

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) [X] NEW (N) OR AMENDED (A)

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

5. Covering Period 05 / 01 / 2020 through 05 / 31 / 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 06 / 04 / 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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		381415.46
(b) Cash on Hand at Beginning of Reporting Period.....	378856.79	
(c) Total Receipts (from Line 19)	36417.17	261512.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	415273.96	642928.28
7. Total Disbursements (from Line 31).....	40917.17	268571.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	374356.79	374356.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: 05 / 01 / 2020 To: 05 / 31 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21376.67	123472.15
(ii) Unitemized	12540.50	131040.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33917.17	254512.82
(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)	33917.17	254512.82
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.....	2500.00	7000.00
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)).....▶	36417.17	261512.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36417.17	261512.82

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	917.17	7059.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	917.17	7059.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	260500.00
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	0.00	1012.00
(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)).....	0.00	1012.00
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)) ..	40917.17	268571.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40917.17	268571.49

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33917.17	254512.82
34. Total Contribution Refunds (from Line 28(d))	0.00	1012.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33917.17	253500.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	917.17	7059.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	917.17	7059.49

**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 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 300.00

Date of Receipt 05 / 01 / 2020
Transaction ID : 14470962
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Martin, M. Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1291 Jefferson Terrace
 City Macon State GA Zip Code 31201-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M. Danny Martin Occupation (for Individual) Insurance Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 01 / 2020
Transaction ID : 14470963
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kennedy-Simington, Dierdre, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 E Walnut Street, Suite 236
 City Pasadena State CA Zip Code 91106-5332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAssist Health Insurance Services, L Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 01 / 2020
Transaction ID : 14470976
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hoffman, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 709

City Sugar Land	State TX	Zip Code 77487-0709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Benefit Concepts, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 02 / 2020
Transaction ID : 14471555

Amount of Each Receipt this Period
 100.00

Memo Item

B. 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
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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 ▼
 1000.00

Date of Receipt
 05 / 02 / 2020
Transaction ID : 14471556

Amount of Each Receipt this Period
 200.00

Memo Item

C. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine

City Deer Park	State TX	Zip Code 77536-4160
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stockstill & Associates	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 05 / 03 / 2020
Transaction ID : 14471572

Amount of Each Receipt this Period
 45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2020
Transaction ID : 14471573
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Fitzgerald, Robert, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 Fowler St
 City Woodstock State GA Zip Code 30188-5023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2020
Transaction ID : 14471574
 Amount of Each Receipt this Period 85.00
 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2020
Transaction ID : 14471575
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 182.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 9 OF 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13700 Six Mile Cypress Pkwy
 City Fort Myers State FL Zip Code 33912-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 03 / 2020
Transaction ID : 14471576
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Mochan, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Radnor Rd Ste 202
 City State College State PA Zip Code 16801-7986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central PA Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2020
Transaction ID : 14471863
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kennedy, Tamara, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7310 N. 16th Street, Suite 226
 City Phoenix State AZ Zip Code 85020-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 04 / 2020
Transaction ID : 14471864
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
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 10 OF 99
	<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	

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

A. Zavala, Tony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4814 Cranbrook Dr E

City Colleyville	State TX	Zip Code 76034-4359
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Frost Insurance	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2020

Transaction ID : 14471865

Amount of Each Receipt this Period
63.00

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
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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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2020

Transaction ID : 14471871

Amount of Each Receipt this Period
65.00

Memo Item

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

Mailing Address 1041 Old Cassatt Rd

City Berwyn	State PA	Zip Code 19312-1152
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Simkiss & Block	Occupation (for Individual) Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2020

Transaction ID : 14471876

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	298.00
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 11 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ashby, Thomas, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 70
 City Zirconia State NC Zip Code 28790-0070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Healthcare Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 04 / 2020**
Transaction ID : 14471878
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Dillon, Michael, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dillon Health 329 Flint Street
 City Reno State NV Zip Code 89501-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dillon Health, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **05 / 05 / 2020**
Transaction ID : 14472602
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Hausladen, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 Centre Pointe Blvd
 City Saint Paul State MN Zip Code 55120-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bearence Management Group Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **05 / 05 / 2020**
Transaction ID : 14472604
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 12 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 05 / 2020
Transaction ID : 14472607
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 05 / 2020
Transaction ID : 14472610
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gussin, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2020
Transaction ID : 14472613
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
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 13 OF 99
	<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	

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

A. Sale, Raymer, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 Premiere Parkway
Suite 285

City Duluth State GA Zip Code 30097-5246

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

Name of Employer (for Individual) E2E Benefits Services, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2020
Transaction ID : 14472617

Amount of Each Receipt this Period 100.00

Memo Item

B. Enders, Shannon, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5797 Harvey Street - Suite A

City Norton Shores State MI Zip Code 49444-6727

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

Name of Employer (for Individual) Lakeshore Employee Benefits Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 05 / 2020
Transaction ID : 14472621

Amount of Each Receipt this Period 85.00

Memo Item

C. West, Kimberly, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3205 Valley Oaks

City White Lake State MI Zip Code 48383-3447

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

Name of Employer (for Individual) Kim West Insurance Benefits LTD Occupation (for Individual) Agent

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 05 / 2020
Transaction ID : 14472629

Amount of Each Receipt this Period 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 99
	<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	

