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04/01/2021 15 : 26

PAGE 1 / 201

FEC FORM 3X	A	ND C	RT OF ISBU han An A	RSE	MENT	ſS		Office U	se Only	Г
1. NAME OF COMMITTEE (in f		PE OR PR	INT V		ample: If ty er the lines.		12FI	E4M5		
Health Underwi	,	cal Act								
ADDRESS (number and		212 New Y	ork Ave							
Check if diffe than previous reported. (AC	rent	Suite 1100)) 					20005	5 	
2. FEC IDENTIFICA	TION NUME	ER 🔻		CITY 🔺			STATE 🖌		ZIP COI	DE 🔺
C C00283135	5		3.	IS THIS REPORT		NEW (N) OR	×	AMENDED (A)		
 4. TYPE OF REP (Choose One) (a) Quarterly Rep 	-	(b) Monthl Report Due O	n:	⁻ eb 20 (M2) Mar 20 (M3)		May 20 (M Jun 20 (M6		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
	ons.		ļ ļ	Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)	×	Year Only) Jan 31 (YE)
April 15 Quarterly July 15	Report (Q1)		2-Day RE -Election		Primary (1	2P)	Ge	neral (12G)		Runoff (12R)
October			eport for the	:	Conventior	n (12C)	Spe	ecial (12S)		
January 3	Report (Q3) 31 Report (YE)		Ele	ction on	M = M	/ D D /	YYY	Y Y	in the State of	
July 31 M Report (N Year Only	Ion-election	P	0-Day OST -Electior eport for the		General (3	0G)	Ru	noff (30R)		Special (30S)
Terminati (TER)	on Report			ction on	M	/ D D /	YY	Y Y	in the State of	
5. Covering Period	M M 11	/ D D 24	/ Y Y 202		through	M 12	M / D 31	D / Y Y 20	ү ү 20	
I certify that I have ex Type or Print Name of	1	leport and Murphy, Je		of my kno	wledge and	d belief it is	true, corre	ct and comple	te.	
Signature of Treasurer	Murphy, J	lennifer, , ,			[Electronica	ully Filed]	Date	04 / D 01	D /	2021
NOTE: Submission of fa	alse, erroneous	, or incom	plete informa	ation may s	ubject the p	erson signing	this Repo	rt to the penalti	es of 52	U.S.C. § 30109
Office Use Only									FOR Rev. 05/20	

X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Health Underwriters Political Action Committee M D М D N T. 11 24 2020 12 31 2020 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 381415.46 January 1, 2020 (b) Cash on Hand at 265255.96 Beginning of Reporting Period..... 55800.67 546659.51 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 928074.97 321056.63 6(a) and 6(c) for Column B)..... 11421.06 618439.40 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 309635.57 309635.57 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

I. Receipts				
	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	39773.67	337173.84		
(ii) Unitemized	8527.00	190985.67		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)	48300.67	528159.51		
(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)	48300.67	528159.51		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
	47. 47. 47.			
All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	7500.00	18500.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
	44 44 45			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	0.00			
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))	55800.67	546659.51		

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 15388.40 Expenditures 1221.06 (c) Total Operating Expenditures 15388.40 (add 21(a)(i), (a)(ii), and (b)) 1221.06 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 599500.00 and Other Political Committees... 10000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 3551.00 200.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 200.00 3551.00 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 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 11421.06 618439.40 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 11421.06 618439.40

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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. L.	 	-		 7	524008.51
- E					15388.40
. L.	 	7		 -7	13300.40
- E					0.00
. L.	 	-7		 -7	0.00
- 17					15388.40
	 	-7-		 -7-	10000.10

COLUMN B

Calendar Year-to-Date

Page 5

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

Per FEC Letter, updating contribution election discrepancies with debt retirement amendments (Jerry Carl For Congress, Peter Meijer For Congress, Michelle Steel For Congress, Zeldin For Congress) and updated Senate primary dates (Wyden For Senate, Catherine Cortez Masto For Senate) for 2022.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

ITE			Use separate schedule(s)	(ch	(check only one)						
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	<u> </u>	
	v information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full)										
	Health Underwriters Political Acti	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Clark, Jonathan, S., ,		rganization Name		Date of	Re	eceipt				
	Mailing Address 6084 South 900 East, Suite 102	2			M M 11	1	D 24		y y 2020	Y	
	City Murray	State UT	Zip Code 84121-1743					: 1528297 Receipt th	76 nis Period		
	FEC ID number of contributing rederal political committee.	С			<u> </u>		-		20.0	00	
	Name of Employer (for Individual) Fringe Benefit Analysts	Occu Brok	upation (for Individual) ker		Me	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]							
	Full Name of Individual (Last, First, Middle Initia Baker, Misty, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 117 Green Valley Dr			M M 11	/	D 24		ү ү 2020	Y		
	City Leander	State TX	Zip Code 78641-9755		Transaction ID : 15282977 Amount of Each Receipt this Period						
-	FEC ID number of contributing rederal political committee.	С			30.00					00	
	Name of Employer (for Individual) BenefitMall	Occi Vice		Me	emo	o Item					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]							
	Full Name of Individual (Last, First, Middle Initia Savas, John, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 5462 Shirley Jean Ct				M M 11	1	24		2020 [°]	Y	
-	City Winston Salem	State NC	Zip Code 27105-1773					: 1528297 Receipt th	78 nis Period		
	FEC ID number of contributing rederal political committee.	С			<u> </u>		y		20.0	00	
	Name of Employer (for Individual) Savas Insurance Services, Inc. Receipt For:	Insu	upation (for Individual) rance Agent		M	emo	o Item				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00]							
รเ	JBTOTAL of Receipts This Page (optional)			•			y	,	70.0	00	
т	DTAL This Period (last page this line number of	nly)		•			-	40			

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PAGE 8 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Midd A. Fugitt-Hetrick, Pamela, Leigh, LUT(Mailing Address 1123 Soquel Avenue		organization Name	Date of Receipt							
City Santa Cruz	State CA	Zip Code 95062-2105	11 24 2020 Transaction ID : 15282983 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) DCD Financial & Insurance Services Receipt For: Primary General Other (specify) ▼	Brol	upation (for Individual) ker Year-to-Date ▼ 330.00	Memo Item							
Full Name of Individual (Last, First, Midd B. Lubenow, Justin, , ,	lle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 15 Alden Street <u>Suite 8</u> City	State	Zip Code	11 / 24 / 2020 Transaction ID : 15282985							
Cranford FEC ID number of contributing federal political committee.	C	07016-2149	Amount of Each Receipt this Period 30.00							
Name of Employer (for Individual) Lubenow Agency	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00								
Full Name of Individual (Last, First, Midd C. Kowalczyk-Gonzalez, CarrieA	nne, , ,	organization Name	Date of Receipt							
Mailing Address 6568 S Federal Way #2 ⁻	13 State	Zip Code	11 24 2020 Transaction ID : 15282986							
Boise	ID	83716-9277	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Receipt For: Primary General Other (specify)	Hea	upation (for Individual) Ith Insurance Agent Year-to-Date ▼ 925.00	Memo Item							
SUBTOTAL of Receipts This Page (option	al)	•	145.00							
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PAGE 9 OF

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	information copied from such Reports and Sta or commercial purposes, other than using the r				for the		pose of	f soliciting	g contrib	outio	ns			
	AME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee											
	ull Name of Individual (Last, First, Middle Initia McConnaughey, John, R., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
N	lailing Address PO Box 805				^M ^M 11	1	D 24		y y 2020]			
	ity Vest Chester	State OH	Zip Code 45071-0805	Transaction ID : 15282987 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		42.00										
J	ame of Employer (for Individual) RM & Associates Agency, Inc	Occu Brok	upation (for Individual) ker		M	emo	o Item							
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00											
B	ull Name of Individual (Last, First, Middle Initia Todd, Richard, H., , Iailing Address 54 Belle Meadow Lane	al) or Full O	rganization Name		Date of		eceipt		YY					
_	ity	State	Zip Code		11		24		2020	- 1				
	ittle Rock	AR					1528298 Receipt th	-	od					
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	lame of Employer (for Individual) unstar Insurance of AR	Occu Broł	upation (for Individual) ker		M	emo	o Item							
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]										
	ull Name of Individual (Last, First, Middle Initia Todd, David, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
_	lailing Address 7011 Lucea Rd				^M 11	1	24		2020	Y]			
	ity .ittle Rock	State AR	Zip Code 72210-4146					: 1528298 Receipt th		bc				
	EC ID number of contributing ederal political committee.	С			_:		y :	, y	3	0.00				
S	ame of Employer (for Individual) Sunstar Insurance of AR	Occu Brok	upation (for Individual) er		M	emo	o Item							
н	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1										
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	y information copied from such Reports and St for commercial purposes, other than using the					for the		rpose o	f solicitin	g cont	ributio	ons			
	NAME OF COMMITTEE (In Full)						-					-			
	Health Underwriters Political Act	ion Com	nmi	ttee											
A.	Full Name of Individual (Last, First, Middle Initi Helms, John, S., ,	al) or Full C	Drga	nization Name	Date of Receipt										
	Mailing Address 2940 Camino Diablo # 205					11 / 24 / 2020									
	City Walnut Creek	State CA		Zip Code 94597-3992		Transaction ID : 15282991 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				<u> </u>					30.00)			
	Name of Employer (for Individual) John Helms Associates	Occ Brol	•	tion (for Individual)		N	lem	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00											
в.	Full Name of Individual (Last, First, Middle Initi Todd, Helen, M., ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt							
	Mailing Address 10800 Financial Centre Parkwa Suite 300			1		M M		D 24		202	ү ү 0				
	City Little Rock	State Zip Code AR 72211-3588							152829		ul e al				
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period									
	Name of Employer (for Individual) Sunstar Insurance of AR		upa oker	tion (for Individual)		N	lem	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00											
с.	Full Name of Individual (Last, First, Middle Initi Barrera, Rolando, G., ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt							
	Mailing Address 101 N Shoreline Blvd Suite 410					11 ^M	'	D 24		202					
	City Corpus Christi	State TX		Zip Code 78401-2825					: 152829 Receipt t		riod				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .	7		85.00)			
	Name of Employer (for Individual) Roland Barrera Insurance	Occ Age	•	tion (for Individual)		N	lem	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 1035.00											
s	UBTOTAL of Receipts This Page (optional)			·····			1	y	. ,	1	145.00)			
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Use separate schedule(s)

