For Nevada						_	ate of	f Dis	sburse			Y	Y Y
	Mailing Address PO Box 27195		_					06			16		2	022
	City Las Vegas	State NV	Zip Code 89126				F	EC Id	enti	ficatio	n	Numbe	r	
	Purpose of Disbursement		09120			-	C	C	C00	06069	39	9		
	Candidate Name				)11							D:1676		
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	x     Senate       President	Primary Other (spe	<b>x</b> General cify)				Ē	Me	mo	Item				
	State: NV District:													
C.	Full Name (Last, First, Middle Initial)						D	ate of	f Di					
	Mailing Address 700 13th St NW Suite 600							06	/	D 1	16			022
	City Washington	State DC	Zip Code 20005				F	EC Id	enti	ficatio	n	Numbe	•	
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	Candidate Name			Cate	911 egor ype	y/	A					D : 1676 Disburse		<b>1</b> t this Period
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	ny information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Comm	littee										
Α.	Full Name (Last, First, Middle Initial) EVERGREEN PAC				Date of Disbursement								
	Mailing Address 499 S CAPITOL ST, SW SUITE 420		1		06 16 2022								
	City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number								
	Purpose of Disbursement Candidate Name			011	C C00576090 Transaction ID : 16760932								
				Category/ Type	Amount of Each Disbursement this Period								
	Office Sought:     House     Disburse       Senate     President     Image: Senate	ement For: Primary Other (spe	General cify) ▼		2500.00								
	State: District:												
B.	Full Name (Last, First, Middle Initial) Derek PAC				Date of Disbursement								
	Mailing Address 412 1st St. SE Suite 100												
	City Washington	State DC	Zip Code 20003		FEC Identification Number								
	Purpose of Disbursement			011	C C00531632 Transaction ID : 16760933								
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President	ement For: Primary	General		2000.00								
	State: District:	Other (spe	city)		Memo Item								
C.	Full Name (Last, First, Middle Initial) Strickland For Washington				Date of Disbursement								
	Mailing Address 1625 E 72nd St Ste 700-139				06 / 16 / Y Y Y Y 2022								
	City Tacoma	State WA	Zip Code 98404		FEC Identification Number								
	Purpose of Disbursement Candidate Name Strickland, Marilyn, , ,			011 Category/	C C00732826 Transaction ID : 16760934 Amount of Each Disbursement this Period								
		ement For:	2022 General	Туре	2000.00								
	State: WA District: 10	Other (spe	cify) ▼		Memo Item								
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NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee													
Full Name (Last, First, Middle Initial) • Texans For Henry Cuellar Congres	ssional (	Campaign			[	Date of	f Disbu	irse	_		YYYY				
Mailing Address 1519 Washington Street Suite 200		1				06		1			2022				
City Laredo	State TX	Zip Code 78040			F	EC Id	entifica	tior	n Nu	umber					
Purpose of Disbursement			0	11		•	C0037 Insacti			1676	0935				
Candidate Name Cuellar, Henry, , Rep.,				egory/ /pe	A						nent this Period				
	ment For: 2 Primary	2022 X General		ype	1		-9-		_	-	1000.00				
State: TX District: 28	Other (spe	cify) 🔻			[	Me	mo Ite	m							
Full Name (Last, First, Middle Initial) Ben Sasse For Us Senate Inc Mailing Address 700 R St			-	Date of	f Disbu	D			2022						
Unit 83978 City Lincoln	State NE	FEC Identification Number													
Purpose of Disbursement Candidate Name		1.5	C C00547976 Transaction ID : 16760936 Amount of Each Disbursement this Period												
Sasse, Benjamin, , , Office Sought: House Disburse	ment For:	ent For: 2021 Primary General					1000.00								
State: NE District:	Other (spe	cify)				Me	mo Ite	m							
Full Name (Last, First, Middle Initial) • The New Democrat Coalition Actio	on Fund				[		f Disbu								
Mailing Address 910 17th Street, NW Suite 925						м м 06	/	1		/ Y	2022				
Washington	State DC	Zip Code 20006			1.0		entifica		-	umber					
Purpose of Disbursement Void - NEW DEMOCRAT COALITION POLITICAL <u>AKA NDC PAC</u> Candidate Name	ACTION CC	L	Cate	11 egory/ /pe	1.1		C0040 ansact t of Ea	ion	ID :		<b>0943</b> nent this Period				
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼		, <sub>1</sub>		Ме	mo Ite	m	CO	ALITIC	- 5000.00 W DEMOCRAT DN POLITICAL ACT FEE AKA NDC PAC				
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SC	CHEDULE B (FEC Form 3X)			FC	OR L	INE N	IUMBI	ER:				P	AGE	116 OF 118
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	Health Underwriters Political Actio	n Comm	ittee											
Α.	Full Name (Last, First, Middle Initial) The New Democrat Coalition Actio	on Fund						e of D	)isb	ourse		ent	V	Y Y Y
	Mailing Address 910 17th Street, NW Suite 925							6	/		6	/		022
	-	State	Zip Code				FEC	; Iden	tific	atio	n N	Numb	er	
	Washington Purpose of Disbursement	DC	20006											-