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

A. DeBruin, Teresa, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Technology Pkwy South
 Suite 225
 City Peachtree Corners State GA Zip Code 30092-3456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeBruin Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2020
Transaction ID : 14473349
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Niederman, Tammy, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Silver Maple Circle
 City Highlands Ranch State CO Zip Code 80129-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avenir Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 06 / 2020
Transaction ID : 14473352
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Webb, Charles, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Rd
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 06 / 2020
Transaction ID : 14473353
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
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 15 OF 99
	<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	

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

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

Mailing Address 901 Wilshire Drive
Suite 330

City Troy State MI Zip Code 48084-5611

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

Name of Employer (for Individual) Wilshire Benefits Group Inc Occupation (for Individual) President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 06 / 2020
Transaction ID : 14473356

Amount of Each Receipt this Period 170.00

Memo Item

B. Combs, Susan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Fifth Ave
Ste 512

City New York State NY Zip Code 10001-7607

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

Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 06 / 2020
Transaction ID : 14473357

Amount of Each Receipt this Period 42.00

Memo Item

C. Odegard, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21308 John Milless Drive
Suite 102

City Rogers State MN Zip Code 55374-4875

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 06 / 2020
Transaction ID : 14473358

Amount of Each Receipt this Period 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
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 16 OF 99
	<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

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

A. 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 ▼ 1300.00

Date of Receipt **05 / 07 / 2020**
Transaction ID : 14473793
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sautter, Robert, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 South 400 West Suite 201
 City Vineyard State UT Zip Code 84058-5370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paylogics Occupation (for Individual) Client Adviser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 07 / 2020**
Transaction ID : 14473799
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 07 / 2020**
Transaction ID : 14473802
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
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 17 OF 99
	<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

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

A. Bremer, Emily, Black, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bremer Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 07 / 2020
Transaction ID : 14473804
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Cochran, L. Briggs, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1151 Red Mile Rd
 City Lexington State KY Zip Code 40504-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIM Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2020
Transaction ID : 14473811
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 625.00

Date of Receipt 05 / 08 / 2020
Transaction ID : 14474201
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1188.00
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 18 OF 99
	<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	

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

A. Rice, Russell, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8830 Buckskin Dr
 1 M
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2020
Transaction ID : 14474203
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Casinelli, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 B St # 1800
 City San Diego State CA Zip Code 92101-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cavignac & Associates Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2020
Transaction ID : 14474205
 Amount of Each Receipt this Period
 63.00
 Memo Item

C. Matsushita, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25B Hanover Road Suite 220
 City Florham Park State NJ Zip Code 07932-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Senior Account Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2020
Transaction ID : 14474206
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	198.00
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 19 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Theesfeld, Angela, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 Toyah Brk
 City San Antonio State TX Zip Code 78258-2564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Davidson Camp Insurance Services, LLC Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 08 / 2020
Transaction ID : 14474207
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 05 / 08 / 2020
Transaction ID : 14474210
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Haberman, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexander & Haberman Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 05 / 09 / 2020
Transaction ID : 14474297
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.00
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 20 OF 99
	<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	

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

A. 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 ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2020
Transaction ID : 14474299

Amount of Each Receipt this Period
 250.00

Memo Item

B. Wright, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Horvath Drive

City Ithaca	State NY	Zip Code 14850-9711
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2020
Transaction ID : 14474300

Amount of Each Receipt this Period
 50.00

Memo Item

C. Coley, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Olde Gate Court

City Pooler	State GA	Zip Code 31322-8281
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coley Benefit Services, Inc	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2020
Transaction ID : 14474304

Amount of Each Receipt this Period
 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
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 21 OF 99
	<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	

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

A. Scholz, Paul, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St
 Ste 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) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 09 / 2020
Transaction ID : 14474309
 Amount of Each Receipt this Period 85.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 05 / 09 / 2020
Transaction ID : 14474310
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 833.35

Date of Receipt 05 / 09 / 2020
Transaction ID : 14474313
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	336.67
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 99
	<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	

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

A. Meredith, Griffin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 S 5th St Unit 303
 City Louisville State KY Zip Code 40202-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commonwealth Insurance Partners Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2020
Transaction ID : 14474314
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Lindsay, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2560 Fairway Ct
 City Bettendorf State IA Zip Code 52722-6206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthur J. Gallagher & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2020
Transaction ID : 14474316
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. 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 ▼ 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2020
Transaction ID : 14474318
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	212.00
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 23 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sullivan, Brian, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Marin St
 Suite 140
 City Thousand Oaks State CA Zip Code 91360-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2020
Transaction ID : 14474371
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kelley, Dianne, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 N La Cholla Blvd.
 #154-219
 City Tucson State AZ Zip Code 85741-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 11 / 2020
Transaction ID : 14474540
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 12 / 2020
Transaction ID : 14475357
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1105.00
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 24 OF 99
	<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	

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

A. Knight, Ronald David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 507

City Carrollton	State GA	Zip Code 30112-0009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2020
Transaction ID : 14475358

Amount of Each Receipt this Period
 85.00

Memo Item

Monthly Contribution

B. Johnson, David, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe

City Big Canoe	State GA	Zip Code 30143-5157
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2020
Transaction ID : 14475365

Amount of Each Receipt this Period
 100.00

Memo Item

C. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street

City Franklin	State NC	Zip Code 28734-3049
------------------	-------------	------------------------

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

Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2020
Transaction ID : 14475369

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
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 25 OF 99
	<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. O'Connell, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5080 Spectrum Dr
 Suite 1200E
 City Addison State TX Zip Code 75001-4625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Next Level Insurance Agency Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 12 / 2020**
Transaction ID : 14475379
 Amount of Each Receipt this Period **85.00**
 Memo Item

B. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17117 Oak Drive
 Suite D
 City Omaha State NE Zip Code 68130-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 12 / 2020**
Transaction ID : 14475380
 Amount of Each Receipt this Period **85.00**
 Memo Item

C. Moore, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1644 Plank Rd
 City Duncansville State PA Zip Code 16635-8376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L.R. Webber Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 12 / 2020**
Transaction ID : 14475389
 Amount of Each Receipt this Period **42.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 26 OF 99
	<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. Stewart, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W. 36th Avenue
 Suite 300
 City Anchorage State AK Zip Code 99503-5805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Sr. Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2020
Transaction ID : 14475395
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 N Clark St
 City Chicago State IL Zip Code 60654-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 ALLIANT INSURANCE Compliance Project Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2020
Transaction ID : 14475398
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Denz, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Wild Ginger Lane
 City Fleming Island State FL Zip Code 32003-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Aetna Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2020
Transaction ID : 14475473
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	212.00
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 99
	<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

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

A. Evans, Joseph, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Hickman Road
 Suite 2
 City Des Moines State IA Zip Code 50325-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475474
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 2660.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475482
 Amount of Each Receipt this Period 415.00
 Memo Item

C. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street
 Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475483
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	542.00
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 28 OF 99
	<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

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

A. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4912 River Avenue
 City Newport Beach State CA Zip Code 92663-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridge Port Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475484
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475485
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 N. Elm Street Suite 201
 City Greensboro State NC Zip Code 27408-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EbenConcepts Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475488
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.00
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 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Masucci, Joseph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Rouser Road
 Building 4 Suite 401
 City Moon Township State PA Zip Code 15108-2779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefit Services LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475489
 Amount of Each Receipt this Period 85.00
 Memo Item

B. 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 ▼ 390.00

Date of Receipt 05 / 13 / 2020
Transaction ID : 14475490
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Wakamoto-Lee, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6386 Sussex Ct
 City Dublin State CA Zip Code 94568-7443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ava Science Inc. Occupation (for Individual) Producer/ Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 14 / 2020
Transaction ID : 14520764
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 99
	<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	

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

A. Johnson, David, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe
 City Big Canoe State GA Zip Code 30143-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 14 / 2020
Transaction ID : 14520770
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Manning, Richard, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10315 Woodley Avenue, #131
 City Granada Hills State CA Zip Code 91344-6953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accessible Health Insurance Services. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 14520935
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Rider, Susan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Touralosa Dr
 City Westfield State IN Zip Code 46074-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gregory & Appel Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 14520941
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
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 31 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MC 32-20
 100 North Academy Avenue
 City Danville State PA Zip Code 17822-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health Plan Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 14520945
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 16 / 2020
Transaction ID : 14521123
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Sullivan, Audra, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 N Watson Rd
 Ste 287
 City Arlington State TX Zip Code 76006-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vogue Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 16 / 2020
Transaction ID : 14521125
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	184.00
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 32 OF 99
	<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	

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

A. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Eisenhower Parkway
 Second Floor
 City Roseland State NJ Zip Code 07068-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 16 / 2020
Transaction ID : 14521132
 Amount of Each Receipt this Period 85.00
 Memo Item

B. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 17 / 2020
Transaction ID : 14521156
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Marinelli, Aaron, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2307 E. Aurora Road.
 Suite B13
 City Twinsburg State OH Zip Code 44087-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chapman and Chapman, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 17 / 2020
Transaction ID : 14521159
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.00
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 33 OF 99
	<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	<input type="checkbox"/> 17

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

A. Tompkins, Daniel, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse
 Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 17 / 2020
Transaction ID : 14521162
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wolfe, Rosanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 17 / 2020
Transaction ID : 14521167
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2020
Transaction ID : 14521225
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 34 OF 99
	<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	

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

A. Griffey, Don, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56294 Prim Rose Circle
 City Elkhart State IN Zip Code 46516-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hailey-Campbell, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 18 / 2020
Transaction ID : 14521232
 Amount of Each Receipt this Period 75.00
 Memo Item

B. VILLAGRAN, Denise, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 Santa Fe St, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 05 / 18 / 2020
Transaction ID : 14521235
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Powell, Rita, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H&H Insurance Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 19 / 2020
Transaction ID : 14521594
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.00
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 35 OF 99
	<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. Underhill, Charles, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 626
 City Woodland Hills State CA Zip Code 91365-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2020
Transaction ID : 14521597
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2020
Transaction ID : 14522767
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Bartholomew, Rhonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5099
 City Twin Falls State ID Zip Code 83303-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Occupation (for Individual) Group Division Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2020
Transaction ID : 14522770
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	139.00
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 36 OF 99
	<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	

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

A. 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 ▼ 500.00

Date of Receipt 05 / 21 / 2020
Transaction ID : 14523394

Amount of Each Receipt this Period 85.00

Memo Item

B. Moore, Adrian, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7936 Covey Chase Drive

City Charlotte State NC Zip Code 28210-7231

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

Name of Employer (for Individual) IHC Specialty Benefits Occupation (for Individual) Regional Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 21 / 2020
Transaction ID : 14523399

Amount of Each Receipt this Period 42.00

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 ▼ 850.00

Date of Receipt 05 / 22 / 2020
Transaction ID : 14523660

Amount of Each Receipt this Period 170.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.00

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 37 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Protect Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 22 / 2020
Transaction ID : 14523662
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Goodman, Robert, Hiram, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Independence Plaza Suite 800
 City Birmingham State AL Zip Code 35209-2639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2020
Transaction ID : 14524417
 Amount of Each Receipt this Period 42.00
 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 ▼ 700.00