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PAGE 11 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
		ay not be sold or used by any p	13 14 15 16 1 erson for the purpose of soliciting contributions
or for commercial purposes, other than us			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mid A. Pittman, Joseph, E., ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address P O Box 24133			11 24 Y Y Y Y Y 2020
City Omaha	State NE	Zip Code 68124-0133	Transaction ID : 15283945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Creative Association Management	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]
Full Name of Individual (Last, First, Mid B. Woodward, Thomas, Nathan,	,	rganization Name	Date of Receipt
Mailing Address 430 West Bankhead H			11 24 2020
City _Villa Rica	State GA	Zip Code 30180-1701	Transaction ID : 15283948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Westwood Agency		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]
Full Name of Individual (Last, First, Mic C. Berg, Allan, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3170 44th Street, Unit	110		11 25 2020
City Fargo	State ND	Zip Code 58104-8596	Transaction ID : 15284473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Premier Benefits Group	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00]
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or	y information copied from such Reports and s for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
$\Big $	Health Underwriters Political A	ction Com	mittee												
۹.	Full Name of Individual (Last, First, Middle In Andress, Carolyn, Marie, REBC,	nitial) or Full O	rganization Name			Date of	Re	ceipt							
	Mailing Address 1959 Highway 34 2nd Floor					11 / 25 / Y Y Y Y 2020									
	City	State	Zip Code			Trans	acti	ion ID	: 1	528447	7				
	Wall Township	NJ	07719-9750		/	Amount	t of	Each	Re	ceipt thi	is Period				
	FEC ID number of contributing federal political committee.	С								- 7-	30.0)0			
	Name of Employer (for Individual) HUB International	Occu Brok	upation (for Individual) ker			Me	emo	ltem							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	Jg. Sguie		2.5	<u>1 _</u>										
	Other (specify)		330.	00											
	Full Name of Individual (Last, First, Middle In Gwin, David, R., ,	hitial) or Full Oi	rganization Name		_	Date of	ⁱ Re	ceipt							
	Mailing Address P.O. Box 1396					M M 11		2		/ Y	y 2020	Y			
	City	State	Zip Code			Trans	acti	on ID	:1!	5284481					
	Irmo	SC	29063-1396								is Period				
	FEC ID number of contributing federal political committee.	С		85.00											
	Name of Employer (for Individual) Southeastern Insurance Consultants	Occu Brok	upation (for Individual) ker			Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		935	00]										
— C.	Full Name of Individual (Last, First, Middle In Rice, Russell, Lee, SGS,	itial) or Full Oi	rganization Name			Date of	[:] Re	ceipt							
	Mailing Address 8830 Buckskin Dr					11 ^M		D	5	/ Y	2020	Y			
	City	State	Zip Code	_		Trans	acti	ion ID	: 1	528448	2				
	Boerne	TX	78006-5554		/	Amount	t of	Each	Re	ceipt thi	is Period				
	FEC ID number of contributing federal political committee.	С					_	,		y	85.0)0			
	Name of Employer (for Individual)	Осси	upation (for Individual)			Me	emo	ltem							
	AVESIS, Inc.	Brok													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			00	1										
	Other (specify)		1020.	UU											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17					
	y information copied from such Reports and for commercial purposes, other than using t				or the		pose (oliciting	contribu	tions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee													
A.	Full Name of Individual (Last, First, Middle Wright, Dennis, E., RHU, CSFP,	nitial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 1111 Chestnut Hills Pky				M M		2	5	/ Y	y y 2020	Y					
	City Fort Wayne	State IN	Zip Code 46814-8934				-		528448 ceipt th	3 is Period						
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer (for Individual) Employee Plans, LLC	Occ Brol	upation (for Individual) ker		Me	emo) Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]												
в.	Full Name of Individual (Last, First, Middle I Thal, Harry, P., ,	nitial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address PO BOX 2137			11 / 25 / Y Y Y Y 2020												
	City KERNVILLE	State CA	Zip Code 93238-2137	Transaction ID : 15284484 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C		85.00												
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occ Bro	upation (for Individual) ker		Me	emo) Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]												
C.	Full Name of Individual (Last, First, Middle Kross, David, R., RHU,	nitial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 5556 Cheviot Rd.				11 ^M		a second se	5		y y 2020	Y					
	City Cincinnati	State OH	Zip Code 45247-5202						528448 ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С					y		y	30.	00					
	Name of Employer (for Individual) United Benefits Agency, Inc.	Occi Brok	upation (for Individual) er		Me	emc	b Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]												
	UBTOTAL of Receipts This Page (optional)			- i		_	,		9	145.	00					
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	y information copied from such Reports and St for commercial purposes, other than using the					or the		pos	e of s	soliciting		ntribut	ions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmit	tee												
A.	Full Name of Individual (Last, First, Middle Initial Beck, Carolyn, , ,	ial) or Full C	rgan	ization Name	[Date of Receipt										
	Mailing Address 101 Plaza East Blvd				11 25 / Y Y Y Y 2020											
	City Evansville	State IN		Zip Code 47715-2870				-		528448 ceipt th	-	eriod				
	FEC ID number of contributing federal political committee.	С			42.00											
	Name of Employer (for Individual) SIHO Insurance Services	Occ Brol	•	on (for Individual)		M	emc	o Ite	əm							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 462.00												
	Full Name of Individual (Last, First, Middle Initi Lucas, William, H., ,	ial) or Full C	Organ	ization Name		Date of	Re	eceip	pt							
	Mailing Address PO Box 1089					м м 11	1	D	25	/ Y)20	Y			
	City Richmond Hill	State GA		Zip Code 31324-1089				-		528448 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С				30.00										
	Name of Employer (for Individual) Bill Lucas & Associates Insurance	Occ CE	•	ion (for Individual)		M	emc	o Ite	əm							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 330.00												
	Full Name of Individual (Last, First, Middle Initi Whaley, Cynthia, , ,	ial) or Full C	rgan	ization Name		Date of	Re	eceip	pt							
	Mailing Address 408 N. Washington Street Suite A					^M ^M 11	1		25	/ Y)20 [°]	Ŷ			
	City Easton	State MD		Zip Code 21601-3704						528448 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С						y		y	_	30.0	0			
	Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occu Brok	•	on (for Individual)		M	emo	o Ite	əm							
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 210.00												
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Olson, Charles, , ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 4221 N. 203rd St, Suite 200				11 25 2020									
	City Elkhorn	State NE	Zip Code 68022-3474		Transaction ID : 15284490 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>				50	0.00				
	Name of Employer (for Individual) OCI Insurance & Financial Services	Occu Brok	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 524.00]										
в.	Full Name of Individual (Last, First, Middle Initi Spinelli, Frank, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1100 Superior Avenue Street Suite 1500 City	State	Zip Code		M M 11	/	25		2020	Y				
	Cleveland	OH					1528449		Ч					
	FEC ID number of contributing federal political committee.	OH 44114			Amount of Each Receipt this Period									
	Name of Employer (for Individual) Oswald Companies		upation (for Individual) Group Benefits		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]										
с.	Full Name of Individual (Last, First, Middle Initi Morrow, Todd, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 453 Clear Water Trl				M M 11	/	25		2020	Y				
	City Holly Lake Ranch	State TX	Zip Code 75765-7313	_				1528512 Receipt th		d				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		30	0.00				
	Name of Employer (for Individual) Kilpatrick Companies LLC	Occu Brok	upation (for Individual) er		М	em	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]										
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Full Name of Individual (Last, First, Midd A. Grant, Staci, R., ,	le Initial) or Full Orga	nization Name		Date of	f Re	ceipt								
Mailing Address 74 Glendale Ave		1		11 26 / Y Y Y Y Y 2020										
City Livingston	State NJ	Zip Code 07039-2310		Transaction ID : 15285159 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00											
Name of Employer (for Individual) Henry O. Baker Insurance Group		tion (for Individual) resident		M	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 330.00]											
Full Name of Individual (Last, First, Midd B. Hatfield, Matthew, F., ,	le Initial) or Full Orga	nization Name		Date of	f Re	ceipt								
Mailing Address 2451 Broadway				M M 11	/	D D D 26	/ Y	2020	Y					
City Fort Wayne	State IN	Zip Code 46807-1105		Transaction ID : 15285160 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			<u> </u>	30	00								
Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occupa Broker	tion (for Individual)		M	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 330.00]											
Full Name of Individual (Last, First, Midd C. Gilbert, Debra, E., ,	le Initial) or Full Orga	nization Name		Date of	f Re	ceipt								
Mailing Address 2331 Mustang Drive Suite 200				M M	1	D D D 26	/ Y	2020	Y					
City Grapevine	State TX	Zip Code 76051-1014				i on ID : 1 Each Re		52 nis Perioc						
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Name of Employer (for Individual) Innovative Insurance Solutions	Preside			М	emo	Item								
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 980.00]											
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NAME OF COMMITTEE (In Full)													
Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mid Linneman, Ron, , ,	dle Initial) or Full C	rganization Name	Dat	Date of Receipt									
Mailing Address 1740 Rice Street Ste 200				™ 11	/ D		2020	Υ					
City Saint Paul	State MN	Zip Code 55113-6825		Transaction ID : 15285164 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			_		F	85.						
Name of Employer (for Individual) Western Insurance Agency	Occ	upation (for Individual)		Mer	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]										
Full Name of Individual (Last, First, Mid B. Niederman, Brad, , ,	dle Initial) or Full C	rganization Name	Dat	e of I	Receipt								
Mailing Address 1745 Shea Center Dr 4th Floor	1-	1		м 11	/ D		y y 2020	Y					
City Highlands Ranch	State CO	Zip Code 80129-1537				: 1528516							
FEC ID number of contributing federal political committee.	C			Junit	JEach	Receipt th	30.0	00					
Name of Employer (for Individual) Niederman Insurance Agency	Occ Bro	upation (for Individual) ker		Mer	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]										
Full Name of Individual (Last, First, Mid Mann, William, D., ,		rganization Name	Dat	e of I	Receipt								
Mailing Address 14727 E Red Bayberry			_ L	11 ^M	- 1	6	2020 [°]	Y					
City Cypress	State TX	Zip Code 77433-5413				: 1528510 Receipt th							
FEC ID number of contributing federal political committee.	С			_	y	. ,	42.	00					
Name of Employer (for Individual) The Compliance Office	Occ CEC	upation (for Individual))		Mer	no Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	1										
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmittee												
A .	Full Name of Individual (Last, First, Middle Initia Schneider, Chad, P., ,	l) or Full C	Organization Name		Date of Receipt										
-	Mailing Address 4470 Woodman Ave Apt 303 City	State	Zip Code		11 26 2020 Transaction ID : 15285169										
	Sherman Oaks	CA	91423-5520	Amount of Each Receipt this Period											
	FEC ID number of contributing rederal political committee.	С		85.00											
	Name of Employer (for Individual) Jellyvision	Occ Brol	upation (for Individual) ker			M	emo	οI	tem						
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	Full Name of Individual (Last, First, Middle Initia Jurkus, Charles, , ,	ll) or Full C	Organization Name		Date	e o'	f Re	ece	eipt						
-	Mailing Address 823 Commerce Drive, Suite 350					™ 11	/	′	D 2		/ Y)20	Y	
	City Oak Brook	State IL	Zip Code 60523-8855								528517 ceipt th		Period		
	FEC ID number of contributing rederal political committee.	С			Ē	_		,			-9	_	30.	00	
	Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services		cupation (for Individual) ker			M	emo	οI	tem						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]											
	Full Name of Individual (Last, First, Middle Initia Selby, John, , ,	ll) or Full C	Organization Name		Date	e o'	f Re	ece	eipt						
I	Mailing Address 3 Dodd Ter					[™]	/	′	D 2	Б 6	/ Y)20 [°]	Y	
	City Verona	State NJ	Zip Code 07044-1719								528517 ceipt th		Period		
	FEC ID number of contributing rederal political committee.	С				_		y	_		9	_	30.	00	
	Name of Employer (for Individual)		upation (for Individual) President		Ч	М	lemo	οI	ltem						
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00												
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11									
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee										
Full Name of Individual (Last, First, Midd A. (Wooden) Lovincey, Rebecca, L., ,	-	rganization Name	Date of Receipt									
Mailing Address 201 NE Park Plaza Dr #2	293		11 26 Y Y Y Y 11 26 2020									
City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : 15285176 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) Brown & Brown Insurance NW	Occ Age	upation (for Individual) nt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]									
Full Name of Individual (Last, First, Midd B. Rivera, Michael, A., ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 13201 N.W. Fwy. Suite 2	65		11 26 2020									
City Houston	State TX	Zip Code 77040-6165	Transaction ID : 15285178 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Northwest General Insurance	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]									
Full Name of Individual (Last, First, Midd C. Tretter, Robert, C., CLU, ChF		rganization Name	Date of Receipt									
Mailing Address 6222 Spring Lake Drive			11 / D D / Y Y Y Y 126 2020									
City Hamilton	State OH	Zip Code 45011-8189	Transaction ID : 15285179 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) National Association of Health Underwr	Occ Brok	upation (for Individual) ser	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00]									
SUBTOTAL of Receipts This Page (optiona	al)		157.00									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd Cociu, Dorothy, M., RHU, REBC,,	lle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address P.O. Box 6677			11 / 26 / Y Y Y Y 2020								
City Fullerton	State CA	Zip Code 92834-6677	Transaction ID : 15285181 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00]								
Full Name of Individual (Last, First, Midd B. Gutierrez, Antonio 'Tony', , ,	le Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 12833 River Dance Dr.			11 26 / Y Y Y Y 2020								
City Raleigh	State NC	Zip Code 27613-7093	Transaction ID : 15285182 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Benefitcare.com	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]								
Full Name of Individual (Last, First, Midd C. Stocks, Deborah, P., ,	le Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 11551 Nuckols Rd Ste N	I		11 / D D / Y Y Y Y 26 2020								
City Glen Allen	State VA	Zip Code 23059-5565	Transaction ID : 15285183								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) Your Benefits Partner	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00]								
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A.	Full Name of Individual (Last, First, Middle Initia Morris, Reine, C., ,	al) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 500 NE Multnomah				M M 11	1	27		Y	y 202	0	
	City Portland	State OR	Zip Code 97232-2023		Trans Amoun		ion ID Each I				riod	
	FEC ID number of contributing federal political committee.	С							,		20.00)
	Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) Large Group Acct Mgmt		М	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00									
в.	Full Name of Individual (Last, First, Middle Initia Goodacre, James, William, ,	al) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address PO Box 22423				м м 11	/	27		Y	2020		
	City Carmel	State CA	Zip Code 93922-0423		Trans Amoun		i on ID : Each I				riod	
	FEC ID number of contributing federal political committee.	С							,		30.00)
	Name of Employer (for Individual) James W. Goodacre II	Occu Brol	upation (for Individual) ker		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00									
С.	Full Name of Individual (Last, First, Middle Initia Jackson, Jerry, D., ,	al) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 1017 N. Maplewood Ave.				м м 11	/	D 27		Y	2020		
	City Peoria	State IL	Zip Code 61606-1035		Trans Amoun		i on ID Each I				riod	
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	Name of Employer (for Individual) Jackson Financial Services	Occu Brok	ipation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00									
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Α.	Full Name of Individual (Last, First, Middle Initial) Furr, Kenneth, , ,) or Full Or	rgan	ization Name		Da	ate o	f Re	ecei	pt				
	Mailing Address 333 Village Bl., Ste. 203	Chata		Zin Onde		L	M M 11		L	27	/ Y	20)20	Y
	City Incline Village	State NV		Zip Code 89451-8293	-						528520 ceipt tl		oriod	
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	Name of Employer (for Individual) Menath Insurance Agency	Occu Brok	•	on (for Individual)			Μ	emc	o Ite	em				
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 630.00										
В.	Full Name of Individual (Last, First, Middle Initial) Schwartz, Matt, B., ,) or Full Or	rgan	ization Name		Da	ate o	f Re	ecei	pt				
	Mailing Address 2950 Breckenridge Lane, Suite 8/	A					11	/		27	/ Y	y 20	20	Y
	City	State		Zip Code					-		528520			
	Louisville	KY		40220-1462	_	Ar	noun	t of	Ea	ch Re	ceipt tl	his P	eriod	
	FEC ID number of contributing federal political committee.	С	_			ļ	-		-			_	85.0	00
	Name of Employer (for Individual) Schwartz Insurance Group	Occu Brok	•	on (for Individual)			Μ	emc	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 510.00										
С.	Full Name of Individual (Last, First, Middle Initial) Nezat, Ron, J., ,) or Full Or	rgan	ization Name		Da	ate o	f Re	ecei	pt				
	Mailing Address PO Box 91180	1				Ľ	11 ^M	/	Ľ	27	/ Y	ү 20	20 [°]	Y
	City Lafayette	State LA		Zip Code 70509-1180	-						52852			
	FEC ID number of contributing federal political committee.	C				Ar	noun	t of	Ea	cn Re	ceipt tl	nis P	eriod 85.0	00
	Name of Employer (for Individual) Global Financial Resources, Inc. Receipt For:	Ager	nt	on (for Individual)			N	lemo	o Ite	əm				
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\rangle	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Tierney, Robert, J., HDHP,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 830 Main Street, Ste. 200				M M 11	1	D 27		ү ү 2020	Y
	City Meridian	State ID	Zip Code 83642-2611	_				: 1528521 Receipt th	5 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				85.0	00
	Name of Employer (for Individual) Compass Benefit Advisors	Occi Broł	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00]						
в.	Full Name of Individual (Last, First, Middle Initi Ruffin, Helena, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 3115 Robeline Ln				м м 11	1	D 27		y y 2020	Y
	City Charlotte	State NC	Zip Code 28203-6669					1528521		
	FEC ID number of contributing federal political committee.	C				OT		Receipt tr	nis Period 30.0	00
	Name of Employer (for Individual) Ruffin Insurance Solutions, Inc.		upation (for Individual) sident		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]						
с.	Full Name of Individual (Last, First, Middle Initi Hill, Donna, D., FLMI,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2905 Premiere Parkway Suite 285				M M	/	D 27	,	y y 2020	Y
	City Duluth	State GA	Zip Code 30097-5246					: 1528522 Receipt th	20 nis Period	
	FEC ID number of contributing federal political committee.	С			Ē		y .	- y	85.0	00
	Name of Employer (for Individual) E2E Benefits Services Inc	Occi Brok	upation (for Individual) ser		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00]						
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<u> </u>	or commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit cor	ntric	outions	from suc	n committ	ee.
\	IAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A	ull Name of Individual (Last, First, Middle Initi Severo, Daniel, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	lailing Address 262 Chestnut St. Ste 200				M M 11	/	D 27		y y 2020	Y
	sity Meadville	State PA	Zip Code 16335-3302					: 152852 Receipt ti	21 his Period	
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т	lame of Employer (for Individual) he DJB Group, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	tem			
H	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]						
	ull Name of Individual (Last, First, Middle Initi Witt, Kelly, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	lailing Address 1017 Pine Hill Way				M M 11	1	D 27		2020	Y
	Sity	State IN	Zip Code					1528522		
_			46032-7701	_	Amount	: of	Each F	Receipt t	his Period	
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	lame of Employer (for Individual) merican Health and Wellness Group		upation (for Individual) ef Operating Officer		Me	emc	ltem			
F	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1						
	ull Name of Individual (Last, First, Middle Initi Jennings, Julie, , ,	al) or Full O	rganization Name	_	Date of	Be				
_	lailing Address 55 Hathaway Pond Cir				11 ^M	/	D 27		2020	Y
	ity Rochester	State MA	Zip Code 02770-4135				-	: 152852 Receipt ti	23 his Period	
	EC ID number of contributing ederal political committee.	С			<u> </u>		,	. ,	85.0	00
Ν	lame of Employer (for Individual) Assachusetts Association of Health Un	Occu Brok	upation (for Individual) er		M	emo	o Item			
H	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00]						
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee						
Full Name of Individual (Last, First, Mid Johnson, Suzanne, K., RHU, CEB		rganization Name	Date	of R	eceipt			
Mailing Address 7621 Little Ave Suite 113			M 1		/ D 1	D / Y	2020	Y
City Charlotte	State NC	Zip Code 28226-8402				1528522 Receipt th	25 nis Period	
FEC ID number of contributing federal political committee.	C				-		85.	00
Name of Employer (for Individual) Employee Benefit Advisors	Occ Brol	upation (for Individual) ker		Mem	o Item			
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Full Name of Individual (Last, First, Mid B. Singleton, Terry, , REBC,CFP,		rganization Name	Date	of R	eceipt			
Mailing Address PO Box 195579			1		/ D 1 27		y y 2020	Y
City Winter Springs	State FL	Zip Code 32719-5579				1528522	7 nis Period	
FEC ID number of contributing federal political committee.	С						85.0	00
Name of Employer (for Individual) The Enterprise Team		upation (for Individual) tner		Mem	io Item			
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Full Name of Individual (Last, First, Mid C. Underhill, Elizabeth, J., ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address 5951 Canoga Avenue			M 1		27		y y 2020	Y
City Woodland Hills	State CA	Zip Code 91367-5010				: 1528522 Receipt th	29 nis Period	
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Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) rance agent		Mem	io Item			
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 berson for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl A. Reddy, Michael, S., ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 330 River Pointe Drive			M M / D D / Y Y Y Y 11 27 2020
City Elkhart	State IN	Zip Code 46514-1457	Transaction ID : 15285230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Receipt For:	Brol		Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]
Full Name of Individual (Last, First, Midd B. Tomlinson, Neal, Alan, ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address P.O. Box 71628			11 / Y Y Y Y 2020
City Albany	State GA	Zip Code 31708-1628	Transaction ID : 15285231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Doherty Duggan Hart & Tiernan Insurors		upation (for Individual) nmercial Account Executive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]
Full Name of Individual (Last, First, Midd C. Matznick, Carol, , ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3207 Cottingham Ct.			M M / D D / Y Y Y Y 11 27 2020
City Greensboro	State NC	Zip Code 27410-8362	Transaction ID : 15285232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Triune Technologies, Inc.	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00]
SUBTOTAL of Receipts This Page (optional	al)		140.00
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmittee	
Α.	Full Name of Individual (Last, First, Middle Initia Blasman, Wayne, , , Mailing Address 5210 Lewis Road, Suite 14	al) or Full C	Drganization Name	Date of Receipt
	City	State CA	Zip Code	11 28 2020 Transaction ID : 15285277
	Agoura Hills FEC ID number of contributing federal political committee.	C	91301-2662	Amount of Each Receipt this Period
	Name of Employer (for Individual) Bridgeport Benefits Inc	Occ Bro	supation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	
в.	Full Name of Individual (Last, First, Middle Initia Collins, Martha, T., RHU,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 545 N. Mountain Avenue Suite 208 City	State	Zip Code	11 28 2020 Transaction ID : 15285278
	Upland	CA	91786-5055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Martin & Associates		cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
С.	Full Name of Individual (Last, First, Middle Initia Ambro, Heather, , ,		Drganization Name	Date of Receipt
	Mailing Address 11704 Lackland Industrial Drive	1	7.0.0.1	11 / 28 / 2020
	City Saint Louis	State MO	Zip Code 63146-4209	Transaction ID : 15285280 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) The ECCHIC Group Receipt For:	CEC		Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	
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\backslash	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Act	ion Com	mittee	•									
Α.	Full Name of Individual (Last, First, Middle Initi Danzig, Howard, , ,	al) or Full C	Organizati	on Name		Date of	Re	eceip	t				
	Mailing Address 11704 Lackland Industrial Drive	e				м м 11	1		28	/ Y	Y 20)20	Y
	City	State		Code		Trans	acti	ion I	D : 1	528528	1		
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	Name of Employer (for Individual) Employers Committed To Control Health		•	for Individual) nt of Administration		M	emc	o Iter	n				
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	Full Name of Individual (Last, First, Middle Initi Wilson, Thomas, R., ,	al) or Full C	Organizati	on Name		Date of	Re	eceipt	t				
	Mailing Address 701 Lamar					M M	/		28	/ Y	ү 20	20	Y
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	Name of Employer (for Individual) Boley Featherston Insurance Agency		upation (ker	for Individual)		M	emc	o Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 1870.00]								
	Full Name of Individual (Last, First, Middle Initi Sklar, Erika, , ,	al) or Full C	Organizatio	on Name		Date of	Re	eceip	t				
	Mailing Address 755 W Big Beaver Rd Ste 2020					^M 11	1		28	/ Y		20	Ŷ
	City	State	· · ·	Code		Trans	act	ion I	D : 1	528528	3		
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	Name of Employer (for Individual) Benebiz Plus	Occ Brol	• •	for Individual)		M	emo	o Iter	n				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-I	Date ▼ 348.00]								
	UBTOTAL of Receipts This Page (optional)			•			_	,			-	267.0	0

