

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Underwriters Political Action Committee

ADDRESS (number and street) 1212 New York Ave Suite 1100 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2020 through 02 29 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Murphy, Jennifer, , , Type or Print Name of Treasurer

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date 03 20 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Health Underwriters Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>  |                         | 381415.46                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 317357.10               |                                   |
| (c) Total Receipts (from Line 19) .....  | 84454.17                | 132331.84                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 401811.27               | 513747.30                         |
| 7. Total Disbursements (from Line 31).....   | 68888.24                | 180824.27                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 332923.03               | 332923.03                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: 02 / 01 / 2020 To: 02 / 29 / 2020

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 42941.67                      | 48450.67                          |
| (ii) Unitemized .....   | 41512.50                      | 80381.17                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 84454.17                      | 128831.84                         |
| (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) .....  | 84454.17                      | 128831.84                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 3500.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 84454.17                      | 132331.84                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 84454.17                      | 132331.84                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 2426.24                       | 3677.27                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 2426.24                       | 3677.27                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 66000.00                      | 176500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 462.00                        | 647.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 462.00                        | 647.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 68888.24                      | 180824.27                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 68888.24                      | 180824.27                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 84454.17                              | 128831.84                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 462.00                                | 647.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 83992.17                              | 128184.84                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 2426.24                               | 3677.27                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 2426.24                               | 3677.27                                   |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 65                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Kite, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 629

City Roanoke State VA Zip Code 24004-0629

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

Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **02 / 01 / 2020**

**Transaction ID : 13646528**

Amount of Each Receipt this Period **300.00**

Memo Item

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

Mailing Address 3800 N. Central Ave 9th Floor

City Phoenix State AZ Zip Code 85012-1979

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

Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **02 / 01 / 2020**

**Transaction ID : 13646531**

Amount of Each Receipt this Period **30.00**

Memo Item

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

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489-2052

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

Name of Employer (for Individual) Paul E Smith Insurance, LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **02 / 02 / 2020**

**Transaction ID : 13646543**

Amount of Each Receipt this Period **200.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **530.00**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 65  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Fitzgerald, Robert, Mark, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Fowler St

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Woodstock | State<br>GA | Zip Code<br>30188-5023 |
|-------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Robert Fitzgerald Insurance Agency, In | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 03    |   | 2020        |

**Transaction ID : 13646552**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 2670 Electric Rd

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Roanoke | State<br>VA | Zip Code<br>24018-3511 |
|-----------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Innovative Insurance Group | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 06    |   | 2020        |

**Transaction ID : 13648090**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 901 Wilshire Drive  
Suite 330

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Troy | State<br>MI | Zip Code<br>48084-5611 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Wilshire Benefits Group Inc | Occupation (for Individual)<br>President/CEO |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 06    |   | 2020        |

**Transaction ID : 13648093**

Amount of Each Receipt this Period  
170.00

Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 65                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Galardini, Richard, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 Stonewood Dr  
 Suite 251  
 City Wexford State PA Zip Code 15090-7376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JRG Advisors, LLC Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 08 / 2020**  
**Transaction ID : 13649232**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Mordo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 Newman Springs Rd  
 Bldg 1 Suite 106  
 City Red Bank State NJ Zip Code 07701-5690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 584.00

Date of Receipt **02 / 09 / 2020**  
**Transaction ID : 13649258**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Buffington, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3112 South 13th  
 City Lincoln State NE Zip Code 68502-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A+ Brokerage Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **02 / 09 / 2020**  
**Transaction ID : 13649263**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 252.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 9 OF 65  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

**A. Deagle, Michael, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 National Parkway  
 Suite 93550  
 City Schaumburg State IL Zip Code 60173-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 09 / 2020  
**Transaction ID : 13649266**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. Sansevieri, Paul, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 641  
 City Corona Del Mar State CA Zip Code 92625-0641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2020  
**Transaction ID : 13649276**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Schmidt, Kenneth, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 S Geyer Rd  
 Ste 200  
 City Saint Louis State MO Zip Code 63127-1223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sonus Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2020  
**Transaction ID : 13649279**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 516.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Ellis, Connie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4900 Cox Rd  
 Suite 170  
 City Glen Allen State VA Zip Code 23060-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Managed Benefits, Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 10 / 2020**  
**Transaction ID : 13649518**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Griffey, Patricia, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Primrose Cir  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **02 / 11 / 2020**  
**Transaction ID : 13649643**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Meyer, Kenneth, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1580 S. Milwaukee Ave  
 Suite 505  
 City Libertyville State IL Zip Code 60048-3776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Complete Benefit Administrators, Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt **02 / 11 / 2020**  
**Transaction ID : 13650081**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

**A. Linhart, Earl, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 Executive Campus Drive  
 Suite 140  
 City Westerville State OH Zip Code 43082-8742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benchmark Insurance Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2020  
**Transaction ID : 13650780**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Knippen Loeb, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Spring Lake Drive  
 City Itasca State IL Zip Code 60143-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Euclid Managers Occupation (for Individual) Employee Benefit Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 12 / 2020  
**Transaction ID : 13651631**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Anderson, Corey, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11247 69th St NE Albertville  
 City Albertville State MN Zip Code 55301-4576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 13 / 2020  
**Transaction ID : 13651793**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2530.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 OF 65 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

**A. Embry, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Road  
 Suite 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2020  
**Transaction ID : 13652300**  
 Amount of Each Receipt this Period  
 415.00  
 Memo Item

**B. Word, John, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 South Parker Street, Suite 300  
 City Orange State CA Zip Code 92868-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Word and Brown Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2020  
**Transaction ID : 13652348**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Wallace, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 Broadway  
 City Bellingham State WA Zip Code 98225-3036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Www.RiceInsurance.Com Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2020  
**Transaction ID : 13652553**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3165.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Koch, Valerie, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2429 North Avenue  
 City Bridgeport State CT Zip Code 06604-2336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Ganim Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 19 / 2020**  
**Transaction ID : 13697926**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Ownby, Kevin, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4400  
 City Sevierville State TN Zip Code 37864-4400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ownby Insurance Service, Inc. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : 13698571**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Farrell, Jennifer, Liane, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 North Central Avenue 9th Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **02 / 21 / 2020**  
**Transaction ID : 13698649**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1335.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Schmidt, Kenneth, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 S Geyer Rd  
 Ste 200  
 City Saint Louis State MO Zip Code 63127-1223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sonus Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 21 / 2020  
**Transaction ID : 13698926**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Fracchia, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30600 Telegraph Rd  
 Suite 1225  
 City Bingham Farms State MI Zip Code 48025-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Altruis Benefits Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2020  
**Transaction ID : 13698943**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Burns, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5653 Maxwellton Road  
 City Oakland State CA Zip Code 94618-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 22 / 2020  
**Transaction ID : 13698945**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 820.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 15 OF 65   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Cheney, Jessica, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3033 N. Central Avenue  
 Suite 810  
 City Phoenix State AZ Zip Code 85012-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arcwood Consulting Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 22 / 2020  
**Transaction ID : 13698946**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. LaFay, Stacey, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 East Hill Rd.  
 City Grand Blanc State MI Zip Code 48439-5098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 13698972**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 13698975**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 310.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 16 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