Date of Receipt 05 / 23 / 2020
Transaction ID : 14524422
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.00
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 38 OF 99
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. McClaskey, Barbara, A., ,

Mailing Address 1965 Pine Street

City Redding	State CA	Zip Code 96001-1921
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Barbara McClaskey Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524423

Amount of Each Receipt this Period
42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Reeves, Valerie, , ,

Mailing Address 3702 Brownsboro Rd

City Louisville	State KY	Zip Code 40207-1820
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Preferred Benefits, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524424

Amount of Each Receipt this Period
42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Tellesbo-Kembel, Marsha, , ,

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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524425

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
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 39 OF 99
	<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	

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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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524428

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 ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524434

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524438

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 40 OF 99
	<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	

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

A. Mackin, Martin, John, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 29607

City San Francisco	State CA	Zip Code 94129-0607
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Foresight Benefits, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524444

Amount of Each Receipt this Period
63.00

Memo Item

B. Hartin, Dennis, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3115 Phoenix Ave

City Oldsmar	State FL	Zip Code 34677-5609
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hartin Dynamics	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2020

Transaction ID : 14524446

Amount of Each Receipt this Period
85.00

Memo Item

C. 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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2020

Transaction ID : 14524563

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	318.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 99 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Kowalczyk-Gonzalez, CarrieAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6568 S Federal Way #213
 City Boise State ID Zip Code 83716-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Personal Touch Ins & Benefits, LLC Health Insurance Agent
 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
 05 / 24 / 2020
Transaction ID : 14524566
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. 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) Occupation (for Individual)
 TR Paul, Inc. Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2020
Transaction ID : 14524571
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Chornak, Shelley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Sage Partners, LLC Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2020
Transaction ID : 14524573
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.00
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 42 OF 99
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. McConnaughey, John, R., ,

Mailing Address PO Box 805

City West Chester	State OH	Zip Code 45071-0805
----------------------	-------------	------------------------

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

Name of Employer (for Individual) JRM & Associates Agency, Inc	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2020

Transaction ID : 14524579

Amount of Each Receipt this Period
42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Barrera, Rolando, G., ,

Mailing Address 101 N Shoreline Blvd Suite 410

City Corpus Christi	State TX	Zip Code 78401-2825
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Roland Barrera Insurance	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2020

Transaction ID : 14524585

Amount of Each Receipt this Period
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Trokey, Kevin, , ,

Mailing Address 215 S. Kirkwood Rd Ste 201

City Saint Louis	State MO	Zip Code 63122-4359
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Q4intelligence LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2020

Transaction ID : 14524686

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.00
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 43 OF 99
	<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	

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

A. Gwin, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1396
 City Irmo State SC Zip Code 29063-1396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Insurance Consultants Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2020
Transaction ID : 14524687
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Thal, Harry, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2137
 City KERNVILLE State CA Zip Code 93238-2137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harry P. Thal Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2020
Transaction ID : 14524689
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Musser, Ray, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Pebble Beach Dr.
 City Upland State CA Zip Code 91784-9131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ray Musser & Associates Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2020
Transaction ID : 14524691
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
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 44 OF 99
	<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	

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

A. Beck, Carolyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Plaza East Blvd

City Evansville	State IN	Zip Code 47715-2870
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SIHO Insurance Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2020

Transaction ID : 14524692

Amount of Each Receipt this Period
42.00

Memo Item

B. Kite, Karen, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 Franklin Road SW
Suite 1

City Roanoke	State VA	Zip Code 24016-5233
-----------------	-------------	------------------------

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

Name of Employer (for Individual) D&S Agency	Occupation (for Individual) Carrier Liaison Manager
---	--

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
05		26		2020

Transaction ID : 14524711

Amount of Each Receipt this Period
100.00

Memo Item

C. Murphy, Kevin, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1744 Victoria Way

City San Marcos	State CA	Zip Code 92069-9401
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Murphy Insurance Solutions	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2020

Transaction ID : 14524716

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.00
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 45 OF 99
<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. 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2020
Transaction ID : 14524717
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Linneman, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 Rice Street
 Ste 200
 City Saint Paul State MN Zip Code 55113-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Insurance Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2020
Transaction ID : 14524719
 Amount of Each Receipt this Period
 85.00
 Memo Item

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2020
Transaction ID : 14524720
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 99
	<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. Riedl, Alycia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 S 7th Street
 Suite 1400
 City Minneapolis State MN Zip Code 55402-0119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 14524725
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Morrison, James, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6096 Innovation Way
 City Carlsbad State CA Zip Code 92009-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 14524727
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest General Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 14524731
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 47 OF 99
	<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	

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

A. Tretter, Robert, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Spring Lake Drive
 City Hamilton State OH Zip Code 45011-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Health Underwr Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 14524732
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Mann, William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14727 E Red Bayberry Ct
 City Cypress State TX Zip Code 77433-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Compliance Office Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 14524736
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt 05 / 26 / 2020
Transaction ID : 14524738
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	169.00
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 48 OF 99
	<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	

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

A. 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2020
Transaction ID : 14525443
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Underhill, Elizabeth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2020
Transaction ID : 14525445
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Reddy, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 River Pointe Drive
 City Elkhart State IN Zip Code 46514-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2020
Transaction ID : 14525446
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
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 49 OF 99
	<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	