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actic	on Com	nmi	ittee												
Α.	Full Name of Individual (Last, First, Middle Initial) Hartman, William, J., , Mailing Address 215 Airport North Office Park	or Full O)rga	nization Name			te of	Re	ece		t D			ÝÝ	Y	
	City	State		Zip Code	-		11	acti	io		28		285284	2020		
	Fort Wayne	IN		46825-6702	A	٩m	nount	of	Ea	acł	ו Re	ece	eipt thi	is Perio	bd	
	FEC ID number of contributing federal political committee.	С							,		_	-		8	5.00	
	Name of Employer (for Individual) Hartman Insurance Services	Occ Brol	•	tion (for Individual)			Me	emo	o l'	ter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 510.00												
	Full Name of Individual (Last, First, Middle Initial) Petersen, Benjamin, Lee, ,	or Full O	rga	nization Name		Da	te of	Re	ece	eipt						
	Mailing Address PO Box 971						[™]	/	ľ		28	1	/ Y	y y 2020	Y	1
	City Ridgefield	State WA		Zip Code 98642-0971	A							-	2 85290 eipt thi) is Perio	bd	
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	Name of Employer (for Individual) K & B Benefit Advisors	Occ Bro		tion (for Individual)			Me	emo	o l'	ter	n					
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 462,00												
	Full Name of Individual (Last, First, Middle Initial) Healy, Jacqueline, , ,	or Full O	orga	nization Name		Da	te of	Re	ece	eip						
	Mailing Address 3124 S. Parker Road Suite A2-143	I		1			11 ^M	/	l		28] '	/ Y	2020	Y	1
	City Aurora	State CO		Zip Code 80014-6215	-								285294 eipt thi	4 is Perio	bd	
	FEC ID number of contributing federal political committee.	С	l						,	uoi			,		0.00	
	Name of Employer (for Individual) Trilogy Benefits, Inc.	Occi Brok	•	tion (for Individual)			Me	emo	o I	lter	n					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00												
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		oliciting	contribu	tions
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Init Gant, Tom, , , Mailing Address 100 North Weinbach Avenue	ial) or Full O	rganization Name		Date of			ot	/ Y	YY	Y
	City	State	Zip Code		11 Trans	acti	L	28	528529	2020	
	Evansville FEC ID number of contributing		47711-6006	_	Amoun	t of	Ead	ch Red	ceipt th	is Period 42.	00
	federal political committee. Name of Employer (for Individual)		upation (for Individual)		M	emo) Ite	em	7		
	Schultheis Life & Health Agency Receipt For: Primary General Other (specify) ▼	Age Aggregate	nt Year-to-Date ▼ 912.00								
Β.	Full Name of Individual (Last, First, Middle Init Stubbs, Guy, , , Mailing Address PO Box 337	ial) or Full O	rganization Name	_	Date of	f Re			1	- Y - Y	V
	City Jerome	State	Zip Code 83338-0337	_	11 Trans		ion		528529	2020	Ŷ
	FEC ID number of contributing federal political committee.	С								30.	00
	Name of Employer (for Individual) Hall and Associates	Occ Age	upation (for Individual) ent		М	emo) Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00								
	Full Name of Individual (Last, First, Middle Init Cagliola, Victoria, , CPA,	ial) or Full O	rganization Name		Date of	f Re	eceip	ot			
	Mailing Address 1041 Old Cassatt Rd				M M 11	1	D	28	/ Y	y y 2020	Y
	City Berwyn	State PA	Zip Code 19312-1152				-		528529 ceipt th	8 is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		9	85.	00
	Name of Employer (for Individual) Simkiss & Block	Occi CPA	upation (for Individual) N		M	emc	o Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmi	ttee									
A.	Full Name of Individual (Last, First, Middle In Snowden, Scott, D., , Mailing Address 812 Lyndon Lane, Suite 101	iitial) or Full C	Drgar	nization Name		Date of		_	eipt		v		V
	City	State		Zip Code		11		L	28 1 ID : 1	, 52852	100	2020	T
		KY	_	40222-3844		Amount	of	Ea	ach Re	ceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С	_					-	_		_	30.0	
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occ Brol	•	ion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00									
B.	Full Name of Individual (Last, First, Middle In Lubenow, Douglas, , ,	iitial) or Full C	Orgai	nization Name		Date of	Re	ecei	eipt				
	Mailing Address 214 West Main Street Suite 101					м м 11	/		D D D 28		Y Y 2	020	Y
	City Moorestown	State NJ		Zip Code 08057-2345	-	Trans		-	ID:1 ach Re			Period	
	FEC ID number of contributing federal political committee.	С						-			_	85.0	00
	Name of Employer (for Individual) Lubenow Agency	Occ Bro	•	ion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 995.00									
C.	Full Name of Individual (Last, First, Middle In Ragusa, Ruth, Ferry, ,	itial) or Full C	Drgar	nization Name		Date of	Re	ecei	eipt				
	Mailing Address 9029 Jefferson Highway Suite D 250					^M 11	/	L	28	/	2	020	Y
	City New Orleans	State LA		Zip Code 70123-3500		Trans			n ID : 1 ach Re			Period	
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	Name of Employer (for Individual) Fleurins	Occ Brok		ion (for Individual)		M	emc	o It	tem				
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	y information copied from such Reports and St									
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrib	outions	from suc	ch commi	ttee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Grava, A. Andra, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 40 E. McDermott Drive				M M 11	/	D 28		y y y 2020	Y
	City Allen	State TX	Zip Code 75002-2802					: 152853 Receipt 1	this Period	d
	FEC ID number of contributing federal political committee.	С							250	.00
	Name of Employer (for Individual) The DI Center	Occi Broł	upation (for Individual) ker		Me	emc	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Bear, Dale, F., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2550 NE Douglas St				M M 11	/	28		2020	Y
	City Lees Summit	State MO	Zip Code 64064-2224					152853 Receipt 1	03 this Period	d
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) Expat Solutions International dba ESI	Occ Age	upation (for Individual) ent		Me	emc	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 693.00							
	Full Name of Individual (Last, First, Middle Initi	al) or Full O		+						
C.	Hoover, Shelley, , ,		.		Date of	Re	eceipt			
	Mailing Address 15431 Washington St.	01-1-	7. 0.4		11 	Ŀ.	28		2020	Y
	City Riverside	State CA	Zip Code 92506-5763				-	: 152853 Receipt 1	this Perio	b
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>,</u>	, y	30	.00
	Name of Employer (for Individual) Dickerson Insurance Services	Occi Brok	upation (for Individual) cer		M	emo) Item			
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	NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	elos			utions i	rom suc		e.				
\rangle	Health Underwriters Political Ac	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Olson, Trenton, M., ,					Date of Receipt								
	Mailing Address 9980 S. 300 W. Suite 140					11 28 2020								
	City Sandy	State UT	Zip Code 84070-3641					1528531 Receipt th	11 nis Period					
	FEC ID number of contributing federal political committee.	C				_		7	30.0	0				
	Name of Employer (for Individual) Occupation (for Individual) Senior Benefits Insurance Services Broker					emo	ltem							
	Receipt For: Primary General Other (specify) ▼	eneral Aggregate Year-to-Date ▼ 330.00												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whaley, Vicki, Lee, ,					Re	ceipt							
	Mailing Address PO Box 759 170 River Rock Rd					11 / D D / Y Y Y Y Y 28 2020								
	City Lewiston	State CA	Zip Code 96052-0759	Transaction ID : 15285313 Amount of Each Receipt this Personal Statement of Each Receipt the stat										
	FEC ID number of contributing federal political committee.	C							42.0	0				
	Name of Employer (for Individual)Occupation (for Individual)/icki Whaley Ins Svcs.Health Agent					emo	Item							
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<u>с.</u>	Full Name of Individual (Last, First, Middle Init Applegate, Teena, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt							
	ailing Address 500 West 36th Avenue Suite 310					11 28 2020 Transaction ID : 15285314								
	City Anchorage	State AK	Zip Code 99503-5805						nis Period					
	FEC ID number of contributing federal political committee.	С				y .	,	30.0	00					
	Name of Employer (for Individual) RISQ Consulting		upation (for Individual) efit Consultant		Me	emc	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1										
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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)									
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	outio	ns			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Blackford, Stephen, I, ,					Date of Receipt								
	Mailing Address 11481 Old St. Augustine Rd., # 201					11 28 2020								
	City Jacksonville	State FL	Zip Code 32258-1475					1528531 Receipt th		bd				
	FEC ID number of contributing federal political committee.	C					-		3	0.00				
	Name of Employer (for Individual) The Blackford Group	Occupation (for Individual) Insurance Agent				emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1										
в.	Full Name of Individual (Last, First, Middle Initia Lago, Julian, E., ,	al) or Full O	Organization Name		Date of	f Re	eceipt							
	Mailing Address 6671 W Indiantown Rd, Ste 50284					M M / D D / Y Y Y Y 11 28 2020								
	City Jupiter	State FL	Zip Code 33458-3991					1528531	-	od				
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 85.00 Memo Item								
	Name of Employer (for Individual) Benezon LLC	Occupation (for Individual) Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00]										
C.	Full Name of Individual (Last, First, Middle Initia Waren, M. Hughes, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt							
	Mailing Address P.O. Box 7661						D 28		2020	Y	1			
	City Wilmington	State NC	Zip Code 28406-7661				-	1528532 Receipt th		bd	-			
	FEC ID number of contributing federal political committee.	С		, _ , _ ,					3	0.00				
	Name of Employer (for Individual) EbenConcepts	Occu Brok	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1										
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Full Name of Individual (Last, First, Mi A. Crosby, Neil, R., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crosby, Neil, R., ,					Date of Receipt									
Mailing Address 32110 Agoura Road							11 28 / Y Y Y Y								
City Westlake Village	State CA	Zip Code 91361-4026				1528532 Receipt th	23 nis Period								
FEC ID number of contributing federal political committee.	C			85.00											
Name of Employer (for Individual) Warner Pacific Insurance Services		upation (for Individual) ector of Sales		Memo	tem										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]												
Full Name of Individual (Last, First, Mi B. Morrison, James, M., RHU, RE		rganization Name	Date	of Re	eceipt										
Mailing Address 6096 Innovation Way	11	M M / D D / Y Y Y Y Y													
City Carlsbad	State CA	Zip Code 92009-1741	Transaction ID : 15285324 Amount of Each Receipt this												
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri					85.00									
Name of Employer (for Individual) Morrison Insurance Services, Inc	upation (for Individual) sident		vlemo	ltem											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]												
Full Name of Individual (Last, First, Mi Tower, Kimberly, H. , ,	ddle Initial) or Full O	rganization Name	Date	of Re	eceipt										
	Mailing Address 408 E ParkCenter Blvd, Suite 100						Y Y 2020	Y							
City Boise	State ID	Zip Code 83706-6512				1528532 Receipt th	27 nis Period								
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Name of Employer (for Individual) PacificSource Health Plans Receipt For:	ficSource Health Plans Sales Execu) Item										
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Full Name of Individual (Last, First, Mid Bilhartz, Brian, , ,	ddle Initial) or Full C	rganization Name	Date	Date of Receipt										
Mailing Address 42376 Klondike Way	M M / D D / Y Y Y Y 11 28 2020													
City Indio	State CA	Zip Code 92203-2835				: 1528532 Receipt th	28 nis Period							
FEC ID number of contributing federal political committee.	C				-		25.0	00						
Name of Employer (for Individual) Bilhartz Desert Insurance Agency		Mem	io Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	1											
Full Name of Individual (Last, First, Mid B. Malvich, Marlayna, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malvich, Marlayna, , ,													
Mailing Address 4166 Jackson Blvd	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
City White Lake	State MI	Zip Code 48383-1514		Transaction ID : 15285329 Amount of Each Receipt this Pe										
FEC ID number of contributing federal political committee.	C					30.00								
Name of Employer (for Individual) Senior Benefits Plus		Mem	io Item											
Receipt For: Primary General Other (specify) ▼]													
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lardiere, Jim, , ,														
Mailing Address 119 Dyckman Place							11 / D D / Y Y Y Y Y 2020							
City Basking Ridge	State NJ	Zip Code 07920-1427				: 1528533 Receipt th	31 nis Period							
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Name of Employer (for Individual) Savoy Associates	Occ Brok		Mem	io Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Detailed Summary Page					11b 14		11c 15	\vdash	12 16	17	
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	-											
Full Name of Individual (Last, First, Mid Bechtold, Annette, , REBC,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 148 Stone Cliff Trace				м м 11	1	D 28		/ Y	ү 20)20	Y	
City Cleveland	State GA	Zip Code 30528-5397	Transaction ID : 15285332 Amount of Each Receipt this Period									
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Name of Employer (for Individual) OneDigital		M	emo	ltem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 678.00										
Full Name of Individual (Last, First, Mide B. Buza, Raymond, F., ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 1440 AIA	11 / 28 / Y Y Y Y 2020											
City Vero Beach	State FL	Zip Code 32963				on ID : Each I			-	eriod		
FEC ID number of contributing federal political committee.		6										
Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occ Bro	upation (for Individual) ker		M	emo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 693.00	1									
Full Name of Individual (Last, First, Mid Childers, Russell, B., CLU,Ch		rganization Name		Date of	Re	eceipt						
Mailing Address PO Box 1547				^M 11	1	28		/ Y	202	20	Y	
City Americus	State GA	Zip Code 31709-1547	A			ion ID Each I	-			eriod		
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Name of Employer (for Individual) Russ Childers, CLU	Occ Brol	upation (for Individual) ker		M	emc	tem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 990.00										
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Α.	Full Name of Individual (Last, First, Middle Initi Reents, Joni, Robin, ,	ial) or Full O	rganization Narr	ıe		Date o	f Re	eceip	ot			
	Mailing Address 10701 Melody Drive Suite 320	01-1-	7: 0			M M 11			28		ү ү 2020	Ŷ
	City Northglenn	State CO	Zip Code 80234-41	22						528533	5 is Period	
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	Name of Employer (for Individual) Reents Insurance Agency	Occi Brol	upation (for Individent	vidual)		М	emo	b Iter	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00								
в.	Full Name of Individual (Last, First, Middle Initi Scopp, Kenneth, N, ,	ial) or Full O	rganization Narr	ne		Date of	f Re	eceip	ot			
	Mailing Address 12121 Wilshire Blvd Ste 1100	11 28 2020										
	City Los Angeles	Zip Code 90025-116	66						5285330 ceipt th	6 is Period		
	FEC ID number of contributing federal political committee.	С	25.00									
	Name of Employer (for Individual) First Financial Resources	Occ Bro		M	emo	b Iter	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	275.00								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Scott, Nicole, , ,	ial) or Full O	rganization Nam	ne		Date o	f Re	eceip	ot			
	Mailing Address 6200 Northwest Pkwy					M M 11	/	D	28	/ Y	y y 2020	Y
	City San Antonio	State TX	Zip Code 78249-334	48						528533 ceipt th	7 is Period	
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	Name of Employer (for Individual) United Healthcare	upation (for Indivier		М	emc	o Ite	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	240.00								
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mid A. Kapostins, Ashley, , ,	dle Initial) or Full C	organization Name	Dat	e of F	Receipt					
Mailing Address 2301 Maitland Center P Ste 125	kwy			м 11	/ D		y y 2020	Y		
City Maitland	State FL	Zip Code 32751-4173				: 1528533 Receipt th				
FEC ID number of contributing federal political committee.	С			_			85.0	00		
Name of Employer (for Individual) CIGNA	Occ Brol	upation (for Individual) ker		Men	no Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	1							
Full Name of Individual (Last, First, Mid B. Johnson, Sandra, , ,	dle Initial) or Full C	rganization Name	Dat	e of F	Receipt					
Mailing Address 252 Apacheria Pass W				M 11	/ D		ү ү 2020	Y		
City Comfort	State TX	Zip Code 78013-3300				: 1528534 Receipt th				
FEC ID number of contributing federal political committee.	С						30.0	00		
Name of Employer (for Individual)	Occ Bro	upation (for Individual) ker		Men	no Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1							
Full Name of Individual (Last, First, Mid C. Barrett, William, J., CLU, ChF		organization Name	Dat	e of F	Receipt					
Mailing Address 6 Keswick Commons				11 ^M	/ D 3		2020	Y		
City New Albany	State OH	Zip Code 43054-8231				: 1528547 Receipt th				
FEC ID number of contributing federal political committee.	С			_	9	,	30.0	00		
Name of Employer (for Individual) Aetna	Occ Brok	upation (for Individual) ker		Men	no Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mid Kennedy, Dierdre, , CHRS, LPRT, Mailing Address 1000 E Walnut Street, S		organization Name	Date of Receipt									
City	State	Zip Code	12 01 2020 Transaction ID : 15286219									
Pasadena	CA	91106-5332	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) BenAssist Health Insurance Services, L	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]									
Full Name of Individual (Last, First, Mid B. Smith, Michael, David, ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 6200 Stone Hill Farms F	1		12 01 / Y Y Y Y 2020									
City Flower Mound	State TX	Zip Code 75028-4312	Transaction ID : 15286221 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) The Brokerage, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00]									
Full Name of Individual (Last, First, Mid C. Jacquet, Tara, , ,	dle Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 4584 North Rancho Dri	1		12 01 / Y Y Y Y 12 01									
City Las Vegas	State NV	Zip Code 89130-3478	Transaction ID : 15286225									
FEC ID number of contributing federal political committee.	C	09130-3470	Amount of Each Receipt this Period									
Name of Employer (for Individual) Branch Benefits Consultants		upation (for Individual) President	Memo Item									
Receipt For:	I	Year-to-Date ▼	_									
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			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mid A. Mayer, Alana, Marie, ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3800 N. Central Ave 9th Floor			12 01 / Y Y Y Y 12 01 2020
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 15286226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Black, Gould & Associates	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00]
Full Name of Individual (Last, First, Mid B. Martin, M. Danny, , ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1291 Jefferson Terrace			12 01 Y Y Y Y 12 01 2020
City Macon	State GA	Zip Code 31201-6703	Transaction ID : 15286227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) M. Danny Martin		upation (for Individual) urance Advisor	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	
Full Name of Individual (Last, First, Mid C. Bagley, Calvin, Dean, ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9640 W. Tropicana Ave			12 / D D / Y Y Y Y 2020
City Las Vegas	State NV	Zip Code 89147-2604	Transaction ID : 15286228 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Sun City Financial		upation (for Individual) aging Partner	Memo Item
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Committee									
Full Name of Individual (Last, First, Mido A. Shaw, Wanda, D., ,	le Initial) or Full Organization Na	me	Date of Receipt							
Mailing Address 212 South 10 Street			12 02 / Y Y Y Y 12 02 2020							
City Griffin	State Zip Code GA 30224-2	804	Transaction ID : 15287483							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Insurance Brokers of Georgia, Inc. Broker									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	360.00]							
Full Name of Individual (Last, First, Mido 3. Hoffman, Crystal , , SGS,	le Initial) or Full Organization Na	me	Date of Receipt							
Mailing Address P.O. Box 709	M M / D D / Y Y Y Y 12 02 2020									
City Sugar Land	State Zip Code TX 77487-07	709	Transaction ID : 15287486 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Benefit Concepts, Inc.	Occupation (for Inc Broker	dividual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1200.00]							
Full Name of Individual (Last, First, Mido C. Smith, Paul, E., ,	le Initial) or Full Organization Na	me	Date of Receipt							
Mailing Address 963 D Queen Street			12 02 / Y Y Y Y 12 02							
City Southington	State Zip Code CT 06489-12	282	Transaction ID : 15287487							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) Paul E. Smith Insurance	Occupation (for Inc Broker	dividual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1650.00]							
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NAME OF COMMITTEE (In Ful Health Underwriters F	,	mittee						
Full Name of Individual (Last, F A. Ameling, Mary, K., ,	irst, Middle Initial) or Full O	rganization Name	Date o	of Receipt				
Mailing Address 1202 Wood Lily	Circle		M 12	/ D [02) / Y	2020	Y	
City Leland	State NC	Zip Code 28451-7686		saction ID : It of Each R				
FEC ID number of contributing federal political committee.					30.0	00		
Name of Employer (for Individua Ganey, Byrd, & Dunn Insurance		lemo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1					
Full Name of Individual (Last, F B. Amato, Stephanie, , ,	rst, Middle Initial) or Full O	rganization Name	Date o	of Receipt				
Mailing Address 40 Corporate A			12	/ D D		y y 2020	Y	
City Plainville	State CT	Zip Code 06062-1195		saction ID : It of Each R				
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Name of Employer (for Individua The Health Consultants Group	al) Occu Part	upation (for Individual) Iner	N	lemo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]					
Full Name of Individual (Last, F C. Fitzgerald, Robert, Mar		rganization Name	Date o	of Receipt				
Mailing Address 185 Fowler St			12 ^M	03		ү ү 2020	Y	
City Woodstock	State GA	Zip Code 30188-5023		saction ID : it of Each R				
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Name of Employer (for Individua Robert Fitzgerald Insurance Age		upation (for Individual) er		lemo Item				
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				or each category of the etailed Summary Page	×	_	11a 13] 1 [.]] 1.	1b 4	\neg	11c 15		2 6	17
	y information copied from such Reports and State for commercial purposes, other than using the na														
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comi	mit	tee											
Α.	Full Name of Individual (Last, First, Middle Initial) Dorroh, Thomas, Allen, , Mailing Address PO Box 996	or Full Or	rgan	ization Name			ate o		ece	eipt			V	Y	Y
	City	State		Zip Code		L	12		ior	03		28811 ⁻	202		T
	Killeen	ТХ		76540-0996		An	noun	t of	Ea	ach F	lec:	eipt thi	is Pei	riod	
	FEC ID number of contributing federal political committee.	С							7		-	-7-		30.0	0
	Name of Employer (for Individual) BKCW Insurance Agency		•	on (for Individual) e Benefits Advisor			М	lemo	o It	em					
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year	-to-Date ▼ 300.00											
В.	Full Name of Individual (Last, First, Middle Initial) Dinkel, Matthew, Kim, ,	or Full Or	rgan	ization Name		Da	ate o	f Re	ece	eipt					
	Mailing Address 13700 Six Mile Cypress Pkwy					N	12	/	l	03		/ Y	y 2020		Y
	City Fort Myers	State FL		Zip Code 33912-4324								288119 eipt thi		riod	
	FEC ID number of contributing federal political committee.	С		85.00							0				
	Name of Employer (for Individual) AWA Insurance Agency	Occu Brok		on (for Individual)		Ļ	Μ	lemo	o It	em					
	Receipt For: A Primary General Other (specify) ▼	vggregate `	Year	r-to-Date ▼ 1020.00											
с.	Full Name of Individual (Last, First, Middle Initial) Bibian, Jolene, , ,	or Full Or	rgan	ization Name		Da	ate o	f Re	ece	eipt					
	Mailing Address 255 Maple Ct # 212					N	12	/	ľ	03		/ Y	y 202		Ŷ
	City	State CA		Zip Code					-		-	28812			
	Ventura	CA		93003-9122	_	An	noun	t of	Ea	ach F	lece	eipt th	is Pei	riod	
	FEC ID number of contributing federal political committee.	C				Ļ	_		9		_	<u> </u>		30.0	
	Name of Employer (for Individual) Mills + Maple Insurance Solutions	Occu	upati	on (for Individual)		Ļ	N	lemo	o li	tem					
	Receipt For: A	ggregate `	Year	r-to-Date ▼											
	Other (specify)		7	400.00											
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SCHEDULE A (FEC Form 3X)