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	Candidate Name			Cate	egory	/						) : 167 sburs		6 It this Period
	Office Sought: House Disburse Senate	ment For: Primary	General		, rv				,					5000.00
	State: District:	Other (spec	cify) ▼					Mem	o It	em				
	Full Name (Last, First, Middle Initial)													
B.	Anna Eshoo For Congress						Date	e of C	)isb /	ourse		ent	Y	/ • Y • Y
	Mailing Address 555 Capitol Mall, Suite 400						(	06			6			2022
	City	State	Zip Code			T	FEC	lden	tific	ation	n N	Numb	er	
	Sacramento Purpose of Disbursement	CA	95814				$\mathbf{C}$	~	000	E 0 4-	75	-		-
	· · · · · · · · · · · · · · · · · · ·			C	011		С			5847	_			
	Candidate Name			Cate	egory	/						: 167 sburs		7 It this Period
	Eshoo, Anna, G., Rep.,				ype				-					
		ment For: 2	·						,					4000.00
	Senate Provident	Primary Other (apor	General											
	State: CA District: 18	Other (spec	Jiry)					Mem	o It	em				
C.	Full Name (Last, First, Middle Initial) Guthrie For Congress						Date	e of D	)isb	ourse	eme	ent		
	Mailing Address PO Box 9639						M C	м 6	/	D 2		1		.022
	-	State	Zip Code				FEC	lden	tific	cation	n N	Numb	er	
	Bowling Green Purpose of Disbursement	KY	42102										-	-
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	Candidate Name Guthrie, Brett, , Rep.,			Cate	egory ype	/	Amo					):167 sburs		8 It this Period
		ment For: 2	2022			-								1000.00
	Senate	Primary	<b>x</b> General						7			,		- 45
	State: KY District: 02	Other (spec	Jiiy) ▼				Ц	Mem	o It	em				
s	UBTOTAL of Disbursements This Page (optional).					•								10000.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 117 OF 118
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the d Summary Page	(check only 21b 28a	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)	-			
Health Underwriters Political Action	on Comn	nittee		
Full Name (Last, First, Middle Initial) A. Carol For Congress				Date of Disbursement
Mailing Address 228 S. Washington Street Suite 115				06 22 Y Y Y Y Y 2022
City Alexandria	State VA	Zip Code 22314		FEC Identification Number
Purpose of Disbursement			011	C C00653220
Candidate Name			Category/	Transaction ID : 16762249 Amount of Each Disbursement this Period
Miller, Carol, , Rep.,Office Sought:xHouseDisburs	ement For:	2022	Туре	1000.00
Senate President	Other (sp	Ceneral ≰ ecify) ▼		Memo Item
State: WV District: 03 Full Name (Last, First, Middle Initial)				
B. Zinke For Congress				Date of Disbursement
Mailing Address PO Box 1596				06 / 22 / Y Y Y Y 2022
City Helena	State MT	Zip Code 59624		FEC Identification Number
Purpose of Disbursement			011	C C00550871
Candidate Name			Category/	Transaction ID : 16762251 Amount of Each Disbursement this Period
Zinke, Ryan, , Rep.,			Туре	2000.00
Office Sought: X House Disburs	ement For: Primary	2022		2000.00
State: MT District: 00	Other (sp			Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
<b>~</b> .				
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	_!			С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For: Primary	General	, <del>, , ,</del>	
State: District:	Other (sp			Memo Item
SUBTOTAL of Disbursements This Page (optional	)		•••••• •	3000.00
TOTAL This Period (last page this line number on	ly)		••••••	50500.00

SCHEDULE B (FEC Form 3X)		arato cohodula(a)				NUMBE	R:			P	AGE	118 OF 11				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cl		only 1b 8a	one) 22 28b		23 28c	F	26		27 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the name				any p	erso	on for th	e pui	pose	of	soliciti		ontributions				
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee														
Full Name (Last, First, Middle Initial) A. Sansevieri, Paul, F., ,						Date										
Mailing Address P O Box 641						06			24			022				
City Corona Del Mar Purpose of Disbursement	State CA	Zip Code 92625-0641				-	ldent	ificatio	on	Numbe	er	-				
Candidate Name		[		10 egory	]					<b>D : 167</b> Disburse		9 t this Period				
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		/pe				-				250.00				
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B. Mailing Address						Date	of Di ™ ′		serr		Y Y	YYY				
City	State	Zip Code				FEC Identification Number										
Purpose of Disbursement		[		Ţ,												
	ment For:			egory. /pe												
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Full Name (Last, First, Middle Initial) C.						Date	of Di	sburs	sem	nent						
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Purpose of Disbursement Candidate Name		[	Cate	gory	]	C	nt of	Each	h D	isburs	emen	t this Period				
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SUBTOTAL of Disbursements This Page (optional).					•	С		7				250.00				
TOTAL This Period (last page this line number only	/)				<b>→</b>	Γ.		,		,		250.00				