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

A. Bechtold, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Stone Cliff Trace
 City Cleveland State GA Zip Code 30528-5397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525452
 Amount of Each Receipt this Period 47.00
 Memo Item

B. Hill, Donna, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525453
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Jennings, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120
 City Dartmouth State MA Zip Code 02747-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Association of Health Un Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525456
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	217.00
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 50 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Booth, Neil, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23901 Calabasas Road, Suite 2014
 City Calabasas State CA Zip Code 91302-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Marketing Administrators INC Occupation (for Individual) Broker & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525457
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Johnson, Suzanne, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5955 Carnegie Blvd Suite 150
 City Charlotte State NC Zip Code 28209-4664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefit Advisors of the Carol Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525459
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Jackson, Jerry, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5113 N. Executive Drive Suite 102
 City Peoria State IL Zip Code 61614-4893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525462
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
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 51 OF 99
	<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	

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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 ▼ 450.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525464
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Nezat, Ron, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 91180
 City Lafayette State LA Zip Code 70509-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Financial Resources, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525470
 Amount of Each Receipt this Period 85.00
 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 ▼ 500.00

Date of Receipt 05 / 27 / 2020
Transaction ID : 14525479
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 99
	<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	

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

A. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526343
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Lawless, James, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 East Main Street Suite 110
 City Lexington State KY Zip Code 40502-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Insurance Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526345
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Ambro, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526346
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 53 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Danzig, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employers Committed To Control Health Occupation (for Individual) Vice President of Administration
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526347
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Petersen, Benjamin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 971
 City Ridgefield State WA Zip Code 98642-0971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526353
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Whaley, Vicki, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 759 170 River Rock Rd
 City Lewiston State CA Zip Code 96052-0759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vicki Whaley Ins Svcs. Occupation (for Individual) Health Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526359
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	169.00
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 54 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Jupiter	State FL	Zip Code 33458-3991
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Benezon LLC	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
 05 / 28 / 2020
Transaction ID : 14526364

Amount of Each Receipt this Period
 85.00

Memo Item

B. Sklar, Erika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Walton Blvd

City Rochester Hills	State MI	Zip Code 48309-1775
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Crawford Insurance Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2020
Transaction ID : 14526368

Amount of Each Receipt this Period
 12.00

Memo Item

C. Martin, Ingrid, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3857 Grand Oak Drive

City Brunswick	State OH	Zip Code 44212-3594
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Ameritas	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2020
Transaction ID : 14526371

Amount of Each Receipt this Period
 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	139.00
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 55 OF 99
	<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	

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

A. Hazelbaker, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5007 Pine Creek Drive
 City Westerville State OH Zip Code 43081-4849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526373
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526375
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 AIA
 City Vero Beach State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526384
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 56 OF 99
	<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	

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

A. Childers, Russell, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2020
Transaction ID : 14526385
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. Reents, Joni, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 Melody Drive Suite 320
 City Northglenn State CO Zip Code 80234-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2020
Transaction ID : 14526386
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Kapostins, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Primera Blvd, Suite 264
 City Lake Mary State FL Zip Code 32746-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2020
Transaction ID : 14526388
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
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 57 OF 99
	<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	

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

A. Gant, Tom, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 North Weinbach Avenue

City Evansville	State IN	Zip Code 47711-6006
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Schultheis Life & Health Agency	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2020

Transaction ID : 14526392

Amount of Each Receipt this Period
42.00

Memo Item

B. Cagliola, Victoria, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1041 Old Cassatt Rd

City Berwyn	State PA	Zip Code 19312-1152
----------------	-------------	------------------------

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

Name of Employer (for Individual) Simkiss & Block	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2020

Transaction ID : 14526395

Amount of Each Receipt this Period
85.00

Memo Item

C. Lubenow, Douglas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 214 West Main Street
Suite 101

City Moorestown	State NJ	Zip Code 08057-2345
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Lubenow Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2020

Transaction ID : 14526396

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 58 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526397
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 NE Douglas St
 City Lees Summit State MO Zip Code 64064-2224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 28 / 2020
Transaction ID : 14526399
 Amount of Each Receipt this Period 63.00
 Memo Item

C. VILLAGRAN, Denise, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 Santa Fe St, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433061222733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	355.00
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 59 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 ▼ 575.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR433076122733
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. ADAMS, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7630
 City Horseshoe Bay State TX Zip Code 78657-7630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TASC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR433095022733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

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 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 ▼ 575.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR433168122733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	227.00
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 60 OF 99
	<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	

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

A. Rifkin, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Stonewall Lane
 City Mamaroneck State NY Zip Code 10543-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433196822733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. BRITAIN, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433214322733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. THAMS, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Broadway
 City Denison State IA Zip Code 51442-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433308322733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	212.00
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 61 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 620.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433316622733
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$130.00 Monthly)

B. ORNELLAS, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. Court St.
 City Woodland State CA Zip Code 95695-3080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433463222733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. WILLISON, Clover, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Sprowel Creek Rd
 City Garberville State CA Zip Code 95542-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433468622733
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	272.00
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 62 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. DRAKE, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Gooding St N #106
 City Twin Falls State ID Zip Code 83301-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laura Drake Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433504422733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. COOGAN, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 North Bedford Road Suite 100
 City Mount Kisco State NY Zip Code 10549-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433548022733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. SCHNEIDER, JoEllen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 W Taft St
 City Boise State ID Zip Code 83703-5015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Professionals Occupation (for Individual) Benefit Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR433791822733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	126.00
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 63 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 ▼ 850.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR436821422733
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