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110				n category of the I Summary Page		11a 13		11b 14	11c 15	12	17			
	information copied from such Reports and Sta r commercial purposes, other than using the r					for the		pose of	soliciting	g contribu	utions			
\	AME OF COMMITTEE (In Full) lealth Underwriters Political Acti	on Com	mittee											
	ull Name of Individual (Last, First, Middle Initia King, Carolyn, J., ,	ll) or Full O	rganization	Name		Date of	f Re	eceipt						
Μ	ailing Address 6 Country Lane					^M 12	/	03	D / Y	ү ү 2020	Y			
	ity Sussex	State NJ	Zip Co 0746	ode 61-4630					1528812 Receipt th		1			
	EC ID number of contributing deral political committee.								30	.00				
С	ame of Employer (for Individual) arolyn J King Insurance	Occu Brok	•	Individual)		М	emo	o Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 360.00										
	ull Name of Individual (Last, First, Middle Initia Stockstill, Julia Beckie, , ,	l) or Full O	rganization	Name		Date of	f Re	eceipt						
M	ailing Address 125 E. San Augustine					M M 12	/	03		y y 2020	Y			
	ity beer Park	State TX	Zip Co 7753	ode 6-4160					1528812 Receipt th		1			
	EC ID number of contributing deral political committee.	С									.00			
	ame of Employer (for Individual) ockstill & Associates	Occi Brol		r Individual)		М	emo	o Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 540.00]									
	ull Name of Individual (Last, First, Middle Initia Warwick, John, L., ,	l) or Full O	rganization	Name		Date of	f Re	eceipt						
_	ailing Address 1907 B Mangrove Ave.					12 ^M	1	03		y y 2020	Y			
	ity Chico	State CA	Zip Co 9592	ode 6-2381					1528812 Receipt th		1			
	EC ID number of contributing deral political committee.	С				<u> </u>		y .		85	.00			
J	ame of Employer (for Individual) ohn Warwick Insurance Services	Occu Brok	•	^r Individual)		М	emo	o Item						
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Da	te ▼ 1020.00										
SUI	STOTAL of Receipts This Page (optional)				<u> </u>			,		160.	.00			
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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PAGE 46 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II LIVIIZED KEGEIF13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Cagliola, David, A., ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1041 Old Cassatt Rd			M M / D D / Y Y Y Y 12 04 2020							
City Berwyn	State PA	Zip Code 19312-1152	Transaction ID : 15289032 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Simkiss & Block	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1785.00	1							
Full Name of Individual (Last, First, Middle B. Ashby, Thomas, F., LPRT, LUTC		organization Name	Date of Receipt							
Mailing Address PO Box 70			M M / D D / Y Y Y Y 12 04 2020							
City Zirconia	State NC	Zip Code 28790-0070	Transaction ID : 15289034 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]							
Full Name of Individual (Last, First, Middle C. Mochan, Damian, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 100 Radnor Rd Ste 202			12 04 Y Y Y Y 12 04 2020							
City State College	State PA	Zip Code 16801-7986	Transaction ID : 15289039 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Central PA Benefit Solutions	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]							
SUBTOTAL of Receipts This Page (optional)		262.00							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 47 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Polition	cal Action Com	mittee	
Full Name of Individual (Last, First, M Zavala, Tony, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4814 Cranbrook Dr E			M M / D D / Y Y Y Y 12 04 2020
City Colleyville	State TX	Zip Code 76034-4359	Transaction ID : 15289040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.00
Name of Employer (for Individual) Frost Insurance	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00]
Full Name of Individual (Last, First, M B. Nolimal, Frank, R, ,	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5740 S. Arville, Ste 20		7. 0.4	12 04 Y Y Y Y Y 2020
City Las Vegas	State NV	Zip Code 89118-3071	Transaction ID : 15289042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Assurance Ltd.	Occ Age	upation (for Individual) ent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name of Individual (Last, First, M C. Rice, Patty, A., ,	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3810 69th Ave W	State	Zip Code	12 04 2020
Tacoma	WA	98466-5173	Transaction ID : 15289043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Cascade Valley Insurance Receipt For:	Sen	upation (for Individual) ior Account Manager	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
SUBTOTAL of Receipts This Page (opti	onal)		188.00
TOTAL This Period (last page this line	number only)		

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PAGE 48 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	A not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl A. Pedersen, Jill, L., REBC,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 16325 Boones Ferry Rd #	‡204		M M / D D / Y Y Y Y 12 04 2020							
City Lake Oswego	State OR	Zip Code 97035-4297	Transaction ID : 15289045 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	65.00									
Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1115.00]							
Full Name of Individual (Last, First, Middl B. Trokey, Kevin, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 215 S. Kirkwood Rd Ste 201	1		12 04 YYYY 2020							
City _Saint Louis	State MO	Zip Code 63122-4359	Transaction ID : 15289047 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Q4intelligence LLC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]							
Full Name of Individual (Last, First, Middl C. Dillon, Michael, F., CEBS,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 329 Flint Street			12 05 2020							
City Reno	State NV	Zip Code 89501-2005	Transaction ID : 15291215 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Dillon Health		upation (for Individual) sident	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00]							
SUBTOTAL of Receipts This Page (optiona	l)		200.00							
TOTAL This Period (last page this line num	iber only)									

SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		-	11b 14		11c 15	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the										oliciting		utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	ımi	ttee									
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Buechler, Patricia, , ,	al) or Full O		Date of Receipt									
	Mailing Address 13811 S 50TH ST			1		12 / 05 / Y Y Y Y 2020							
	City Papillion	State NE		Zip Code 68133-2908							529121 ceipt thi	6 is Period	1
	FEC ID number of contributing federal political committee.	С	_					-,			-	30	.00
	Name of Employer (for Individual) Buechler Insurance Services	Осси	upa	tion (for Individual)			Mem	10	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00]								
B.	Full Name of Individual (Last, First, Middle Initi Hausladen, Victoria, , ,	al) or Full O	rga	nization Name		Date	of R	lec	eipt				
	Mailing Address 3600 American Blvd Suite500					[™] 12	M	/	D 05	D 5	/ Y	y y 2020	Y
	City Bloomington	State MN		Zip Code 55431-4502							5291217 ceipt thi	7 is Period	1
	FEC ID number of contributing federal political committee.	C						,		_	-9	85	.00
	Name of Employer (for Individual) Gallagher	Occ	upa	tion (for Individual)		Ц	Mem	10	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 850.00]								
С.	Full Name of Individual (Last, First, Middle Initi Southan, Tamela, L., ,	al) or Full O	rga	nization Name		Date	of R	lec	eipt				
	Mailing Address 101 W. Renner Rd., Ste 330					[™] 12		/	D 05		/ Y	y y 2020	Y
	City Richardson	State TX		Zip Code 75082-2025							529121 ceipt thi	8 is Perioc	1
	FEC ID number of contributing federal political committee.	С	_			_		,		_	y	85	.00
	Name of Employer (for Individual) Benefit Solutions By Design, LLC	Occu Brok	•	tion (for Individual)			Mem	10	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 850.00	1								
s	UBTOTAL of Receipts This Page (optional)				•			,				200	.00
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11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c	12	Γ	17
	y information copied from such Reports and S for commercial purposes, other than using the						pose of	f soliciting	g contrib		าร
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmittee								
Α.	Full Name of Individual (Last, First, Middle In Grossman, Michael, , ,	itial) or Full C	Drganization Name		Date o	f Re	eceipt				
	Mailing Address 140 E Bandera Rd PO Box 2510				^M 12	1	D 05		ү ү 2020	Y]
	City Boerne	State TX	Zip Code 78006-2802					: 1529121 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>					0.00	
	Name of Employer (for Individual) The Agency Insurance Group	Occ Bro	supation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
в.	Full Name of Individual (Last, First, Middle In Kirk, Stephanie, S., ,	itial) or Full C	Drganization Name		Date o	f Re	eceipt				
	Mailing Address 18887 State Highway 305 Suite 300		^M 12	/	D 05		2020	Y]		
	City Poulsbo	State WA	Zip Code 98370-7461					1529122 Receipt th		d	
	FEC ID number of contributing federal political committee.	C								0.00	
	Name of Employer (for Individual) J.C. Madison Inc		cupation (for Individual) ency President & Licensed Produc	rec	М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]							
<u>с</u> .	Full Name of Individual (Last, First, Middle In Wham, Scott, , ,	itial) or Full C	Drganization Name		Date of	f Re	eceipt				
	Mailing Address 15 Plymwood Dr				м м 12	/	05		y y 2020	Y	1
	City Plymouth Meeting	State PA	Zip Code 19462-2636					: 1529122 Receipt th		od	_
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Kistler Tiffany Benefits		supation (for Individual) actor of Compliance Services		M	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	1							
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	y information copied from such Reports and S for commercial purposes, other than using the								e of :			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee									
A.	Full Name of Individual (Last, First, Middle Ini Gussin, Craig, , CLU, LPRT,, Mailing Address 701 Palomar Airport Road #20	-	Date of Receipt									
	City	State	Zip Code			12 Trans	acti	ion	05 ID : 1	1529122	2020 2	
	Carlsbad FEC ID number of contributing	CA	92011-10	047	A	mount	of	Ea	ch Re	eceipt th	iis Period 100.0	00
	federal political committee.	Осси	upation (for Ind	lividual)	+ î	Me	emo) Ite	em	-		
	Auerbach & Gussin Insurance and Financ Receipt For: Primary General Other (specify) ▼	Aggregate	xer Year-to-Date ▼	1200.00]							
в.	Full Name of Individual (Last, First, Middle Ini Gualtieri, Peter, L., ,	-	rganization Nai	me		Date of	Re					
	Mailing Address 1600 JFK Boulevard, Suite 12 City	State	Zip Code 19103-28		_[12 Trans	acti	L	05 ID:1	/ Y	2020 4	Ŷ
	Philadelphia FEC ID number of contributing federal political committee.	C	A	mount	of	Ead	ch Re	eceipt th	iis Period 30.0	00		
	Name of Employer (for Individual) Savoy Associates	Occ		Me	emo) Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00]							
с.	Full Name of Individual (Last, First, Middle Ini Sale, Raymer, M., ,	itial) or Full O	rganization Na	me		Date of	Re	cei	pt			
	Mailing Address 2905 Premiere Parkway Suite 285	Otata	Zie Oode		[12 ×	/	L	05	L	2020	Y
	City Duluth	State GA	Zip Code 30097-52	246	A			-		1529122 eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						y		Ţ	100.	00
	Name of Employer (for Individual) E2E Benefits Services Receipt For:	Brok		,		Me	emo) Ite	em			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	1000.00								
s	UBTOTAL of Receipts This Page (optional)			······ •				y		9	230.0	00
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ITEMIZED RECEIPTS	for each catego Detailed Summ	
or for commercial purposes, other than us		r used by any person for the purpose of soliciting contributions plitical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Committee	
Full Name of Individual (Last, First, Mic A. Michaels, Norman, Joseph, , Mailing Address 75 NO CENTREAL AV		e Date of Receipt
City	State Zip Code	12 05 2020 Transaction ID : 15291227
Elmsford	NY 10523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Tristate Pay	Occupation (for Individ Broker	idual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	360.00
Full Name of Individual (Last, First, Mid B. Dumancas, Harilyn, T., ,	Idle Initial) or Full Organization Name	e Date of Receipt
Mailing Address 500 NE Multnomah St. Attn: KPB14		12 05 2020
City Portland	StateZip CodeOR97232-2023	Transaction ID : 15291228 3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individ	ridual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00
Full Name of Individual (Last, First, Mic C. Lasley, Mariette, , ,	Idle Initial) or Full Organization Name	e Date of Receipt
Mailing Address 6100 Palmaya Lane		12 05 2020
City	State Zip Code	Transaction ID : 15291231
Orangevale	CA 95662-5903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12.00
Name of Employer (for Individual) Ameritas	Occupation (for Individ	idual) Memo Item
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)		270.00
SUBTOTAL of Receipts This Page (optic	nal)	
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SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the										
<u>.</u>	NAME OF COMMITTEE (In Full)										
\rangle	Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initi DeBruin, Teresa, F., ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 5441 Edgerton Drive				^M 12	1	D 06		y y 2020	Y	
	City Peachtree Corners	State GA	Zip Code 30092-2185					: 1529123 Receipt th	39 nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-yr. 1		50.0	00	
	Name of Employer (for Individual) DeBruin Benefit Services, Inc.	Occu Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1							
в.	Full Name of Individual (Last, First, Middle Initi Niederman, Tammy, Lyn, ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 10042 Silver Maple Circle			^M 12	1	06		y y 2020	Y		
	City Highlands Panch	State CO	Zip Code 80129-5420					1529124			
	Highlands Ranch		00129-3420		Amount	t of	Each I	Receipt ti	nis Period	_	
	FEC ID number of contributing federal political committee.	С			Ļ.	-	-	-	42.0	00	
	Name of Employer (for Individual) Avesis, Inc.	Occi Brol	upation (for Individual) ker		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) ▼		504.00	4							
с.	Full Name of Individual (Last, First, Middle Initi Webb, Charles, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2670 Electric Rd				12 ^M	1	06		2020	Y	
	City Roanoke	State VA	Zip Code 24018-3511					: 152912 4 Receipt th	45 nis Period		
	FEC ID number of contributing federal political committee.	С					,	9	250.0	00	
	Name of Employer (for Individual) Innovative Insurance Group	Occu Brok	upation (for Individual) er		M	em	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	1							
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SCHEDULE A (FEC Form 3X)

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	3	K 11a 13		11b 14	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		pose of	f soliciting	contribut	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Whitfield, Pamela, A., ,	l) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 111 Hekili St A609				^M ^M 12	/	06		y 2020	Y			
	City Kailua	State HI	Zip Code 96734-2800					: 1529124 Receipt th					
	FEC ID number of contributing federal political committee.	С							30.0	00			
	Name of Employer (for Individual) Insurance	Occu Brok	ipation (for Individual) er		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
B.	Full Name of Individual (Last, First, Middle Initia Cupo, Gary, V., ,	l) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address Fairfields Commons 271 Route 46 West Suite F-109				M M 12	/	06		2020	Y			
	City Fairfield	State NJ	Zip Code 07004-2447					1529124					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual) Benefit Solutions		upation (for Individual) Ith Insurance Specialist		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00]									
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 901 Wilshire Drive Suite 330	State	Zin Oode		12 M	1	06		2020	Y			
	City Troy	MI	Zip Code 48084-5611					: 1529124 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		170.0	00			
	Name of Employer (for Individual) Wilshire Benefits Group Inc		ipation (for Individual) ident/CEO		Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2040.00]									
s	UBTOTAL of Receipts This Page (optional)		•	•			,	. ,	230.0	00			
т	OTAL This Period (last page this line number or	ıly)	•	•									

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		_	1a 3] 11 14	· –	11c	F	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				n for	the		pos	e of	soliciti		contribu	itions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Combs, Susan, L., PPACA, ChH,	l) or Full C	organization Name	Date of Receipt									
	Mailing Address 234 Fifth Ave <u>Ste 501</u> City	State	Zip Code		L	12 rans	acti	L	06 ID:	/ 15291:		2020	Ŷ
	New York	NY	10001-7607		Am	nount	of	Ea	ch Re	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	С						-				42.	.00
	Name of Employer (for Individual) Combs & Company, LLC	Occ Bro	upation (for Individual) ker			M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00										
 В.	Full Name of Individual (Last, First, Middle Initia Odegard, James, , ,	l) or Full C	Prganization Name		Da	te of	Re	ecei	pt				
	Mailing Address 21308 John Milless Drive Suite 102				M	12 ^M	/	ľ	06	1		y y 2020	Y
	City Rogers	State MN	Zip Code 55374-4875	_						1 5291 2 eceipt		Period	
	FEC ID number of contributing federal political committee.	С			Ē			-			_	42.	.00
	Name of Employer (for Individual) Odegard Benefit Services, LLC	Occ Bro	upation (for Individual) ker			M	emo) Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00										
с.	Full Name of Individual (Last, First, Middle Initia Brachlow, Michael, , ,	l) or Full C	organization Name		Da	te of	Re	ecei	pt				
	Mailing Address 1133 Westchester Ave, Suite S				L	12 ^M	/	L	06	ЬL	2	y y 2020	Y
	City White Plains	State NY	Zip Code 10604-3546					-		15291	-	Period	1
	FEC ID number of contributing federal political committee.	С				louin	. 01	,		J		20.	_
	Name of Employer (for Individual) BenefitMall		upation (for Individual) cutive Sales Director			M	emo	o Ite	əm				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00										
s	UBTOTAL of Receipts This Page (optional)			•				,		. ,		104.	00
т	OTAL This Period (last page this line number or	nly)	•••••	•				-					

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 1 person for the purpose of soliciting contributions be to solicit contributions from such committee.			
	ang the name and a	doress of any political committee				
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee				
Full Name of Individual (Last, First, Min A . Deru, Scott, E., ,	ddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 393 W Gordon Ave Ste 1			12 07 Y Y Y Y Y 12 07 2020			
City Layton	State UT	Zip Code 84041-2391	Transaction ID : 15291273 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual) Fringe Benefit Analysts		upation (for Individual) sident	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	1			
Full Name of Individual (Last, First, Mi B. Frizzell, Paula, C., ,	ddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 1890 Star Shoot Parkv Suite 170-408			12 07 Y Y Y Y 2020			
City Lexington	State KY	Zip Code 40509-4566	Transaction ID : 15291274 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	o number of contributing					
Name of Employer (for Individual) Frizzell & Associates	Occ	upation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	Membership Form			
Full Name of Individual (Last, First, Mi C. Pendorf, Paul, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 31666 W. Nine Dr.			12 07 Y Y Y Y 2020			
City Laguna Niguel	State CA	Zip Code 92677-2955	Transaction ID : 15291276 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		85.00			
Name of Employer (for Individual) Independent Financial Group LLC	Occ Age	upation (for Individual) nt	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]			
SUBTOTAL of Receipts This Page (optic	nal)		270.00			
TOTAL This Period (last page this line n	umber only)					

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	WIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a] 11 14	-	11c	12	17		
or fo	nformation copied from such Reports and r commercial purposes, other than using th				for the		pos	se of s	oliciting	g contribu	tions		
\ \	AME OF COMMITTEE (In Full) lealth Underwriters Political A	ction Com	mittee										
A	III Name of Individual (Last, First, Middle Ir Daidone, Grace, , , ailing Address 3301 S. Virginia	iitial) or Full O	rganization Name	Date of Receipt									
	eno	State NV	Zip Code 89502-4516	_					529127 ceipt th	'9 nis Period			
fe	EC ID number of contributing deral political committee.	С				_	7	_	-9-	30.	00		
А	ame of Employer (for Individual) and H Insurance, Inc. eccipt For: Primary General Other (specify) ▼	Brol	upation (for Individual) ker Year-to-Date ▼ 360.00		M	emc	o Ite	em					
B. <u>C</u> M	III Name of Individual (Last, First, Middle Ir Chubet, Julie, , , ailing Address 240 Main St. Suite B			Date o			ipt 07	/ Y	y y 2020	Y			
FE	ty armington EC ID number of contributing deral political committee.	CT	Zip Code 06032-2975	_			-		529128 ceipt th	0 lis Period 30.			
Ro	ame of Employer (for Individual) ogers Benefit Group eceipt For:	Bro	upation (for Individual) ker Year-to-Date ▼	_	M	emc	o Ite	em					
	Primary General Other (specify) ▼		360.00										
c	III Name of Individual (Last, First, Middle Ir Sautter, Robert, E., , ailing Address 3900 N. Traverse Mountain B		rganization Name		Date o			ipt	/ Y	YYY	Y		
Ci	ty ehi	State UT	Zip Code 84043-5311						529128 ceipt th	2020 32 his Period			
	EC ID number of contributing deral political committee.	С					<u>y</u>		y	42.	00		
N	ame of Employer (for Individual) FP eceipt For:	Clier	upation (for Individual) nt Adviser Year-to-Date ▼		N	lemo	o Ite	em					
	Primary General Other (specify)		504.00										
SUE	STOTAL of Receipts This Page (optional)		•			-	,		9	102.	00		

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171			Use separate schedule(s)	(check only one)							
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13		11b 14	11c	12	Γ	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		าร
	NAME OF COMMITTEE (In Full)										
	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Rome, Rebecca, , ,	al) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address 115 Lessard St				^M 12	/	D 07	D / Y	2020	Y]
	City Donaldsonville	State LA	Zip Code 70346-2505					1529128 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y			0.00	
	Name of Employer (for Individual) Humana		upation (for Individual) rket Manager		M	lemo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1							
В.	Full Name of Individual (Last, First, Middle Initia Mariscal, Debra, K., ,	al) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address P O Box 1116		M M 12		07		y y 2020	Y]		
	City	State	Zip Code					1529128			
	Westminster	CA	92684-1116		Amoun	t of	Each F	Receipt th	nis Perio	d	_
	FEC ID number of contributing federal political committee.	С			Ľ.			-	20	0.00	
	Name of Employer (for Individual) Covered California Small Business		upation (for Individual) siness Develop Manager		M	lemo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		240.00]							
с.	Full Name of Individual (Last, First, Middle Initia Galardini, Richard, F., ,	al) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address 7000 Stonewood Dr Suite 251	1-			^M 12		08		2020	Y	
	City Wexford	State PA	Zip Code 15090-7376					: 1529222 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u>[</u> :		y .	,	12	5.00	
	Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC		upation (for Individual) iirman & CEO		M	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00]							
s	UBTOTAL of Receipts This Page (optional)			•			y	,	175	5.00	
Т	OTAL This Period (last page this line number o	nly)		•			-			-	

Use separate schedule(s)