**A. Munger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 W. Magistrate Loop  
 City Hayden State ID Zip Code 83835-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 13698978**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Griffey, Patricia, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Primrose Cir  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 13698986**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sterner, Heidi, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3402 Cinnamon Creek Avenue  
 City North Las Vegas State NV Zip Code 89031-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Benefits Services Occupation (for Individual) Insurance Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 13698991**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Embry, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Road  
 Suite 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1415.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 13699016**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Wilson, Thomas, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-6824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 13699023**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Sweatt, Shelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Commerce Road  
 City Newtown State CT Zip Code 06470-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TR Paul, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 13699491**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1535.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. James, Keith, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6750 Poplar Avenue, Suite 208

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38138-7414 |
|-----------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>The James Group, LLC | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 24    |   | 2020        |

**Transaction ID : 13699514**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 39500 High Pointe Blvd., Suite 400

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Novi | State<br>MI | Zip Code<br>48375-5517 |
|--------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Health Alliance Administrators | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
387.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 24    |   | 2020        |

**Transaction ID : 13699532**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 8420 West Dodge Road  
Suite 510

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68114-3432 |
|---------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Senior Market Sales, Inc. | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 24    |   | 2020        |

**Transaction ID : 13699869**

Amount of Each Receipt this Period  
150.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Jetter, Art, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11305 Chicago Circle

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68154-2633 |
|---------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Art Jetter & Company | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 25    |   | 2020        |

**Transaction ID : 13699978**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 183 Rockingham Road  
Unit 2, East

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Windham | State<br>NH | Zip Code<br>03087-1348 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Landmark Benefits, Inc. | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 25    |   | 2020        |

**Transaction ID : 13699999**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 333 S 7th Street  
Suite 1400

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Minneapolis | State<br>MN | Zip Code<br>55402-0119 |
|---------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Mercer | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 26    |   | 2020        |

**Transaction ID : 13700522**

Amount of Each Receipt this Period  
85.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7085.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 W. Eastman St.  
 STE 104  
 City Chicago State IL Zip Code 60642-2635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jellyvision Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 26 / 2020  
**Transaction ID : 13700536**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Mustang Drive  
 Suite 200  
 City Grapevine State TX Zip Code 76051-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 02 / 26 / 2020  
**Transaction ID : 13700552**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Singleton, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 Douglas Ave  
 City Altamonte Springs State FL Zip Code 32714-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Enterprise Team at Sihle Insurance Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : 13700667**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

**A. Furr, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Village Bl., Ste. 203  
 City Incline Village State NV Zip Code 89451-8293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Menath Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : 13700690**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gorecki, Ettie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2005 East 2700 S, Suite 140  
 City Salt Lake City State UT Zip Code 84109-1759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Team Nash Occupation (for Individual) Personal Plans Team Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : 13700699**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Tierney, Robert, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 N Main St STE 200  
 City Meridian State ID Zip Code 83642-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : 13700708**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 480.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 22 OF 65   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Lago, Julian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6671 W Indiantown Rd, Ste 50284

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Jupiter | State<br>FL | Zip Code<br>33458-3991 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Benezon LLC | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2020  
**Transaction ID : 13701439**

Amount of Each Receipt this Period  
 85.00

Memo Item

**B. Gant, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 North Weinbach Avenue

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Evansville | State<br>IN | Zip Code<br>47711-6006 |
|--------------------|-------------|------------------------|

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

|  |                                      |
|--|--------------------------------------|
| Name of Employer (for Individual)<br>Schultheis Life & Health Agency | Occupation (for Individual)<br>Agent |
|--|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
284.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2020  
**Transaction ID : 13701475**

Amount of Each Receipt this Period  
 42.00

Memo Item

**C. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Allen | State<br>TX | Zip Code<br>75002-2802 |
|---------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>The DI Center | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2020  
**Transaction ID : 13701481**

Amount of Each Receipt this Period  
 250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 377.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Baker, Brock, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4219 Hillsboro Road, Suite 213  
 City Nashville State TN Zip Code 37215-3326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baker Benefits Corporation Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 27 / 2020**  
**Transaction ID : 14017535**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Schwendeman, Mark, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Putnam Street  
 City Marietta State OH Zip Code 45750-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schwendeman Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 27 / 2020**  
**Transaction ID : 14017536**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. LaFay, Stacey, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 East Hill Rd.  
 City Grand Blanc State MI Zip Code 48439-5098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt **02 / 25 / 2020**  
**Transaction ID : 14018232**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Congressional Reception

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Mustang Drive  
 Suite 200  
 City Grapevine State TX Zip Code 76051-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : 14018233**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Crandall, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2375 E Camelback Rd  
 Suite 250  
 City Phoenix State AZ Zip Code 85016-3491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 02 / 25 / 2020  
**Transaction ID : 14018244**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Stricker, Gerald, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6268 Day Road  
 City Cincinnati State OH Zip Code 45252-1333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018251**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1865.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Gutierrez, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address McDowell Building  
 3717 National Drive  
 City Raleigh State NC Zip Code 27612-4067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parrott Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **02 / 24 / 2020**  
**Transaction ID : 14018254**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Honig, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3705 Quakerbridge Rd.  
 Suite 216  
 City Mercerville State NJ Zip Code 08619-1288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCA Benefit Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **02 / 24 / 2020**  
**Transaction ID : 14018255**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Bravo, Gilbert, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8340 N. Thornydale Rd.  
 Suite 110-335  
 City Tucson State AZ Zip Code 85741-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 24 / 2020**  
**Transaction ID : 14018256**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 980.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