B. RIOS-CARL, ELIZABETH, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR436824522733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. 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 ▼ 500.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR436829722733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	340.00
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 64 OF 99
	<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	

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

A. 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 ▼ 850.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436830322733
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

B. GRUNDMAN, ROBERT, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefit Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436838922733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. WRIGHT, KEITH, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 W Front St Ste 4
 City Traverse City State MI Zip Code 49684-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436848522733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	262.00
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 65 OF 99
	<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	

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

A. MOBLEY, SANDRA, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobley Insurance Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436869322733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. WILSON, PAULA, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436873522733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. STUART, RODNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436883322733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	185.00
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 66 OF 99
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPRAGINS, JACKIE, L., ,

Mailing Address **P O Box 2073**

City Wichita Falls	State TX	Zip Code 76307-2073
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura	Occupation (for Individual) Producer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2020

Transaction ID : PR436895322733

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Morrow, Todd, , ,

Mailing Address **453 CLEAR WATER TRAIL**

City HOLLY LAKE RANCH	State TX	Zip Code 75765-7313
---------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Kilpatrick Companies LLC	Occupation (for Individual) Broker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 31 / 2020

Transaction ID : PR436903722733

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOOTH, TONYA, S., ,

Mailing Address **275 W. Campbell Road
Suite 215 - LB 16**

City Richardson	State TX	Zip Code 75080-8001
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Upshaw Insurance Agency	Occupation (for Individual) Broker
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 31 / 2020

Transaction ID : PR436911022733

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	192.00
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 67 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cason, Louie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cason Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436934822733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. STENGER, JAMES, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVS Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436939922733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. 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 ▼ 475.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436941622733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
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 68 OF 99
	<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	

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

A. HOLLAND, ROBERT, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR436961722733
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. PARKER, JOHN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hope St Unit 1312
 City Niantic State CT Zip Code 06357-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parker Agency 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
 05 / 31 / 2020
Transaction ID : PR436986822733
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. SPLAWN, WILLIAM, Craig, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Avenue C
 City Katy State TX Zip Code 77493-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR436992822733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	213.00
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 69 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PHILLIPS, Paige, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040-5466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR436993022733
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

B. BUIE, Scott, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 S 2300 E Ste 201
 City Salt Lake City State UT Zip Code 84117-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Buie Insurance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437010522733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. GRAY, Michael, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 South 13th Street, Suite 1650
 City Lincoln State NE Zip Code 68508-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 The Harry A. Koch Co
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437016722733
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	175.00
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 70 OF 99
	<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	

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

A. OLSON, Terri, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR43707022733
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 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 ▼ 495.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437076122733
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

C. Lopez, Juan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22431 Antonio Pkwy Suite B160-420
 City Rancho Santa Margarita State CA Zip Code 92688-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437079022733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.00
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 71 OF 99
	<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	

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

A. Roiz, Mario, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10446 NW 31st Terrace
 City Doral State FL Zip Code 33172-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HR Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437104922733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. MCEVILLY, BRIAN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7260 West Azure Drive #140-201
 City Las Vegas State NV Zip Code 89130-7999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McEville Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437117722733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 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 ▼ 850.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437118022733
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	262.00
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 72 OF 99
	<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	

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

A. BENTON, Bruce, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17200 Ventura Blvd
 Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437123022733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. FRIEDRICH, Linda, 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 Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437129122733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Hebert, Laura, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5151 Flynn Pkwy
 Suite 403
 City Corpus Christi State TX Zip Code 78411-4372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hebert Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437154822733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
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 73 OF 99
	<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	

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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 Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437182322733
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

B. DUCOTE, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Highlandia Drive Suite 100
 City Baton Rouge State LA Zip Code 70810-6056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437184622733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. BUNDY-COBB, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437204422733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	377.00
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 74 OF 99
	<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	

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

A. GARBINA, James, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Harry A. Koch Co Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR43721222733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 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 Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437218322733
 Amount of Each Receipt this Period 112.00
 Memo Item
 P/R Deduction (\$112.00 Monthly)

C. DAUBERT, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 67220
 City Lincoln State NE Zip Code 68506-7220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daubert and Butler Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437219622733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	282.00
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 75 OF 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GARDNER, Joy, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9424 Double R Blvd
 City Reno State NV Zip Code 89521-5977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comstock Insurance Agencies, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437231222733
 Amount of Each Receipt this Period 47.00
 Memo Item
 P/R Deduction (\$47.00 Monthly)

B. ROWE, Peter, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3033 N. Central Ave 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 Benefits Consulting, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437236922733
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. POWERS-BOOTH, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437264322733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	259.00
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 76 OF 99
	<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	

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

A. TOUPS, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437270522733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. 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 ▼ 625.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437281022733
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

C. BELL, Marie, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 4th Ave S. #1500
 City Minneapolis State MN Zip Code 55415-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437323322733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	295.00
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 77 OF 99
	<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	

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

A. 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 ▼ 500.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437326122733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Pittman, Susan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 South 336th Street
 Suite 305
 City Federal Way State WA Zip Code 98003-7355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insure NW Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437343522733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. BAJKOWSKI, Catherine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437361122733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
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 78 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CUTTING, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4356 Bonney Road
 Suite 2-101
 City Virginia Beach State VA Zip Code 23452-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437388322733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. JENSEN, Cerrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 Venture Oaks Way #240
 City Sacramento State CA Zip Code 95833-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CoreMark Insurance Services Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437391222733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. CRAMER, Valerie, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Broadmoor Ave SE
 City Grand Rapids State MI Zip Code 49512-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthBridge 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
 05 / 31 / 2020
Transaction ID : PR437416422733
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	192.00
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 79 OF 99
	<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	