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Any information or for commerce NAME OF C Health L Full Name of A. Tandrow, Mailing Addr City Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Other B. Full Name o B. Theesfeld Mailing Addr		name and action Comr ial) or Full Or State ID	Idress of any political committe	X 11a 11b 11c 12 13 14 15 16 erson for the purpose of soliciting contributions from such committee. Date of Receipt 12 08 2020
or for commerce NAME OF C Health L Full Name of A. Full Name of Gity Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Other B. Full Name of B. Full Name of City	tial purposes, other than using the COMMITTEE (In Full) Jnderwriters Political Ac of Individual (Last, First, Middle Init Tara, , CIC, ress P O Box 5815	name and action Comr ial) or Full Or State ID	Idress of any political committe mittee ganization Name Zip Code	Date of Receipt
NAME OF C Health U Full Name of A. Tandrow, Mailing Addr City Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Other B. Full Name of Mailing Addr City	COMMITTEE (In Full) Jnderwriters Political Ac f Individual (Last, First, Middle Init Tara, , CIC, ress P O Box 5815	tion Comr ial) or Full Or State ID	ganization Name	Date of Receipt
Health L Full Name of Tandrow, Mailing Addr City Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Other B. Full Name of Theesfeld Mailing Addr City	Jnderwriters Political Ac of Individual (Last, First, Middle Init Tara, , CIC, ress P O Box 5815	ial) or Full Or State ID	ganization Name	M M / D D / Y
A. Tandrow, Mailing Addr City Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Primar Other B. Full Name of Mailing Addr City	Tara, , CIC, ress P O Box 5815 nber of contributing cal committee.	State ID	Zip Code	M M / D D / Y
City Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Primar Other B. Full Name of Theesfeld Mailing Addr	nber of contributing cal committee.	ID		12 08 2020
Boise FEC ID num federal politi Name of Em HUB Interna Receipt For: Other B. Full Name of Mailing Addr City	cal committee.	ID		
federal politi Name of Em HUB Interna Receipt For: Primar Other B. Full Name o Theesfeld Mailing Addr City	cal committee.	\mathbf{c}		Transaction ID : 15292221 Amount of Each Receipt this Period
HUB Interna Receipt For: Primar Other B. Full Name o Theesfeld Mailing Addr	nployer (for Individual)	C		30.00
Full Name of Mailing Addr		Occu Broke	pation (for Individual) er	Memo Item
B. Theesfeld Mailing Addr		Aggregate	Year-to-Date ▼ 360.00]
City	f Individual (Last, First, Middle Init d, Angela, A., ,	ial) or Full Or	ganization Name	Date of Receipt
2	ress 403 Toyah Brk	12 08 / Y Y Y Y Y 2020		
San Antonio		State TX	Zip Code 78258-2564	Transaction ID : 15292222 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	С		
	nployer (for Individual) mp Insurance Services, LLC		pation (for Individual) punt Executive	Memo Item
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 504.00]
	ا Individual (Last, First, Middle Init Iraft, Ross, W., ,	ial) or Full Or	ganization Name	Date of Receipt
	ess 21820 Burbank Blvd, North Building, Suite 300			12 08 / Y Y Y Y 2020
City Woodland H	lills	State CA	Zip Code 91367-6476	Transaction ID : 15292224 Amount of Each Receipt this Period
	nber of contributing cal committee.	С		85.00
Leavitt Grou	•	Occu Broke	pation (for Individual) er	Memo Item
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 1095.00	1
SUBTOTAL of			, , , , , , , , , , , , , , , , , , , ,	1

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nmittee	
Α.	Full Name of Individual (Last, First, Middle Initia Redmon, Bridget, L., ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2684 Charlestown Road			12 08 / Y Y Y Y 12 08 2020
	City New Albany	State IN	Zip Code 47150-2537	Transaction ID : 15292225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) ISU Insurance & Investment Group	Occ Brol	supation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
в.	Full Name of Individual (Last, First, Middle Initia Garcia, J., Michael, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 820 Jordan Street Suite 400			M M / D D / Y Y Y Y 12 08 2020
	City Shreveport	State LA	Zip Code 71101-4522	Transaction ID : 15292226 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Moreman,Moore & Co. Inc.		cupation (for Individual) les Manager	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name of Individual (Last, First, Middle Initia Coley, Maggie, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 29 Olde Gate Court	_		12 09 2020
	City Pooler	State GA	Zip Code 31322-8281	Transaction ID : 15292791 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Coley Benefit Services, Inc	Occ Brok	supation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 504.00	1
s	UBTOTAL of Receipts This Page (optional)			87.00
Т	OTAL This Period (last page this line number of	nly)		

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	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Stat for commercial purposes, other than using the na		erson for the purpose of soliciting contributions							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Committee								
A .	Full Name of Individual (Last, First, Middle Initial Black, Elizabeth, R., , Mailing Address PO Box 847) or Full Organization Name	Date of Receipt							
	City McMinnville	State Zip Code OR 97128-0847	12 09 2020 Transaction ID : 15292793							
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period							
	Name of Employer (for Individual) Hagan Hamilton Insurance Solutions Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Agent Aggregate Year-to-Date ▼ 280.00	Memo Item							
B.	Full Name of Individual (Last, First, Middle Initial Haberman, Joshua, , RHU,) or Full Organization Name	Date of Receipt							
	Mailing Address 9301 Bryant Ave S Suite 105 City	State Zip Code	12 09 2020 Transaction ID : 15292795							
	Bloomington FEC ID number of contributing federal political committee.	MN 55420-3473	Amount of Each Receipt this Period							
	Name of Employer (for Individual) Alexander & Haberman	Occupation (for Individual) Broker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1870.00								
C.	Full Name of Individual (Last, First, Middle Initial Sansevieri, Paul, F., ,) or Full Organization Name	Date of Receipt							
	Mailing Address P O Box 641	State Zip Code	12 / D D / Y Y Y Y 2020							
	City Corona Del Mar	StateZip CodeCA92625-0641	Transaction ID : 15292797 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	250.00							
	Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Receipt For: Primary General Other (specify)	Occupation (for Individual) Owner Aggregate Year-to-Date ▼ 3000.00	Memo Item							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number on	r	435.00							

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171			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initial Wright, Geoffrey, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 7 Horvath Drive				12 09 / Y Y Y Y 2020								
	City Ithaca	State NY	Zip Code 14850-9711		Transaction ID : 15292798 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							50	00			
	Name of Employer (for Individual) New York Life	Occu Age	upation (for Individual) nt		M	emo	tem Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1									
в.	Full Name of Individual (Last, First, Middle Initia Renkar, Christopher, J., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 8814 Fargo Road Suite 125 City	State	Zip Code		12 ^M	/	09		2020	Y			
	Richmond	VA	23229-4628					1529280 Receipt th	-				
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer (for Individual) Independent Benefits LLC	Occupation (for Individual) Broker				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00]									
с.	Full Name of Individual (Last, First, Middle Initian McKittrick, Kristin, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 4020 Danley Drive				^M 12	/	09		y y 2020	Y			
	City Rapid City	State SD	Zip Code 57702-6893				-	1529280 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	30	00			
	Name of Employer (for Individual) Mountain Plains Insurance	Occu Brok	upation (for Individual) er		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1									
s	UBTOTAL of Receipts This Page (optional)			•		1	, .	.,	110.	00			
Т	OTAL This Period (last page this line number o	nly)		→									

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions be to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee										
Full Name of Individual (Last, First, Mic A. Scholz, Paul, J., ,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4221 N 203rd St Ste 200			M M / D D / Y Y Y Y 12 09 2020									
City Elkhorn	State NE	Zip Code 68022-3474	Transaction ID : 15292802 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) OCI Insurance & Financial Services	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]									
Full Name of Individual (Last, First, Mic B. Jimison, Charles, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6185 Magnolia Ave Ste	319		12 09 / Y Y Y Y 12 09 2020									
City Riverside	State CA	Zip Code 92506-2524	Transaction ID : 15292803 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Jimison Insurance	Occ Age	upation (for Individual) ent	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name of Individual (Last, First, Mic C. Deagle, Michael, P., REBC,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 935 National Parkway Suite 93550			12 / D D / Y Y Y Y Y 2020									
City Schaumburg	State IL	Zip Code 60173-5150	Transaction ID : 15292805 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		166.67									
Name of Employer (for Individual) BenAxis, Inc.	Occi Brok	upation (for Individual) xer	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.04]									
SUBTOTAL of Receipts This Page (optio	nal)		281.67									
TOTAL This Period (last page this line n	umber only)											

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Meredith, Griffin, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 550 S 5th St Unit 303			M M / D D / Y Y Y Y 12 09 2020								
City Louisville	State KY	Zip Code 40202-4309	Transaction ID : 15292806 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Commonwealth Insurance Partners		upation (for Individual) sident	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]								
Full Name of Individual (Last, First, Mido B. Lindsay, Robert, , CPCU, CLU,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2560 Fairway Ct			12 09 2020								
City Bettendorf	State IA	Zip Code 52722-6206	Transaction ID : 15292807 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Arthur J. Gallagher & Company	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]								
Full Name of Individual (Last, First, Mido C. Rice, Lori, R., ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 131 Interpark Blvd			12 09 / Y Y Y Y 12 09 2020								
City San Antonio	State TX	Zip Code 78216-1841	Transaction ID : 15292808 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Marsh Wortham	Occi Brok	upation (for Individual) ser	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]								
SUBTOTAL of Receipts This Page (option	al)		200.00								
TOTAL This Period (last page this line nu	mber only)										

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s)				(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Mordo, David, , ACA Certif,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 26 Kennedy Court				12 09 2020								
	City North Middletown	State NJ	Zip Code 07748-3532					: 1529280 Receipt th	19 his Period	_			
	FEC ID number of contributing federal political committee.	С			<u> </u>				42.0	00			
	Name of Employer (for Individual) BenefitMall	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1004.00]									
в.	Full Name of Individual (Last, First, Middle Initi Hsu, Lambert, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2655 Camino Del Rio North #370						D 09		y y 2020	Y			
	City San Diego	State CA	Zip Code 92108-1633					1529281					
	FEC ID number of contributing federal political committee.	C				. 01		receipt tr	his Period 1000.0	00			
	Name of Employer (for Individual) Benefit Pro Insurance Services, Inc.	upation (for Individual) sident		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
C.	Full Name of Individual (Last, First, Middle Initi Kelley, Dianne, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 7320 N La Cholla Blvd. 154-219 City	State	Zip Code		12 Trans		11		2020	Y			
	Tucson	AZ	85741-2309						nis Period				
	FEC ID number of contributing federal political committee.	С			Ē		y	 J	63.0	00			
	Name of Employer (for Individual) Sandbrook Group		upation (for Individual) Broker		Me	em	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00]									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,	y	1105.0	00			
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	3	4 11a		11b	11c	12						
	y information copied from such Reports and Sta for commercial purposes, other than using the														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia McNally, Carl, , ,	al (Last, First, Middle Initial) or Full Organization Name					Date of Receipt								
	Mailing Address 41 Acme Road Suite 2				M M / D D / Y Y Y Y 12 12 2020										
	City Brewer	State ME	Zip Code 04412-1543		Transaction ID : 15351499 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>				42.0	00					
	Name of Employer (for Individual) Med-A-Vision, Inc.	Occi	pation (for Individual)		Me	emo) Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00]											
B.	Full Name of Individual (Last, First, Middle Initia Banchy, Kate, , ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 4233 Southtowne Drive			м м 12	/	D 12		y y 2020	Y						
	City Eau Claire	State WI	Zip Code 54701-2652	Amount of Each Receipt this Per											
	FEC ID number of contributing federal political committee.	С	42.00												
	Name of Employer (for Individual) Spectrum Insurance Group	Occu Brok	upation (for Individual) ker		Me	emc	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]											
С.	Full Name of Individual (Last, First, Middle Initia Knight, Ronald David, , ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address PO Box 507				^M 12	1	D 12		2020 [°]	Y					
	City Carrollton	State GA	Zip Code 30112-0009				-	: 1535150 Receipt th	01 nis Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, <u>,</u>	85.0	00					
	Name of Employer (for Individual) J. Smith Lanier & Co. A Marsh and Mcle	Occu Brok	ipation (for Individual) er		M	emo) Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	Monthly Contribution											
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

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IT.	EMIZED RECEIPTS		(ch	(check only one)												
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Init	ne of Individual (Last, First, Middle Initial) or Full Organization Name elli, , ,					Date of Receipt									
	Mailing Address 510 L Street Suite 270				12 12 2020											
	City Anchorage	State AK	Zip Code 99501-1949					1535150 Receipt th		d						
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y			0.00						
	Name of Employer (for Individual) Moda Health		upation (for Individual) cutive Director		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]												
в.	Full Name of Individual (Last, First, Middle Init Moore, David, R., ,	ial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address PO Box 1006				м м 12	1	D 12		y y 2020	Y						
	City Burlington	State NC	Zip Code 27216-1006					1535150								
	FEC ID number of contributing federal political committee.	C			Amount	C OT		Receipt th		a).00						
	Name of Employer (for Individual) David R. Moore, CLU & Associates	Occi Brol	upation (for Individual) ker		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]												
С.	Full Name of Individual (Last, First, Middle Init Norris, Michael, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 295 E Palmer Street				^M 12	/	D 12		2020	Y						
	City Franklin	State NC	Zip Code 28734-3049					1535151 Receipt th								
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		50	0.00						
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occu Brok		M	emo	o Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]												
s	UBTOTAL of Receipts This Page (optional)			•			9	. ,	110	0.00						
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PAGE 68 OF

ITEINIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
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or for commercial purposes, other than			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Polit	ical Action Com	mittee										
Full Name of Individual (Last, First, A. Hild, Donald, A., ,	Viddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2640 Willard Dairy F Suite 122			M M / D D / Y Y Y Y 12 12 2020									
City HIGH POINT	State NC	Zip Code 27265-8709	Transaction ID : 15351514 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Blue Moon Benefits Group	Осси	upation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name of Individual (Last, First, Vipond, Elizabeth, T., CLU,	CFP,	rganization Name	Date of Receipt									
Mailing Address 1209 Cumberland A	/ Unit 1903		M M / D D / Y Y Y Y 12 12 2020									
City Tampa	State FL	Zip Code 33602-4260	Transaction ID : 15351516 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) The Senior Health Advisor	Occi Part	upation (for Individual) ner	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name of Individual (Last, First, Harvey, Darren, Michael, ,	Viddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7001 Heritae Village	Plaza Suite 1		M M / D D / Y Y Y Y 12 12 2020									
City Gainesville	State VA	Zip Code 20155-3094	Transaction ID : 15351517 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) Capital Group Benefits	Occu Ager	upation (for Individual) nt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1									
SUBTOTAL of Receipts This Page (or	tional)		90.00									
TOTAL This Period (last page this line	number only)											

Use separate schedule(s)

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PAGE 69 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd A. Hinman, Noel, , ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 303 West 80th Place100 PO Box 10070	1		M M / D D / Y Y Y Y 12 12 2020								
City Merrillville	State IN	Zip Code 46410-5433	Transaction ID : 15351519 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Name of Employer (for Individual) Professional Services	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
Full Name of Individual (Last, First, Midd B. Nigro, Samuel, , ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 17117 Oak Drive Suite D			12 12 / Y Y Y Y 12 12 2020								
City Omaha	State NE	Zip Code 68130-2193	Transaction ID : 15351520 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Compass Benefit Advisors	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]								
Full Name of Individual (Last, First, Midd C. Brannon, William, J., ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2 Terrace Way, Suite B			12 / Y Y Y Y 12 12 2020								
City Greensboro	State NC	Zip Code 27403-3663	Transaction ID : 15351522 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Group US, Inc.	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1								
SUBTOTAL of Receipts This Page (optional	al)		135.00								
TOTAL This Period (last page this line nur	nber only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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IT.			Use separate schedule(s)				(check only one)										
			for each category o Detailed Summary		×	11a 13		11b 14	11c 15	12	Г	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	soliciting	g contrib		าร					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initia Blomgren, Laura, , CLTC, RHU,,	al) or Full O	r Full Organization Name					Date of Receipt									
	Mailing Address 935 National Parkway Suite 93550					M M / D D / Y Y Y Y 12 12 2020											
	City Schaumburg	State IL	Zip Code 60173-5150						1535152 Receipt th		d						
	FEC ID number of contributing federal political committee.	С								30	0.00						
	Name of Employer (for Individual) BenAxis, Inc.	Occi Brol	upation (for Individual) ker			М	emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 36	60.00													
в.	Full Name of Individual (Last, First, Middle Initia Fairbairn, Nicole, , ,	al) or Full O	rganization Name			Date of	f Re	eceipt									
	Mailing Address Creative Insurance Concepts In 8069 Little Circle Rd				12 / D D / Y Y Y Y 12 2020												
	City Noblesville	State Zip Code IN 46060-1071							1535152 Receipt th		hd						
	FEC ID number of contributing federal political committee.	С				30.00											
	Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occupation (for Individual) Broker				M	emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate															
C.	Full Name of Individual (Last, First, Middle Initia Riensche, Glen, E., ,	al) or Full O	rganization Name			Date of	f Re	eceipt									
	Mailing Address 6101 Havelock Ave					^M 12	/	D 12		2020	Y]					
	City Lincoln	State NE	Zip Code 68507-1268						1535152 Receipt th		d						
	FEC ID number of contributing federal political committee.	С						, . ,		30	0.00						
	Name of Employer (for Individual) Advanced Insurance Services, Inc		upation (for Individual) ncial Professional			М	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 36	60.00													
s	UBTOTAL of Receipts This Page (optional)			····· ►				,	,	90	0.00						
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Use separate schedule(s)