FOR LINE NUMBER: PAGE 26 OF 65  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. Davis, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Bush Street  
 City Woodland State CA Zip Code 95695-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WSR Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018257**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Davis, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Bush Street  
 City Woodland State CA Zip Code 95695-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WSR Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018258**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 Congressional Reception

**C. Cochran, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2131 Fawkes Ln  
 City Keller State TX Zip Code 76262-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caprock Health Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018260**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 805.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. ATENCIO, Linda, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 87021  
 City Phoenix State AZ Zip Code 85080-7021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arcwood Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018267**  
 Amount of Each Receipt this Period  
 490.00  
 Memo Item

**B. ATENCIO, Linda, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 87021  
 City Phoenix State AZ Zip Code 85080-7021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arcwood Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018268**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Congressional Reception

**C. Deru, Scott, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 336  
 City Layton State UT Zip Code 84041-0336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefits Analysts Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018269**  
 Amount of Each Receipt this Period  
 800.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1440.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 28 OF 65  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21820 Burbank Blvd,  
 North Building, Suite 300  
 City Woodland Hills State CA Zip Code 91367-6476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018274**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Congressional Reception

**B. Drapal, Todd, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N. 203rd St  
 Suite 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018277**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Liposky, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5435 Corporate Dr.  
 Suite 260  
 City Troy State MI Zip Code 48098-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Creative Benefit Solutions, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018283**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 29 OF 65   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Mayer, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1450 W Long Lake Rd, Suite 250  
 City Troy State MI Zip Code 48098-6355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018284**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Morier, Dennis, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Abbott St  
 City Detroit State MI Zip Code 48226-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Results Marketing, Inc. Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018286**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Fisher, Erin, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131-6 Courtland Avenue  
 City Stamford State CT Zip Code 06902-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Find Medicare Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018287**  
 Amount of Each Receipt this Period 680.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2180.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018288**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Kaiser, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 3858  
 City Hickory State NC Zip Code 28603-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Broome Associated Insurance Agency Director of Health & Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018300**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**C. Cohen, Jared, Daniel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6011 University Blvd. Suite 330  
 City Ellicott City State MD Zip Code 21043-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 The Hartford - Group Benefits Division  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018301**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1230.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 31 OF 65 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

**A. Pozniak, Naama, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12500 Riverside Drive, #206  
 City Valley Village State CA Zip Code 91607-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paz Holding Inc, dba A+ Insurance Serv Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018302**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**B. Norman, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5746 Forest Glen Dr  
 City Ada State MI Zip Code 49301-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 02 / 24 / 2020  
**Transaction ID : 14018304**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Perea, Carmen, Alicia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Bush Street  
 City Woodland State CA Zip Code 95695-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wraith, Scarlett & Randolph Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 02 / 23 / 2020  
**Transaction ID : 14018324**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Bowling Event

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1165.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Goldmann, Donald, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5245 Vista Blvd. #F3  
 Suite 266  
 City Sparks State NV Zip Code 89436-0839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dental Health Services of America, INC Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14018329**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Pedersen, Jill, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16325 Boones Ferry Rd #204  
 City Lake Oswego State OR Zip Code 97035-4297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Benefit Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2020  
**Transaction ID : 14020815**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Furr, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Village Bl., Ste. 203  
 City Incline Village State NV Zip Code 89451-8293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Menath Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2020  
**Transaction ID : 14020936**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 Congressional Reception 2020

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5550.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Brummitt, Robert, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 755 Falcon Lane  
 Suite 200  
 City Coppel State TX Zip Code 75019-4160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2020  
**Transaction ID : 14023660**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$12.00 This changes the YTD Total to \$0.00

**B. Gordon, Sylvia, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20236 Hague Rd  
 City Noblesville State IN Zip Code 46062-9540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gordon Marketing Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2020  
**Transaction ID : 14023661**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

**C. Kramer, Sherrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 West McKinley  
 City Mishawaka State IN Zip Code 46545-5600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ - 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2020  
**Transaction ID : 14023662**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$-140.00

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. NELSON, Monica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2717 N 118th St Ste 300  
 City Omaha State NE Zip Code 68164-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Healthcare Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ - 126.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : 14023663**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$-126.00

**B. Rubio, Hilario, Francisco, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 532 Hermosa Circle  
 City Las Vegas State NM Zip Code 87701-9775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CORE Financial Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt 02 / 27 / 2020  
**Transaction ID : 14023664**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$140.00

**C. SCHREDER, Lynn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 North 25th Street  
 City Fort Dodge State IA Zip Code 50501-4338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR433076122250**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 100.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. MCFERRIN, Dwane, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 Suite 510  
 City Omaha State NE Zip Code 68114-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR433168122250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. SPLEET, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 East Hill Rd.  
 City Grand Blanc State MI Zip Code 48439-5098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR433316622250**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$120.00 Monthly)

**C. TRAUTWEIN, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave. NW, Ste 1100  
 City Washington State DC Zip Code 20005-3987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR436821422250**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 375.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. BERMAN, DAVID, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8805 Sawleaf Road  
 City Indianapolis State IN Zip Code 46260-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neace Lukens Holding Company, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR436829722250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. ASHMORE, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6102 82nd St, Bldg #6  
 City Lubbock State TX Zip Code 79424-0803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR436830322250**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**C. Cociu, Dorothy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR436844622250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. SEIFERT, GREG, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 189  
 916 Main Street  
 City Vancouver State WA Zip Code 98666-0189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR436941622250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. ALBERTS, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Drive  
 Ste 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR437076122250**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

**C. ROBERTS, Joseph, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1128 Lincoln Mall  
 Suite 200  
 City Lincoln State NE Zip Code 68508-2878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNICO Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR437118022250**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 339.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. ALLARD, Terry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Anchorage | State<br>AK | Zip Code<br>99503-4040 |
|-------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Wilson Albers | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2020    |

**Transaction ID : PR437182322250**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd., Suite 400

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Novi | State<br>MI | Zip Code<br>48375-5517 |
|--------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Health Alliance Administrators | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2020    |

**Transaction ID : PR437218322250**

Amount of Each Receipt this Period  
112.00

Memo Item

P/R Deduction (\$112.00 Monthly)

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

Mailing Address 3033 N. Central Ave  
Suite 810

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85012-2804 |
|-----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2020    |