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

A. CLARK, Robert, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7548 Preston Road

City Frisco	State TX	Zip Code 75034-5683
----------------	-------------	------------------------

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

Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : PR437427222733

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. MUTTER, Amy, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 Electric Road

City Roanoke	State VA	Zip Code 24018-3511
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Innovative Insurance Group, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : PR437454922733

Amount of Each Receipt this Period
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

C. STEDT, Margaret, Evelyn, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

City San Clemente	State CA	Zip Code 92673-3003
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Stedt Insurance Services	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
05		31		2020

Transaction ID : PR437529922733

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	205.00
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 80 OF 99
	<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	

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

A. SWANSON, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22240 Deval Ln
 City Frankston State TX Zip Code 75763-4037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hibbs Hallmark & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437544922733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. GIARDINA, Charles, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437562822733
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. MOBLEY, Dennis, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Drive Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobley Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437587522733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	134.00
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 81 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437591522733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. ROBINSON, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CFG Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437594122733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Swinton, Ryan, R., ,
 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 Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437594922733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
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 82 OF 99
	<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	

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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 ▼ 550.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437603122733
 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 ▼ 415.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437683122733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. GRANADO, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437693222733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 255.00
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 83 OF 99
	<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	

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

A. WEBB, Yolanda, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 Clover Ct.
 City Chino State CA Zip Code 91710-5337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437705622733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. KIRSCH, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Grenoble Drive
 City Bellevue State NE Zip Code 68123-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silver Stone Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437731122733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. BERRY, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 69th St., A9A
 City Lubbock State TX Zip Code 79424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR437737422733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	220.00
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 84 OF 99
	<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	

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

A. WILLIAMS, Leslie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 Hilltop Drive
Suite 5

City Redding State CA Zip Code 96002-0515

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

Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2020**

Transaction ID : PR437742922733

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. EDWARDS, Susan, Christensen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 S. Roop St.

City Susanville State CA Zip Code 96130-4336

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

Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2020**

Transaction ID : PR437755522733

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. JOHNSON, John, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8414 N. Wall Street
Ste C

City Spokane State WA Zip Code 99208-6161

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

Name of Employer (for Individual) IFS Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 315.00

Date of Receipt **05 / 31 / 2020**

Transaction ID : PR437775822733

Amount of Each Receipt this Period 63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	155.00
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 85 OF 99
	<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	

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

A. CADE, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR43778622733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. SCHELL, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 South Third Street Suite 300
 City Louisville State KY Zip Code 40202-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Thompson Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437797622733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. DARICEK, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W Las Palmaritas Dr
 City Phoenix State AZ Zip Code 85021-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437834922733
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 ▼ 375.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR437852422733
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

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 ▼ 790.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR439256922733
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. WALTMAN, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Doyle Road
 City Wayne State PA Zip Code 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2020
Transaction ID : PR470100122733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	165.00
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 87 OF 99
	<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	

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

A. 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 ▼ 350.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR476686822733
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. STEVENS, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR496323822733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. WAYT, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 199 Coon Rapids Blvd, Ste 314
 City Coon Rapids State MN Zip Code 55433-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFC National Marketing, Inc. Occupation (for Individual) Producer Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : PR528187222733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. NICHOLS, Thomas, L.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2888 Shadowlake Dr
 City Oklahoma City State OK Zip Code 73159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR840269922733
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. 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 ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : PR891081422733
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	21376.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 OF 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Texans for Ronny Jackson

Mailing Address P.O. Box 53058

City Amarillo State TX Zip Code 79159

FEC ID number of contributing federal political committee. **C** C00730531

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2020

Transaction ID : 14521104

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 14529016
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : 14529017
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 14529018
Amount of Each Disbursement this Period

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

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

A. House Conservatives Fund

Full Name (Last, First, Middle Initial)
Mailing Address 411 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - High Cotton Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: C00326439
Transaction ID : 14520994
Amount of Each Disbursement this Period: - 5000.00
Memo Item Void - High Cotton Consulting

B. House Conservatives Fund

Full Name (Last, First, Middle Initial)
Mailing Address 411 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2020 Membership

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: C00326439
Transaction ID : 14520995
Amount of Each Disbursement this Period: 5000.00
Memo Item 2020 Membership

C. Blumenauer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 901 Se Oak Street Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement

Candidate Name
Blumenauer, Earl, , Rep.,

Office Sought: House Senate President
State: OR District: 03

Disbursement For: 2020 Primary General Other (specify) ▼

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: C00307314
Transaction ID : 14521001
Amount of Each Disbursement this Period: 2000.00
Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2000.00

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

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

Full Name (Last, First, Middle Initial)
A. Tom Malinowski For Congress

Date of Disbursement
MM / DD / YYYY
05 / 15 / 2020

Mailing Address PO Box 222

FEC Identification Number
C C00656686
Transaction ID : 14521002
Amount of Each Disbursement this Period
1000.00

City Rocky Hill State NJ Zip Code 08553

Purpose of Disbursement
Candidate Name
Malinowski, Tom, , ,
Category/Type
011

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

Memo Item

Full Name (Last, First, Middle Initial)
B. Friends Of Jim Clyburn

Date of Disbursement
MM / DD / YYYY
05 / 15 / 2020

Mailing Address Post Office Box 12567

FEC Identification Number
C C00255562
Transaction ID : 14521003
Amount of Each Disbursement this Period
2500.00