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PAGE 71 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1							
			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Mido A. Stewart, Diana, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 500 West 36th Avenue Suite 310			12 12 Y Y Y Y 12 12 2020							
City Anchorage	State AK	Zip Code 99503-5805	Transaction ID : 15351529 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) RISQ Consulting		upation (for Individual) Acct Mgr	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]							
Full Name of Individual (Last, First, Mide West, James, E., CIC,FLMI,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 28875 Frost Lane										
City Adel	State	Zip Code 50003-2212	Transaction ID : 15351530							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) NCMIC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, Midc C. Gertz, Josh, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 222 S. Riverside Plaza Suite 900			12 / D D / Y Y Y Y 12 12 2020							
City Chicago	State IL	Zip Code 60606-5975	Transaction ID : 15351532 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual) USI Insurance Services Receipt For:	Com	upation (for Individual) pliance Project Specialist	Memo Item							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]							
SUBTOTAL of Receipts This Page (option	al)		157.00							
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

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			Use separate schedule(s)	(che	(check only one)								
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>			
	mation copied from such Reports and Si mmercial purposes, other than using the												
· · · · · · · · · · · · · · · · · · ·	OF COMMITTEE (In Full)			0 10 00									
Hea	Ith Underwriters Political Ac	tion Com	mittee										
A. Perry	ame of Individual (Last, First, Middle Init y, Amy, , REBC,	ial) or Full O	rganization Name		Date of Receipt								
	g Address 851 International Pkwy Suite 120				M M / D D / Y Y Y Y 12 12 2020								
City Richa	rdson	State TX	Zip Code 75081-2804					: 1535153 Receipt th					
	D number of contributing I political committee.	С							30.0				
OneDi	5		upation (for Individual) ior Account Manager		Me	emo	o Item						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1									
	ame of Individual (Last, First, Middle Init	ial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing	g Address 1416 East Main Suite A				^M ^M 12	/	12		2020	Y			
City	lun -	State WA	Zip Code					1535153					
Puyall			98372-3170		Amount	: of	Each I	Receipt th	is Period	_			
	D number of contributing I political committee.	С			30.00								
	Name of Employer (for Individual)Occupation (for Individual)Robert L. May & Associates, Inc. DBA HBroker						o Item						
Receip		Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		360.00										
	ame of Individual (Last, First, Middle Init Ina, David, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	g Address 17284 Slover Ave. Ste. 111				^M 12	1	D 12		2020 [°]	Y			
City Fonta	na	State CA	Zip Code 92337-7584					: 1535154 Receipt th					
	D number of contributing I political committee.	С					y 1	9	15.0	00			
Kaiser	of Employer (for Individual) Permanente	Осси	upation (for Individual)		M	emo	o Item						
	ot For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	1									
SUBTO	TAL of Receipts This Page (optional)						9	9	75.0	00			
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

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	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	
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	JAME OF COMMITTEE (In Full)									
	Health Underwriters Political Acti	on Com	mittee							
A	Full Name of Individual (Last, First, Middle Initia Ameling, Mary, K., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
N	Aailing Address 1202 Wood Lily Circle				^M 12	1	D 12		y y 2020	Y
	City Leland	State NC	Zip Code 28451-7686					: 1539358 Receipt th	32 nis Period	
	EC ID number of contributing ederal political committee.	C			<u> </u>				30.0	00
(Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I		upation (for Individual) ducer		Me	emo	o Item			
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00]						
	ull Name of Individual (Last, First, Middle Initia Denz, Stephanie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	Nailing Address 1100 Wild Ginger Lane				^M 12	1	D 13		y y 2020	Y
	City Fleming Island	State FL	Zip Code 32003-3224					1539360		
F	EC ID number of contributing ederal political committee.	С				. 01			nis Period 85.0	00
	Name of Employer (for Individual) Netna		upation (for Individual) keting Director		Me	emo	o Item			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]						
	Full Name of Individual (Last, First, Middle Initia Fabini, Jeff, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	Aailing Address P.O.Box 10806 632 W Hamilton Rd	State	Zin Code		12	/	13	3	2020	Y
	City Fort Wayne	IN	Zip Code 46854-0806					: 1539360 Receipt th	nis Period	
	EC ID number of contributing ederal political committee.	С			Ē		y .	5	22.0	00
5	Name of Employer (for Individual) Secure Benefit Solutions	Occu Own	upation (for Individual) er		M	emo	o Item			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 264.00]						
su	BTOTAL of Receipts This Page (optional)						,	5	137.(00
то	TAL This Period (last page this line number or	ייייין 1ly)		•				-		

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

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	EWIZED RECEIPTS			Detailed Summary Page	×	11a		1	l1b		11c		12	
						13		_	4		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	imi	ttee			_	-		-		_		
A.	Full Name of Individual (Last, First, Middle Initia Schroeder, Scott, R., ,	al) or Full C)rgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 300 East First Street P O Box 327					м м 12		I	13		/ Y		020	Ŷ
	City Mechanicsville	State IA		Zip Code 52306-0327							539360 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С					. 01	-		0	-		30.0	0
	Name of Employer (for Individual) Schroeder & Associates		•	tion (for Individual) nt/Agent		М	emc	o I	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 360.00										
	Full Name of Individual (Last, First, Middle Initia Patrician, James, P., ,	al) or Full C)rgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 923 N. Plum Grove Road, Suite	С				^M 12	/	ľ	D 13		/ Y		20	Y
	City Schaumburg	State IL		Zip Code 60173-5152							539361 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			-		30.0	0
	Name of Employer (for Individual) Coordinated Benefits Co., LLC		upa side	tion (for Individual) ent		М	emc	o I	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00										
	Full Name of Individual (Last, First, Middle Initia Blakely, Russ, , ,	al) or Full C	rgar	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 246 E 11th Street Suite 302			1		^M 12			D 13	3		20)20 [°]	Y
	City Chattanooga	State TN		Zip Code 37402-4269							539361 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				<u>_</u> :_		,			9		85.0	0
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	Brok	ker	tion (for Individual)		М	emo	οI	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1020.00										
s	UBTOTAL of Receipts This Page (optional)			•				,			9		145.0	0
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		4 11a		11b	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Daugherty, Cathy, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1500 Quail St Ste 570				м м 12	/	D 13		ү ү 2020	Y
	City Newport Beach	State CA	Zip Code 92660-2752					: 1539361 Receipt th	2 nis Period	
	FEC ID number of contributing federal political committee.	С					-		85.0	
	Name of Employer (for Individual) Bridgeport Benefits	Occu Part	upation (for Individual) ner		Me	emo	b Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]						
в.	Full Name of Individual (Last, First, Middle Initi Schiebel, AI, C., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 10 Glenlake Parkway North Tower, Suite 1050		- 1		^M 12	1	D 13		2020	Y
	City Atlanta	State GA	Zip Code 30328-3495					1539361 Receipt th	3 nis Period	
	FEC ID number of contributing federal political committee.	С							45.0	00
	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occi Brol	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 590.00]						
с.	Full Name of Individual (Last, First, Middle Initi Spell, Richard, Blake, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6176 Centre Camp Ct.				^M 12	/	D 13	3	2020	Y
	City Greensboro	State NC	Zip Code 27455-8315					: 1539361 Receipt th	14 nis Period	
	FEC ID number of contributing federal political committee.	С			Ē		9		20.0	00
	Name of Employer (for Individual) Mark III Employee Benefits	Occu Brok	upation (for Individual) :er		Me	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00							
s	UBTOTAL of Receipts This Page (optional)						7	9	150.0	00
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			Detailed Summary Page		1 1a			11I 14		11c	F	12	1
	y information copied from such Reports and S for commercial purposes, other than using the				for th			oos	e of	solicit		contrib	utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Ini Sherrill, David, M., , Mailing Address 498 Palm Springs Dr, Suite 27	,	rganization Name		Date	М	Rec		D D	/	Y	Y Y	Y
	City Altamonte Springs	State FL	Zip Code 32701-7805	_		nsad		-		15393		2020 Perio	
	FEC ID number of contributing federal political committee.	С						,		eceipi	tillis	30	0.00
	Name of Employer (for Individual) Sherrill Insurance Brokerage	Occ Brol	upation (for Individual) ker			Men	no	lte	۶m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00										
В.	Full Name of Individual (Last, First, Middle Ini Matznick, Michael, E., ,	tial) or Full C	rganization Name		Date	of F	Red	ceij	pt				
	Mailing Address 3150 N. Elm Street Suite 201 City	State	Zip Code		M 12 Tra	2	, ctic	L	13 ID:1	/ 15393	_	y y 2020	Y
	Greensboro FEC ID number of contributing federal political committee.	NC C	27408-3840		Amo	int c	of I	Ead	ch Re	eceipt	this	Perio 42	d 2.00
	Name of Employer (for Individual) EbenConcepts	Occ Bro	upation (for Individual) ker			Men	no	lte	÷m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00										
C.	Full Name of Individual (Last, First, Middle Ini Masucci, Joseph, A., ,	itial) or Full C	rganization Name		Date	of F	Red	ceij	pt				
	Mailing Address 333 Rouser Road Building 4 Suite 401 City	State	Zip Code		12	2	/	L	13	J I		2020	Y
	Moon Township	PA	15108-2779	_						1 5393 eceipt		Perio	d
	FEC ID number of contributing federal political committee.	С			Ē			,		,	_	85	5.00
	Name of Employer (for Individual) Health Benefit Services LLC Receipt For:	Insu	upation (for Individual) rance Broker		Ц	Men	no	lte	m				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00										
s	UBTOTAL of Receipts This Page (optional)			•				,		,		157	.00
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	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		rpo	ose o					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act													
A.	Full Name of Individual (Last, First, Middle Initia Anderson, Corey, Lee, , Mailing Address 11247 69th St NE Albertville	al) or Full O	rgar	nization Name		Date o		ec	eipt	D	/	V	Y	Y
						12	ĺ		13				020	
	City Albertville	State MN		Zip Code 55301-4576							539361		متادعا	
	FEC ID number of contributing federal political committee.	С				Amoun	ιΟΪ	-		-1e	ceipt th	is P	eriod 30.0	0
	Name of Employer (for Individual) Corey Anderson Insurance Services	Occu Brok	•	ion (for Individual)		Μ	emo	0	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 600.00										
	Full Name of Individual (Last, First, Middle Initia Brooks, Timothy, , ,	al) or Full O	rgar	nization Name		Date o	f Re	ec	eipt					
	Mailing Address 4008 S Elm Pl. Ste C					^M 12	/	′	D 14	-	/ Y	20	20 [°]	Y
	City Broken Arrow	State OK		Zip Code 74011-2021							539365 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С						_	-		-9-		20.0	0
	Name of Employer (for Individual) Flippo Insurance		•	tion (for Individual) ce Sales		M	emo	0	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00										
С.	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., LUTCF,RHU,,	al) or Full O	rgar	nization Name		Date o	f Re	ec	eipt					
	Mailing Address 12138 Big Canoe					^M 12	1	′	D 14		/ Y		20	Y
	City Big Canoe	State GA		Zip Code 30143-5157							539365 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				_:		,	,		y		100.0	0
	Name of Employer (for Individual) David S. Johnson Insurance	Occu Brok	•	ion (for Individual)		N	lemo	0	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1100.00										
s	UBTOTAL of Receipts This Page (optional)			••••••				,			y		150.0	0
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PAGE 78 OF