**Transaction ID : PR437236922250**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 532.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. SUMMERS, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road, 5th Floor  
 City Omaha State NE Zip Code 68114-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR437281022250**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. STIFFLER, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N. Riverview Dr Suite 100  
 City Anaheim State CA Zip Code 92808-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR437326122250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. WALLER, Doris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1778 N. Plano Rd. Suite 310  
 City Richardson State TX Zip Code 75081-1958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pan-American Benefits Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR437591522250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 40 OF 65   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. STARKS, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Crescent Circle  
 Suite 201  
 City Ridgeland State MS Zip Code 39157-8686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **02 / 29 / 2020**  
**Transaction ID : PR437603122250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. STROUSE, Marcie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9854 Colby Ave  
 City Clive State IA Zip Code 50325-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **02 / 29 / 2020**  
**Transaction ID : PR437683122250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. HEDIGER, Debbie, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One N Dale Mabry Hwy Ste 1008  
 City Tampa State FL Zip Code 33609-2755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGriff Insurance Services, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **02 / 29 / 2020**  
**Transaction ID : PR437852422250**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 220.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. ATENCIO, Linda, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 87021  
 City Phoenix State AZ Zip Code 85080-7021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arcwood Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR439256922250**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. RILEY, Amanda, Danielle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24830 SE 278th St  
 City Maple Valley State WA Zip Code 98038-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthEquity, Inc. Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR476686822250**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. MORGAN, Christian, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 W Commercial Blvd Ste 306  
 City Fort Lauderdale State FL Zip Code 33309-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 29 / 2020  
**Transaction ID : PR891081422250**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 230.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 42941.67 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Fees

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 28 / 2020

FEC Identification Number  
  
**Transaction ID : 14022945**  
Amount of Each Disbursement this Period  
  
Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 28 / 2020

FEC Identification Number  
  
**Transaction ID : 14022947**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | <input type="text" value="2386.09"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value="2386.09"/> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Terri Sewell For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address P.O. Box 1964  |  | FEC Identification Number<br>C00458976<br><b>Transaction ID : 13646598</b>   |
| City<br>Birmingham   | State<br>AL  | Zip Code<br>35201  |
| Purpose of Disbursement<br>2/4 Lunch   | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Sewell, Terri, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: AL District: 07   | <input type="checkbox"/> Memo Item<br>2/4 Lunch  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Scott For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address P.O. Box 960821   |  | FEC Identification Number<br>C00369801<br><b>Transaction ID : 13646602</b>   |
| City<br>Riverdale   | State<br>GA  | Zip Code<br>30296  |
| Purpose of Disbursement<br>1:1 Coffee 2/4                                     | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>2000.00   |
| Candidate Name<br><b>Scott, David, Albert, Rep.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: GA District: 13  | <input type="checkbox"/> Memo Item<br>1:1 Coffee 2/4   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Texans For Henry Cuellar Congressional Campaign</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address 1519 Washington Street<br>Suite 200  |  | FEC Identification Number<br>C00371302<br><b>Transaction ID : 13646603</b>   |
| City<br>Laredo   | State<br>TX  | Zip Code<br>78040  |
| Purpose of Disbursement<br>2/5 Reception and 2/12 Breakfast  | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>3000.00   |
| Candidate Name<br><b>Cuellar, Henry, , Rep.,</b>   | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: TX District: 28   | <input type="checkbox"/> Memo Item<br>2/5 Reception and 2/12 Breakfast   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bilirakis For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address PO Box 606  |  | FEC Identification Number<br>C00408534<br><b>Transaction ID : 13646604</b>   |
| City<br>Tarpon Springs  | State<br>FL  | Zip Code<br>34688  |
| Purpose of Disbursement<br>2/6 Dinner                                       | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>2000.00   |
| Candidate Name<br><b>Bilirakis, Gus, M., Rep.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: FL District: 12  | <input type="checkbox"/> Memo Item   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sanford Bishop For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address P O Box 909  |  | FEC Identification Number<br>C00266940<br><b>Transaction ID : 13646607</b>   |
| City<br>Columbus   | State<br>GA  | Zip Code<br>31902  |
| Purpose of Disbursement<br>2/6 Lunch   | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Bishop, Sanford, D., Rep., Jr.</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: GA District: 02   | <input type="checkbox"/> Memo Item   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Perlmutter For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address 3440 Youngfield Street<br>#264                               |  | FEC Identification Number<br>C00410639<br><b>Transaction ID : 13646608</b>   |
| City<br>Wheat Ridge  | State<br>CO  | Zip Code<br>80033  |
| Purpose of Disbursement<br>2/7 Breakfast                                     | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Perlmutter, Edwin, , Rep.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: CO District: 07   | <input type="checkbox"/> Memo Item   |  |

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

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

|         |
|---------|
| 4000.00 |
|         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cramer For Senate</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address PO Box 396   |   | FEC Identification Number<br>C00504704<br><b>Transaction ID : 13646609</b>   |
| City<br>Bismarck   | State<br>ND   | Zip Code<br>58502  |
| Purpose of Disbursement<br>2/11 Dinner                                 | Category/<br>Type<br>011  | Amount of Each Disbursement this Period<br>1500.00   |
| Candidate Name<br><b>Cramer, Kevin, , Sen.,</b>                        | Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: ND  | District:   | <input type="checkbox"/> Memo Item<br>2/11 Dinner  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Fred Keller for Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address 23 N Derr Drive<br>Suite 2                                    |  | FEC Identification Number<br>C00697052<br><b>Transaction ID : 13646610</b>   |
| City<br>Lewisburg   | State<br>PA  | Zip Code<br>17837  |
| Purpose of Disbursement<br>2/11 Lunch   | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Keller, Fred, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: PA   | District: 12   | <input type="checkbox"/> Memo Item<br>2/11 Lunch   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. David Schweikert For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address 15749 E El Lago Blvd   |  | FEC Identification Number<br>C00440727<br><b>Transaction ID : 13646612</b>   |
| City<br>Fountain Hills   | State<br>AZ  | Zip Code<br>85268  |
| Purpose of Disbursement<br>2/12 Dinner   | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Schweikert, David, , Mr.,</b>                                 | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: AZ  | District: 06   | <input type="checkbox"/> Memo Item<br>2/12 Dinner  |