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Candidate Name
Clyburn, James, E., Rep.,
Category/Type
011

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

Memo Item

Full Name (Last, First, Middle Initial)
C. Ami Bera For Congress

Date of Disbursement
MM / DD / YYYY
05 / 15 / 2020

Mailing Address PO Box 582496

FEC Identification Number
C C00461061
Transaction ID : 14521005
Amount of Each Disbursement this Period
2000.00

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Candidate Name
Bera, Ami, , Rep., MD
Category/Type
011

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

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

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

Full Name (Last, First, Middle Initial) A. Ami Bera For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address PO Box 582496		FEC Identification Number C00461061 Transaction ID : 14521006
City Elk Grove	State CA	Zip Code 95758
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name Bera, Ami, , Rep., MD	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 07	

Full Name (Last, First, Middle Initial) B. Tom O'Halleran For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address PO Box 20375		FEC Identification Number C00582890 Transaction ID : 14521008
City Sedona	State AZ	Zip Code 86341
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name O'Halleran, Tom, , ,	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 01	

Full Name (Last, First, Middle Initial) C. Stephanie Murphy For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address PO Box 205		FEC Identification Number C00620443 Transaction ID : 14521009
City Winter Park	State FL	Zip Code 32790
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Murphy, Stephanie, , ,	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 07	

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

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

Full Name (Last, First, Middle Initial)

A. Stephanie Murphy For Congress

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement

Category/
Type

Candidate Name
Murphy, Stephanie, , ,

Office Sought: House
 Senate
 President
State: FL District: 07

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 14521010

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Brindisi For Congress

Mailing Address PO Box 165

City Utica State NY Zip Code 13503

Purpose of Disbursement

Category/
Type

Candidate Name
Brindisi, Anthony, , ,

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 14521012

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement

Category/
Type

Candidate Name
Aguilar, Pete, , Rep.,

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 14521014

Amount of Each Disbursement this Period

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

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

A. Pallone For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement 011 Category/Type

Candidate Name
Pallone, Frank, , Rep., Jr.

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

State: NJ District: 06

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: C00226928
Transaction ID : 14521016
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Steve Daines For Montana

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement 011 Category/Type

Candidate Name
Daines, Steven, , ,

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

State: MT District:

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: C00491357
Transaction ID : 14521017
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Steve Chabot For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 3030 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement 011 Category/Type

Candidate Name
Chabot, Steve, , Rep.,

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

State: OH District: 01

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: C00301838
Transaction ID : 14521018
Amount of Each Disbursement this Period: 2000.00

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

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

Full Name (Last, First, Middle Initial) A. Balderson For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address PO BOX 2302		FEC Identification Number C00662650 Transaction ID : 14521019
City Zanesville	State OH	Zip Code 43702
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Balderson, Troy, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Jason Smith For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address PO Box 1324		FEC Identification Number C00541862 Transaction ID : 14521021
City Cape Girardeau	State MO	Zip Code 63702
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Smith, Jason, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MO	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Katko For Congress		Date of Disbursement MM / DD / YYYY 05 / 15 / 2020
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C00556365 Transaction ID : 14521023
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Katko, John, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 24	<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

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

A. Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Box 137

M M M	/	D D D	/	Y Y Y Y Y
05		15		2020

City Spokane State WA Zip Code 99210

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00390476

Transaction ID : 14521028

Amount of Each Disbursement this Period

1000.00

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

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

State: WA District: 05

Memo Item

B. Kurt Schrader For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 3314

M M M	/	D D D	/	Y Y Y Y Y
05		15		2020

City Oregon City State OR Zip Code 97045

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00446906

Transaction ID : 14521034

Amount of Each Disbursement this Period

1000.00

Candidate Name

Schrader, Kurt, , Rep.,

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

State: OR District: 05

Memo Item

C. Lou Correa For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 420 N Twin Oaks Valley Rd #2229

M M M	/	D D D	/	Y Y Y Y Y
05		15		2020

City San Marcos State CA Zip Code 92079

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00578302

Transaction ID : 14521036

Amount of Each Disbursement this Period

1000.00

Candidate Name

Correa, J. Luis, , Rep.,

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

State: CA District: 46

Memo Item

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

3000.00

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

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**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

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

A. Portman For Senate Committee

Full Name (Last, First, Middle Initial)

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Category/Type

Candidate Name

Portman, Rob, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2020

FEC Identification Number

C00458463

Transaction ID : 14521039

Amount of Each Disbursement this Period

1500.00

Memo Item

B. Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2020

FEC Identification Number

C

Transaction ID : 14521041

Amount of Each Disbursement this Period

5000.00

Memo Item

C. Schneider For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

011

Category/Type

Candidate Name

Schneider, Brad, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2020

FEC Identification Number

C00495952

Transaction ID : 14521042

Amount of Each Disbursement this Period

3000.00

Memo Item

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

9500.00

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

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

A. Feenstra For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 641 2nd St

City Hull State IA Zip Code 51239

Purpose of Disbursement 011 Category/Type

Candidate Name **Feenstra, Randy, , ,**

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

State: IA District: 02

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: **C**
Transaction ID : 14521101
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Perdue For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 12077

City Atlanta State GA Zip Code 30355

Purpose of Disbursement 011 Category/Type

Candidate Name **Perdue, David, , ,**

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

State: GA District:

Date of Disbursement: 05 / 15 / 2020

FEC Identification Number: **C** C00547570
Transaction ID : 14521102
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
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: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	40000.00