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

3500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mark Pocan For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address PO Box 327   |  | FEC Identification Number<br>C00502179<br><b>Transaction ID : 13646613</b>   |
| City<br>Madison  | State<br>WI  | Zip Code<br>53701  |
| Purpose of Disbursement<br>2/13 Lunch  | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Pocan, Mark, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: WI  | District: 02   | Memo Item <input type="checkbox"/>   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Doggett For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address PO Box 5843   |  | FEC Identification Number<br>C00286500<br><b>Transaction ID : 13646616</b>   |
| City<br>Austin  | State<br>TX  | Zip Code<br>78763  |
| Purpose of Disbursement<br>2/27 Breakfast                                 | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>2000.00   |
| Candidate Name<br><b>Doggett, Lloyd, , Rep.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: TX   | District: 35   | Memo Item <input type="checkbox"/>   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HEARTLAND VALUES PAC</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2020   |
| Mailing Address PO Box 505  |   | FEC Identification Number<br>C00409003<br><b>Transaction ID : 13646618</b>   |
| City<br>Sioux Falls   | State<br>SD   | Zip Code<br>57101  |
| Purpose of Disbursement<br>3/9 Dinner                                     | Category/<br>Type<br>011  | Amount of Each Disbursement this Period<br>2000.00   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:  | District:   | Memo Item <input type="checkbox"/>   |

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

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

|         |
|---------|
| 5000.00 |
|         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike Bost For Congress Committee</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                   |
| Mailing Address PO Box 1212  |  | FEC Identification Number<br>C00546499<br><b>Transaction ID : 13651637</b> |
| City<br>Murphysboro  | State<br>IL  | Zip Code<br>62966  |
| Purpose of Disbursement<br>2/11 Lunch  | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>1000.00                         |
| Candidate Name<br><b>Bost, Mike, , Rep.,</b>   | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Memo Item<br><input type="checkbox"/>                                      |
| Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: IL District: 12   | 2/11 Lunch   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Castor For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                   |
| Mailing Address 301 W Platt Street, #385   |  | FEC Identification Number<br>C00410761<br><b>Transaction ID : 13651639</b> |
| City<br>Tampa  | State<br>FL  | Zip Code<br>33606  |
| Purpose of Disbursement<br>2/26 Lunch  | Category/<br>Type<br>011   | Amount of Each Disbursement this Period<br>2500.00                         |
| Candidate Name<br><b>Castor, Kathy, , Rep.,</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Memo Item<br><input type="checkbox"/>                                      |
| Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: FL District: 14   | 2/26 Lunch   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Granite Values PAC</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                   |
| Mailing Address 105 N STATE STREET   |   | FEC Identification Number<br>C00629311<br><b>Transaction ID : 13651643</b> |
| City<br>Concord  | State<br>NH   | Zip Code<br>03301  |
| Purpose of Disbursement<br>1:1 Coffee 2/6  | Category/<br>Type<br>011  | Amount of Each Disbursement this Period<br>3000.00                         |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Memo Item<br><input type="checkbox"/>                                      |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District:  | 1:1 Coffee 2/6   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Ben McAdams**

Mailing Address 2205 S 1000 E

City  
Salt Lake City

State  
UT

Zip Code  
84106

Purpose of Disbursement  
2/12 Lunch

011

Category/  
Type

Candidate Name

**McAdams, Ben, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

FEC Identification Number

**C** C00658633

**Transaction ID : 13651644**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

2/12 Lunch

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dan Lipinski For Congress**

Mailing Address P.O. Box 520

City  
Western Springs

State  
IL

Zip Code  
60558

Purpose of Disbursement  
2/26 Reception

011

Category/  
Type

Candidate Name

**Lipinski, Daniel, William, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: IL District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

FEC Identification Number

**C** C00405431

**Transaction ID : 13651645**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

2/26 Reception

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walorski For Congress Inc**

Mailing Address PO Box 954

City  
Mishawaka

State  
IN

Zip Code  
46546

Purpose of Disbursement  
2020 Cap Con Reception 2/25

011

Category/  
Type

Candidate Name

**Walorski, Jackie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

FEC Identification Number

**C** C00468579

**Transaction ID : 13651646**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

2020 Cap Con Reception 2/25

Memo Item

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

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

|         |
|---------|
| 5500.00 |
|         |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Walorski For Congress Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Candidate Name  
**Walorski, Jackie, , Rep.,**

Office Sought:  House  Senate  President  
State: IN District: 02

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C00468579  
**Transaction ID : 13651647**

Amount of Each Disbursement this Period: 1000.00  
2020 Cap Con Reception 2/25

Memo Item

**B. Ann Wagner For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Candidate Name  
**Wagner, Ann, , Rep.,**

Office Sought:  House  Senate  President  
State: MO District: 02

Disbursement For: 2020  
 Primary  General  Other (specify)

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C00495846  
**Transaction ID : 13651648**

Amount of Each Disbursement this Period: 2000.00  
2020 Cap Con Reception 2/25

Memo Item

**C. Simpson For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Candidate Name  
**Simpson, Mike, K., Rep.,**

Office Sought:  House  Senate  President  
State: ID District: 02

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C00331397  
**Transaction ID : 13651649**

Amount of Each Disbursement this Period: 2000.00  
2020 Cap Con Reception 2/25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thom Tillis Committee**

Mailing Address PO Box 97396

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
2020 Cap Con Reception 2/25

011

Category/  
Type

Candidate Name

**Tillis, Thom, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: NC

District:

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C00545772

**Transaction ID : 13651651**

Amount of Each Disbursement this Period

500.00

2020 Cap Con Reception 2/25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Thom Tillis Committee**

Mailing Address PO Box 97396

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
2020 Cap Con Reception 2/25

011

Category/  
Type

Candidate Name

**Tillis, Thom, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify)

State: NC

District:

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C00545772

**Transaction ID : 13651652**

Amount of Each Disbursement this Period

1500.00

2020 Cap Con Reception 2/25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Buddy Carter For Congress**

Mailing Address PO Box 10570

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement  
2020 Cap Con Reception 2/25

011

Category/  
Type

Candidate Name

**Carter, Buddy, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: GA

District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C00543967

**Transaction ID : 13651654**

Amount of Each Disbursement this Period

2000.00

2020 Cap Con Reception 2/25

Memo Item

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

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

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Jobs, Opportunity & New Ideas PAC**

Mailing Address PO BOX 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2020

FEC Identification Number

**Transaction ID : 13651656**  
Amount of Each Disbursement this Period

2020 Cap Con Reception 2/25  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Rodney For Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Category/  
Type

Candidate Name  
**Davis, Rodney, L., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: IL District: 13

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2020

FEC Identification Number

**Transaction ID : 13651657**  
Amount of Each Disbursement this Period

2020 Cap Con Reception 2/25  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Category/  
Type

Candidate Name  
**Schrader, Kurt, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: OR District: 05

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2020

FEC Identification Number

**Transaction ID : 13651659**  
Amount of Each Disbursement this Period

2020 Cap Con Reception 2/25  
 Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Josh Gottheimer For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 584

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 12    |   | 2020      |

City Ridgewood State NJ Zip Code 07451

FEC Identification Number

Purpose of Disbursement  
2020 Cap Con Reception 2/25

|   |           |
|---|-----------|
| C | C00573949 |
|---|-----------|

Candidate Name  
**Gottheimer, Josh, , ,**

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 13651660**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: NJ District: 05

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

|         |
|---------|
| 2000.00 |
|---------|

2020 Cap Con Reception 2/25

Memo Item

**B. Haley Stevens For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 33717 Woodward Ave #539

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 12    |   | 2020      |

City Birmingham State MI Zip Code 48009

FEC Identification Number

Purpose of Disbursement  
2020 Cap Con Reception 2/25

|   |           |
|---|-----------|
| C | C00638650 |
|---|-----------|

Candidate Name  
**Stevens, Haley, , ,**

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 13651661**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: MI District: 11

Disbursement For: 2020  
 Primary  General  
 Other (specify)

|         |
|---------|
| 1000.00 |
|---------|

2020 Cap Con Reception 2/25

Memo Item

**C. Haley Stevens For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 33717 Woodward Ave #539

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 12    |   | 2020      |

City Birmingham State MI Zip Code 48009

FEC Identification Number

Purpose of Disbursement  
2020 Cap Con Reception 2/25

|   |           |
|---|-----------|
| C | C00638650 |
|---|-----------|

Candidate Name  
**Stevens, Haley, , ,**

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

**Transaction ID : 13651662**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: MI District: 11

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

|         |
|---------|
| 1000.00 |
|---------|

2020 Cap Con Reception 2/25

Memo Item

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

|         |
|---------|
| 4000.00 |
|---------|

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

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Category/  
Type

Candidate Name  
**Upton, Frederick, Stephen, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 13651663**

Amount of Each Disbursement this Period

2020 Cap Con Reception 2/25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Category/  
Type

Candidate Name  
**Upton, Frederick, Stephen, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 13651664**

Amount of Each Disbursement this Period

2020 Cap Con Reception 2/25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Category/  
Type

Candidate Name  
**Joyce, Dave, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: OH District: 14

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 13651665**

Amount of Each Disbursement this Period

2020 Cap Con Reception 2/25

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Brian Fitzpatrick For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address PO Box 939

FEC Identification Number

**C** C00607416

City Langhorne State PA Zip Code 19047

**Transaction ID : 13651668**

Purpose of Disbursement  
2020 Cap Con Reception 2/25

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name  
**Fitzpatrick, Brian, , ,**

2020 Cap Con Reception 2/25

Office Sought:  House  
 Senate  
 President  
State: PA District: 08

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

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

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address 4679 Winterset Dr

FEC Identification Number

**C** C00441352

City Columbus State OH Zip Code 43220

**Transaction ID : 13651669**

Purpose of Disbursement  
2020 Cap Con Reception 2/25

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name  
**Stivers, Steve, , Rep.,**

2020 Cap Con Reception 2/25

Office Sought:  House  
 Senate  
 President  
State: OH District: 15

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Memo Item

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

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address PO Box 20375

FEC Identification Number

**C** C00582890

City Sedona State AZ Zip Code 86341

**Transaction ID : 13651670**

Purpose of Disbursement  
2020 Cap Con Reception 2/25

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name  
**O'Halleran, Tom, , ,**

2020 Cap Con Reception 2/25

Office Sought:  House  
 Senate  
 President  
State: AZ District: 01

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

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

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of Michael Guest</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                          |
| Mailing Address Post Office Box 470  |  | FEC Identification Number<br>C00665752<br><b>Transaction ID : 13651671</b>        |
| City<br>Brandon  | State<br>MS  | Zip Code<br>39043   |
| Purpose of Disbursement<br>2020 Cap Con Reception 2/25   |  | Amount of Each Disbursement this Period<br>2000.00<br>2020 Cap Con Reception 2/25 |
| Candidate Name<br><b>Guest, Michael, , ,</b>   |  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: MS District: 03   | Category/Type<br>011   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jeff Fortenberry For United States Congress</b>                                     |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                          |
| Mailing Address PO Box 30265   |  | FEC Identification Number<br>C00395467<br><b>Transaction ID : 13651672</b>        |
| City<br>Lincoln  | State<br>NE  | Zip Code<br>68503   |
| Purpose of Disbursement<br>2020 Cap Con Reception 2/25   |  | Amount of Each Disbursement this Period<br>2000.00<br>2020 Cap Con Reception 2/25 |
| Candidate Name<br><b>Fortenberry, Jeff, , Rep.,</b>  |  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NE District: 01   | Category/Type<br>011   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Don Bacon For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                          |
| Mailing Address PO Box 391368  |  | FEC Identification Number<br>C00575167<br><b>Transaction ID : 13651673</b>        |
| City<br>Omaha  | State<br>NE  | Zip Code<br>68139   |
| Purpose of Disbursement<br>2020 Cap Con Reception 2/25   |  | Amount of Each Disbursement this Period<br>1000.00<br>2020 Cap Con Reception 2/25 |
| Candidate Name<br><b>Bacon, Donald, , ,</b>  |  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NE District: 02   | Category/Type<br>011   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Don Bacon For Congress**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address PO Box 391368

FEC Identification Number

**C** C00575167

**Transaction ID : 13651674**

Amount of Each Disbursement this Period

1000.00

2020 Cap Con Reception 2/25

Memo Item

City Omaha State NE Zip Code 68139

Purpose of Disbursement  
2020 Cap Con Reception 2/25

**011**  
Category/  
Type

Candidate Name  
**Bacon, Donald, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: NE District: 02

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

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address PO Box 205

FEC Identification Number

**C** C00620443

**Transaction ID : 13651675**

Amount of Each Disbursement this Period

2000.00

2020 Cap Con Reception 2/25

Memo Item

City Winter Park State FL Zip Code 32790

Purpose of Disbursement  
2020 Cap Con Reception 2/25

**011**  
Category/  
Type

Candidate Name  
**Murphy, Stephanie, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: FL District: 07

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

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address PO Box 3016

FEC Identification Number

**C** C00632257

**Transaction ID : 13651676**

Amount of Each Disbursement this Period

2000.00

2020 Cap Con Reception 2/25

Memo Item

City Stuart State FL Zip Code 34995

Purpose of Disbursement  
2020 Cap Con Reception 2/25

**011**  
Category/  
Type

Candidate Name  
**Mast, Brian, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: FL District: 18

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

5000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Harley Rouda For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                          |
| Mailing Address 120 Newport Center Dr #28   |  | FEC Identification Number<br>C00633982<br><b>Transaction ID : 13651677</b>        |
| City<br>Newport Beach   | State<br>CA  | Zip Code<br>92660   |
| Purpose of Disbursement<br>2020 Cap Con Reception 2/25  |  | Amount of Each Disbursement this Period<br>2000.00<br>2020 Cap Con Reception 2/25 |
| Candidate Name<br><b>Rouda, Harley, , Rep., Jr.</b>   |  | <input type="checkbox"/> Memo Item  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA District: 48  | Category/Type<br>011   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ken Calvert For Congress Committee</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                          |
| Mailing Address PO Box 78376  |  | FEC Identification Number<br>C00257337<br><b>Transaction ID : 13651678</b>        |
| City<br>Corona  | State<br>CA  | Zip Code<br>92877   |
| Purpose of Disbursement<br>2020 Cap Con Reception 2/25  |  | Amount of Each Disbursement this Period<br>2000.00<br>2020 Cap Con Reception 2/25 |
| Candidate Name<br><b>Calvert, Ken, , Rep.,</b>  |  | <input type="checkbox"/> Memo Item  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA District: 42  | Category/Type<br>011   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ami Bera For Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                          |
| Mailing Address PO Box 582496   |  | FEC Identification Number<br>C00461061<br><b>Transaction ID : 13651679</b>        |
| City<br>Elk Grove   | State<br>CA  | Zip Code<br>95758   |
| Purpose of Disbursement<br>2020 Cap Con Reception 2/25  |  | Amount of Each Disbursement this Period<br>2000.00<br>2020 Cap Con Reception 2/25 |
| Candidate Name<br><b>Bera, Ami, , Rep., MD</b>  |  | <input type="checkbox"/> Memo Item  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA District: 07  | Category/Type<br>011   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Horsford For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 900 S Pavilion Center Dr.  
Suite 160

City Las Vegas State NV Zip Code 89144

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Candidate Name  
**Horsford, Steven, A., Rep.,**

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

State: NV District: 04

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C00504613  
**Transaction ID : 13651680**

Amount of Each Disbursement this Period: 2000.00  
2020 Cap Con Reception 2/25

Memo Item

**B. Colin Allred For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 601631

City Dallas State TX Zip Code 75360

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Candidate Name  
**Allred, Colin, , Rep.,**

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

State: TX District: 32

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C00637868  
**Transaction ID : 13651681**

Amount of Each Disbursement this Period: 2000.00  
2020 Cap Con Reception 2/25

Memo Item

**C. Texans For Henry Cuellar Congressional Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
2020 Cap Con Reception 2/25

Candidate Name  
**Cuellar, Henry, , Rep.,**

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

State: TX District: 28

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C00371302  
**Transaction ID : 13651682**

Amount of Each Disbursement this Period: 1000.00  
2020 Cap Con Reception 2/25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 12    | / | 2020      |

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
2020 Cap Con Reception 2/25

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00371302 |
|---|-----------|

**Transaction ID : 13651683**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

2020 Cap Con Reception 2/25

Memo Item

Candidate Name

**Cuellar, Henry, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Full Name (Last, First, Middle Initial)

**B. Tammy For Illinois**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 13    | / | 2020      |

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
2/25 Locals Meeting in DC

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00574889 |
|---|-----------|

**Transaction ID : 13652297**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

2/25 Locals Meeting in DC

Memo Item

Candidate Name

**Duckworth, Tammy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: IL District:

Full Name (Last, First, Middle Initial)

**C. Collins For Senator**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 13    | / | 2020      |

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
2020 Cap Club Breakfast Speaker

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00314575 |
|---|-----------|

**Transaction ID : 13652302**

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

2020 Cap Club Breakfast Speaker

Memo Item

Candidate Name

**Collins, Susan, M., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: ME District:

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

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

|         |
|---------|
| 8000.00 |
|---------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

|  |                     |  |   |
|--|---------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Collins For Senator</b>   |                     |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 13 / 2020                              |
| Mailing Address PO Box 1096  |                     |  | FEC Identification Number<br>C C00314575<br><b>Transaction ID : 13652303</b>          |
| City<br>Bangor   | State<br>ME         | Zip Code<br>04402  | Amount of Each Disbursement this Period<br>1000.00<br>2020 Cap Club Breakfast Speaker |
| Purpose of Disbursement<br>2020 Cap Club Breakfast Speaker   |                     | Category/<br>Type<br>011   | <input type="checkbox"/> Memo Item  |
| Candidate Name<br><b>Collins, Susan, M., Sen.,</b>   |                     | Disbursement For: 2020<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: ME District: |  |   |

|  |                        |  |  |
|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Texans for Ronny Jackson</b>  |                        |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2020                     |
| Mailing Address P.O. Box 53058   |                        |  | FEC Identification Number<br>C C00730531<br><b>Transaction ID : 13701400</b> |
| City<br>Amarillo   | State<br>TX            | Zip Code<br>79159  | Amount of Each Disbursement this Period<br>2500.00                           |
| Purpose of Disbursement  |                        | Category/<br>Type<br>011   | <input type="checkbox"/> Memo Item   |
| Candidate Name<br><b>Jackson, Ronny, , ,</b>   |                        | Disbursement For: 2020<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: TX District: 13 |  |  |

|  |                        |  |   |
|--|------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Stivers For Congress</b>  |                        |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2020                            |
| Mailing Address 4679 Winterset Dr  |                        |  | FEC Identification Number<br>C C00441352<br><b>Transaction ID : 14019207</b>        |
| City<br>Columbus   | State<br>OH            | Zip Code<br>43220  | Amount of Each Disbursement this Period<br>- 2000.00<br>Void - Stivers For Congress |
| Purpose of Disbursement<br>Void - Stivers For Congress   |                        | Category/<br>Type<br>011   | <input type="checkbox"/> Memo Item  |
| Candidate Name<br><b>Stivers, Steve, , Rep.,</b>   |                        | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: OH District: 15 |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶      | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City  
Ballwin

State  
MO

Zip Code  
63022

Purpose of Disbursement  
Void - Ann Wagner For Congress

011

Category/  
Type

Candidate Name

**Wagner, Ann, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C00495846

**Transaction ID : 14019563**

Amount of Each Disbursement this Period

- 2000.00

Void - Ann Wagner For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City  
Blackfoot

State  
ID

Zip Code  
83221

Purpose of Disbursement  
Void - Simpson For Congress

011

Category/  
Type

Candidate Name

**Simpson, Mike, K., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: ID District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C00331397

**Transaction ID : 14019564**

Amount of Each Disbursement this Period

- 2000.00

Void - Simpson For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**C. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City  
Ridgewood

State  
NJ

Zip Code  
07451

Purpose of Disbursement  
Void - Josh Gottheimer For Congress

011

Category/  
Type

Candidate Name

**Gottheimer, Josh, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C00573949

**Transaction ID : 14019565**

Amount of Each Disbursement this Period

- 2000.00

Void - Josh Gottheimer For Congress

Memo Item

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

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

- 6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Haley Stevens For Congress**

Mailing Address 33717 Woodward Ave  
#539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement  
Void - Haley Stevens For Congress

011  
Category/  
Type

Candidate Name  
**Stevens, Haley, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 11

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00638650

**Transaction ID : 14019566**

Amount of Each Disbursement this Period

-----  
- 1000.00

Void - Haley Stevens For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**B. Haley Stevens For Congress**

Mailing Address 33717 Woodward Ave  
#539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement  
Void - Haley Stevens For Congress

011  
Category/  
Type

Candidate Name  
**Stevens, Haley, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 11

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00638650

**Transaction ID : 14019567**

Amount of Each Disbursement this Period

-----  
- 1000.00

Void - Haley Stevens For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Void - Upton For All Of Us

011  
Category/  
Type

Candidate Name  
**Upton, Frederick, Stephen, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00200584

**Transaction ID : 14019568**

Amount of Each Disbursement this Period

-----  
- 1000.00

Void - Upton For All Of Us

Memo Item

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

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

-----  
- 3000.00

-----

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Void - Upton For All Of Us

011

Category/  
Type

Candidate Name  
**Upton, Frederick, Stephen, Rep.,**

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

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00200584

**Transaction ID : 14019569**

Amount of Each Disbursement this Period

- 1000.00

Void - Upton For All Of Us

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom O'Halleran For Congress**

Mailing Address PO Box 20375

City Sedona State AZ Zip Code 86341

Purpose of Disbursement  
Void - Tom O'Halleran For Congress

011

Category/  
Type

Candidate Name  
**O'Halleran, Tom, , ,**

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

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00582890

**Transaction ID : 14019570**

Amount of Each Disbursement this Period

- 2000.00

Void - Tom O'Halleran For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephanie Murphy For Congress**

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement  
Void - Stephanie Murphy For Congress

011

Category/  
Type

Candidate Name  
**Murphy, Stephanie, , ,**

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

State: FL District: 07

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00620443

**Transaction ID : 14019571**

Amount of Each Disbursement this Period

- 2000.00

Void - Stephanie Murphy For Congress

Memo Item

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

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

- 5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Ken Calvert For Congress Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 78376

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 12    |   | 2020      |

City Corona State CA Zip Code 92877

FEC Identification Number

Purpose of Disbursement  
Void - Ken Calvert For Congress Committee

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

C C00257337

Transaction ID : 14019572

Amount of Each Disbursement this Period

|           |
|-----------|
| - 2000.00 |
|-----------|

Candidate Name

**Calvert, Ken, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 42

Void - Ken Calvert For Congress Committee  
 Memo Item

**B. Horsford For Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 900 S Pavilion Center Dr.  
Suite 160

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 12    |   | 2020      |

City Las Vegas State NV Zip Code 89144

FEC Identification Number

Purpose of Disbursement  
Void - Horsford For Congress

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

C C00504613

Transaction ID : 14019573

Amount of Each Disbursement this Period

|           |
|-----------|
| - 2000.00 |
|-----------|

Candidate Name

**Horsford, Steven, A., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: NV District: 04

Void - Horsford For Congress  
 Memo Item

**C. Texans For Henry Cuellar Congressional Campaign**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1519 Washington Street  
Suite 200

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 12    |   | 2020      |

City Laredo State TX Zip Code 78040

FEC Identification Number

Purpose of Disbursement  
Void - Texans For Henry Cuellar Congressional Campaign

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

C C00371302

Transaction ID : 14019574

Amount of Each Disbursement this Period

|           |
|-----------|
| - 1000.00 |
|-----------|

Candidate Name

**Cuellar, Henry, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Void - Texans For Henry Cuellar Congressional Campaign  
 Memo Item

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

|           |
|-----------|
| - 5000.00 |
|-----------|

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

|  |
|--|
|  |
|--|



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Texans For Henry Cuellar Congressional Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
Void - Texans For Henry Cuellar Congressional Campaign

011  
Category/  
Type

Candidate Name  
**Cuellar, Henry, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: TX District: 28

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2020

FEC Identification Number

C C00371302

**Transaction ID : 14019575**

Amount of Each Disbursement this Period

-----  
- 1000.00

Memo Item Void - Texans For Henry Cuellar  
Congressional Campaign

**B. Rounds For Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement  
Void - Rounds For Senate

011  
Category/  
Type

Candidate Name  
**Rounds, Mike, , Sen.,**

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

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2020

FEC Identification Number

C C00532465

**Transaction ID : 14022949**

Amount of Each Disbursement this Period

-----  
- 1000.00

Void - Rounds For Senate

Memo Item

**C. Tammy For Illinois**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Void - Tammy For Illinois

011  
Category/  
Type

Candidate Name  
**Duckworth, Tammy, , Sen.,**

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

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2020

FEC Identification Number

C C00574889

**Transaction ID : 14023606**

Amount of Each Disbursement this Period

-----  
- 3000.00

Void - Tammy For Illinois

Memo Item

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

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

-----  
- 5000.00

-----  
66000.00