ITEMIZED RECEIPTS Use separate schedu for each category of	Use separate schedule(s)	(ch	neck only	/ or	ne)					
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	
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<u> </u>	IAME OF COMMITTEE (In Full)						Julions		Commute	
\	Health Underwriters Political Act	ion Com	mittee							
	ull Name of Individual (Last, First, Middle Initia Hensley, Lizette, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
N	Aailing Address PO Box 84				^M 12	1	D 14) / Y	ү ү 2020	Y
	City Royse City	State TX	Zip Code 75189-0084					1539365 Receipt th	57 nis Period	
	EC ID number of contributing ederal political committee.	С			<u> </u>	_			25.0	0
F	lame of Employer (for Individual) lensley Insurance Solutions Agency Inc	Occu Age	upation (for Individual) nt		Me	этс	tem			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1						
	ull Name of Individual (Last, First, Middle Initia Castellani, Lorelei, G., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	Aailing Address PO Box 905				M M 12	1	D 14) / Y	2020	Y
	Sity	State NJ	Zip Code					1539366		
	Branchville	INJ	07826-0905		Amount	of	Each F	Receipt th	nis Period	
	EC ID number of contributing ederal political committee.	С			Ŀ	_	-		30.0	0
	Jame of Employer (for Individual) enefit Guidance Systems	Occi Brol	upation (for Individual) ker		Me	əmc	tem			
F	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		, 360.00							
	ull Name of Individual (Last, First, Middle Initia Sutton, Trent, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
N	Aailing Address 2824 Poleline Rd., # A				^M 12	/	D 14		2020	Ŷ
	Dity Pocatello	State ID	Zip Code 83201-6177					1539366 Receipt th	62 nis Period	
	EC ID number of contributing ederal political committee.	С			<u> </u>	_	, .		30.0	0
l	lame of Employer (for Individual) ndependent Health Insurance Broker	Occu Brok	upation (for Individual) er		Me	этс	o Item			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]						
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category	Use separate schedule(s)	(ch	neck only	/ or	ne)					
			for each category of the Detailed Summary Page		K 11a		11b	11c	12	
	y information copied from such Reports and S for commercial purposes, other than using the									
<u> </u>	NAME OF COMMITTEE (In Full)		adioco or any pontiour commute	.0 10 0						
$\Big\rangle$	Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Pierce, Mary, Jeannette, ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1306 SE 105th Ct				^M 12	1	D 14		2020	Y
	City Vancouver	State WA	Zip Code 98664-4746					153936 Receipt t	63 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>			1 1	30.	00
	Name of Employer (for Individual) Kaiser Permanente Northwest		upation (for Individual) ount Manager		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1						
в.	Full Name of Individual (Last, First, Middle Init Hain, Erica, R., ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address MC 32-20 100 North Academy Avenue				M M 12	1	D 15		y y 2020	Y
	City Danville	State PA	Zip Code 17822-0001					153941(Receipt t)8 his Period	
	FEC ID number of contributing federal political committee.	С							100.	00
	Name of Employer (for Individual) Geisinger Health Plan		upation (for Individual) nior Director, Commercial Sales		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]						
с.	Full Name of Individual (Last, First, Middle Init Mundell, Nancy, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 21486 Countryside Drive				^M 12	1	D 15		2020	Y
	City Lake Forest	State CA	Zip Code 92630-6558					: 153941 Receipt ti	10 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	20.	00
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
s	UBTOTAL of Receipts This Page (optional)						,	,	150.0	00
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			Detailed Summary Page	×	11a 13		11b 14	11c 15	\vdash	12 16	17
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Ini Rider, Susan, M., MS, REBC,, Mailing Address 803 Touralosa Dr	tial) or Full C	rganization Name		Date of	_	D D	/ Y	Y	Y	Y
	City Westfield	State IN	Zip Code 46074-7303				15 ion ID : 1 Each Re		1	020 Period	
	FEC ID number of contributing federal political committee.	С					7			85.0	0
	Name of Employer (for Individual) Preventia Group, LLC	Occ Bro	upation (for Individual) ker		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 976.00	1							
B.	Full Name of Individual (Last, First, Middle Ini Bellman, Mark, , ,	tial) or Full C	rganization Name	[Date of	Re	eceipt				
	Mailing Address 9120 Branch Hollow Dr	State	Zip Code		^M 12	/	15	/ Y	1)20	Y
	Dallas	TX	75243-7510				i on ID : 1 Each Re			Period	
	FEC ID number of contributing federal political committee.	С					1			30.0	0
	Name of Employer (for Individual) UnitedHealthcare	Occ Bro	upation (for Individual) ker		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
C.	Full Name of Individual (Last, First, Middle Ini hepscher, William, , ,	-	rganization Name	[Date of	_	•	_			
	Mailing Address 38168 Medical Center Avenue	9			12 ^M		D 15	/ Y	20	020	Y
	City Zephyrhills	State FL	Zip Code 33540-1380				ion ID : 1 Each Re			Period	
	FEC ID number of contributing federal political committee.	С			anoun		J			85.0	0
	Name of Employer (for Individual) The Canadian Medstore	Occ Brol	upation (for Individual) ker		M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	1							
s	UBTOTAL of Receipts This Page (optional)						, .	, , , , , , , , , , , , , , , , , , ,		200.0	0
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111	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	−
	y information copied from such Reports and SI for commercial purposes, other than using the									
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
/	Health Underwriters Political Act	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Easterling, Sy, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 213 Porter Ave				12 ^M	1	15		y y y 2020	Y
	City Biloxi	State MS	Zip Code 39530-2950					: 15394 1 Receipt	1 14 this Period	d
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30	0.00
	Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur		upation (for Individual) President		M	emo) Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
B.	Full Name of Individual (Last, First, Middle Init Skinner, Douglas, , ,	ial) or Full O	rganization Name		Date of	^F Re	eceipt			
υ.	Mailing Address PO Box 1277				12	/	15		2020	Y
	City Bloomington	State IN	Zip Code 47402-1277	_				: 153941 Receipt	15 this Period	d
	FEC ID number of contributing federal political committee.	С					-	9-	30	0.00
	Name of Employer (for Individual) Hoosier Dental Plans	Occi Brol	upation (for Individual) ker		M	emo) Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
с.	Full Name of Individual (Last, First, Middle Init Sullivan, Audra, I., SGS,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1201 N Watson Rd Ste 287				12 ^M	Ŀ.	D 16	6	Y Y Y 2020	Y
	City Arlington	State TX	Zip Code 76006-6222					: 15394 Receipt	506 this Period	d
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	, y	42	2.00
	Name of Employer (for Individual) Vogue Insurance Agency, LLC	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]						
	UBTOTAL of Receipts This Page (optional)						, .		102	.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		111	-	11c 15	12	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		rpos	e of s	oliciting	g contribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle Ir Hynes, Bernard, J., , Mailing Address 3200 N. Central Ave. Suite 1170 City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State AZ	Drganization Name Zip Code 85012-2419 upation (for Individual)		Amoun	sact	tion Eac	16 ID : 1 ch Re	539460	2020 9 nis Period 30.	
	Hynes Benefits Consulting, LLC Receipt For: Primary General Other (specify) ▼		rcipal Year-to-Date ▼ 360.00]							
В.	Full Name of Individual (Last, First, Middle Ir Fanuele, Dominick, , , Mailing Address 214 Little Falls Rd., 2nd Floo	·	Drganization Name		Date o	/		16		2020	Y
	Fairfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Fanuele Financial Group LLC	NJ C Occ Bro	07004-2637		Amoun		Ead	ch Re	539461 ceipt th	u iis Period 42.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00								
C.	Full Name of Individual (Last, First, Middle Ir Frankel, Teri, , , Mailing Address 21820 Burbank Blvd	hitial) or Full O	rganization Name		Date o			D D	/ Y	2222	Y
	Suite 300 City Woodland Hills FEC ID number of contributing federal political committee	CA	Zip Code 91367-6485						539461 ceipt th	2020 11 his Period 30.	
	federal political committee. Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Receipt For:		upation (for Individual)		N	lemo	o Ite	əm	9		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00								
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mid Owens, David, Patrick, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 101 Eisenhower Parkw Second Floor	-		12 / D D / Y Y Y Y 12 16 2020
City Roseland	State NJ	Zip Code 07068-1032	Transaction ID : 15394614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) E.B. Cohen & Co., Inc.		upation (for Individual) cipal	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]
Full Name of Individual (Last, First, Mid Biers, Danielle, , ,		rganization Name	Date of Receipt
Mailing Address 3800 N. Central Ave., 9	Oth Floor	Zip Code	12 / D D / Y Y Y Y 16 2020
Phoenix	AZ	85012-1979	Transaction ID : 15394616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Black, Gould & Associates		upation (for Individual) ount Executive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name of Individual (Last, First, Mid C. Douglas, James, F., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5721 Woodboro Dr			12 / D D / Y Y Y Y 12 16 2020
City Huntington Beach	State CA	Zip Code 92649-4949	Transaction ID : 15394618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Health Sync Insurance		upation (for Individual) President Employee Benefits	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00]
SUBTOTAL of Receipts This Page (optic	nal)		150.00
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Com	mittee				
Full Name of Individual (Last, First, M A. Marinelli, Aaron, M. J., ,	1iddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 36711 American Way Suite 2F			12 17 2020			
City Avon	State OH	Zip Code 44011-4061	Transaction ID : 15394689 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		170.00			
Name of Employer (for Individual) Magis Advisory Group	Occ Brol	upation (for Individual) ker	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00]			
Full Name of Individual (Last, First, N B. Bly, Perry, J., ,	liddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 6340 South Western Ste 120			12 / 17 / Y Y Y Y 2020			
City Sioux Falls	State SD	Zip Code 57108-3413	Transaction ID : 15394690 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		85.00			
Name of Employer (for Individual) Pernell Insurance Agency, Inc.						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]			
Full Name of Individual (Last, First, M C. King, Colleen, , ,	liddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 8427 Beckford Ave.			12 17 2020			
City Northridge	State CA	Zip Code 91324-4208	Transaction ID : 15394692 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		42.00			
Name of Employer (for Individual) Colleen King Insurance Agency, Inc.		upation (for Individual) nder/Owner	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]			
SUBTOTAL of Receipts This Page (op	ional)		297.00			
TOTAL This Period (last page this line	number only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
IIEWIIZED REGEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Pol	itical Action Com	mittee	
Full Name of Individual (Last, First, A . Patton, Lee, R., ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1112 Maple Street			12 17 Y Y Y Y 2020
City West Des Moines	State IA	Zip Code 50265-4420	Transaction ID : 15394693 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Associations Marketing Group, Inc.	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name of Individual (Last, First, B. Ramsay, Robert, Gene, ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1836 Harrison Driv	e		M M / D D / Y Y Y Y 12 17 2020
City Gardendale	State AL	Zip Code 35071-3468	Transaction ID : 15394694 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Your Benefits Advisor		upation (for Individual) nefits Advisor	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name of Individual (Last, First, Tompkins, Daniel, R., JD,		rganization Name	Date of Receipt
Mailing Address 1720 Windward Co Suite 290			12 / D D / Y Y Y Y 12 17 2020
City Alpharetta	State GA	Zip Code 30005-2291	Transaction ID : 15394695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Admin America, Inc.	Occi Brok	upation (for Individual) xer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]
SUBTOTAL of Receipts This Page (c	ptional)		145.00
TOTAL This Period (last page this lir	e number only)		

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

(check only one)

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			Detailed Sumr		×	11a		11	b	11c		12		
						13		14		15		16	17	
or f	r information copied from such Reports and State or commercial purposes, other than using the nar													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Com	mittee											
	Full Name of Individual (Last, First, Middle Initial) Barrera, Andrea, , ,	or Full O	rganization Name	9	[Date of Receipt								
_	Mailing Address 3800 North Central Ave 9th Floor City	State	Zip Code			12 17 2020 Transaction ID : 15394698								
	Phoenix	AZ	85012-197	9	A			-		ceipt th	-	eriod		
	FEC ID number of contributing rederal political committee.	С						-			_	30.0		
	Name of Employer (for Individual) Black, Gould & Associates		upation (for Indivisident	dual)		M	lemc	o Ite	em					
Ī	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼	360.00										
	Full Name of Individual (Last, First, Middle Initial) Cross, Danny, W., ,	or Full O	rganization Name	Date of Receipt										
1	Mailing Address 48170 Hjorth St #93			12 / D D / Y Y Y Y 12 17 2020										
City Indio		State	Zip Code							539469	-			
		CA	92201-7801		-	Amoun	t of	Ead	ch Re	ceipt th	is Pe	eriod		
	FEC ID number of contributing rederal political committee.	С	30.00											
	Name of Employer (for Individual) O Cross Insurance Marketing Services	Occ	Memo Item											
Ī	Receipt For: A Primary General Other (specify) ▼ Image: Content of the second of	ggregate	Year-to-Date ▼	210.00										
	Full Name of Individual (Last, First, Middle Initial) Powell, Kristopher, F., ,	or Full O	rganization Name)		Date o	of Re	ecei	pt					
-	Mailing Address 1025 N. Campbell Road					^M 12	/		17	/ Y	202	20 [°]	Y	
	City Royal Oak	State MI	Zip Code 48067-1519)						539471 ceipt th		eriod		
	FEC ID number of contributing ederal political committee.	С						ŋ		y	1	000.0	0	
I	Name of Employer (for Individual) BenePro, Inc. Receipt For:	Occi Brok	upation (for Indivi er	dual)		N	lemo	o Ite	əm					
r	A Primary General Other (specify)	ggregate	Year-to-Date ▼	1000.00										
รเ	JBTOTAL of Receipts This Page (optional)			•••••				7		,	1	060.0	0	
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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee								
Full Name of Individual (Last, First, Middle Samuels, Cindy, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 8430 W Lake Mead #100	01-1-1	The Order	12 D D / Y Y Y Y 12 18 2020							
City Las Vegas	State NV	Zip Code 89128-7674	Transaction ID : 15395061 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Insurance Concepts of Nevada	Occ Age	upation (for Individual) ent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]							
Full Name of Individual (Last, First, Middle B. Buechler, Anthony, C., ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 13811 S 50TH ST			M M / D D / Y Y Y Y 12 18 2020							
City Papillion	State NE	Zip Code 68133-2908	Transaction ID : 15395062 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Buechler Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, Middle C. Abels, Paula, , ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 195 Rosebay Drive			12 18 / Y Y Y Y 2020							
City Encinitas	State CA	Zip Code 92024-3323	Transaction ID : 15395065							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) Abels Insurance Services	Occ Broł	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
SUBTOTAL of Receipts This Page (optional)			100.00							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

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	<i>,</i>	Use separate schedule(s)	(check only	/ one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 13	11b	11c	12 16	17
Any information copied from such Re or for commercial purposes, other that			erson for the	purpose of s	soliciting	contribut	ions
NAME OF COMMITTEE (In Full)	an using the name and a	duress of any pointear commute				Commu	
Health Underwriters Po	litical Action Com	mittee					
Full Name of Individual (Last, Firs A. Kidder, Sue, , ,	t, Middle Initial) or Full O	rganization Name	Date of	Receipt			
Mailing Address 2700 Newport Blv Ste 190	1		12	/ D D 18	/ Y	ү ү 2020	Y
City Newport Beach	State CA	Zip Code 92663-3735		action ID : 1 of Each Re			
FEC ID number of contributing federal political committee.	C				-	30.0	0
Name of Employer (for Individual) Sue Kidder Health & Insurance Ser		upation (for Individual)	Me	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1				
Full Name of Individual (Last, Firs B. Villagran, Denise, S., MBA		rganization Name	Date of	Receipt			
Mailing Address 1016 Santa Fe St	12	/ D D 18	/ Y	y y 2020	Y		
City	State TX	Zip Code		action ID : 1			
Corpus Christi		78404-2343	Amount	of Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	C					63.0	0
Name of Employer (for Individual) Entrust, Inc.	Occi Brol	upation (for Individual) ker	Me	emo Item			
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify) ▼		, 1163.00]				
Full Name of Individual (Last, Firs C. Powell, Rita, H., ,	i, Middle Initial) or Full O	rganization Name	Date of	Receipt			
Mailing Address 3342 Greystone V	Vay		M M 12	/ D D 19	/ Y	2020	Y
City Valdosta	State GA	Zip Code 31605-1096		action ID : 1 of Each Re			
FEC ID number of contributing federal political committee.	C			,	9	63.0	0
Name of Employer (for Individual) H&H Insurance Solutions, Inc.	Occu Brok	upation (for Individual) er	Me	emo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00	1				
SUBTOTAL of Receipts This Page	optional))			<u> </u>	156.0	0
TOTAL This Period (last page this li	ne number only)						

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 89 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17
Any information copied from such Reports ar or for commercial purposes, other than using				or the		oose o		oliciting	contribut	ions
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Hillenbrand, John, Ryan, , Mailing Address 14500 S. Outer 40 Road	State MO C Brol	Zip Code 63017-5736		Amount	/ acti ∶of	19 ion ID	9 :15	539536	2020 0 is Period 20.0	
Other (specify) ▼ Full Name of Individual (Last, First, Middle B. Brooks, Mark, , , Mailing Address P.O. Box 10876			Date of	Re	ceipt		/ Y	y y 2020	Y	
City Lynchburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Personal Design Financial Services, In Receipt For: Primary General Other (specify) ▼	Bro	Zip Code 24506-0876		Amount	of		-	39536: eipt th	1 is Period 30.0	00
Full Name of Individual (Last, First, Middle Stewart, Rachel, , , Mailing Address 18130 N 64th Dr W City Glendale FEC ID number of contributing federal political committee. Name of Employer (for Individual) RS Assurance Receipt For: Primary General Other (specify)	State AZ C Occu Age	Zip Code 85308-1068		Amount	/ acti ∶of	ion ID	9 : 15	539536	2020 2 is Period 30.0	_
SUBTOTAL of Receipts This Page (optional	,			-		y	-	5	80.(00

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

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177			Use separate schedule(s)	(ch	neck only	у ог	ne)	L					
116			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12	Г	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contril	butio	ns		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Underhill, Charles, E., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address PO Box 626				12 ^M	/	19) / Y	2020]		
	City Woodland Hills	State CA	Zip Code 91365-0626					1539536 Receipt th		od			
	FEC ID number of contributing federal political committee.	С			<u> </u>				1	2.00			
	Name of Employer (for Individual) Underhill Insurance Agency	Occi Brol	upation (for Individual) ker		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	1									
	Full Name of Individual (Last, First, Middle Initi Hall, Dwight, , CHC, LUTCF,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 6107 Hazelwood Ave.			12 20 Y Y Y Y 20 2020									
	City Indianapolis	State IN	Zip Code 46228-1316					1539539	-	od			
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period							
	Name of Employer (for Individual) D Hall & Associates	Occ	upation (for Individual) ker		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]									
	Full Name of Individual (Last, First, Middle Initi Johnson, Aimee, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 500 West 36th Avenue Suite 310 City	State	Zip Code		12 T ree		20		2020				
	Anchorage	AK	99503-5805					1539539 Receipt th		od			
	FEC ID number of contributing federal political committee.	С			Ľ		y .	. ,	3	80.00			
	Name of Employer (for Individual) RISQ Consulting		upation (for Individual) ount Manager		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1									
s	JBTOTAL of Receipts This Page (optional)			•		I	, ,	. ,	7	2.00			
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	-	Use separate schedule(s)	(check or	(check only one)							
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	—			
Any information copied from such Reports or for commercial purposes, other than usir											
NAME OF COMMITTEE (In Full)	<u>.</u>										
Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd Bartholomew, Rhonda, , CHRS,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address PO Box 5099			M 12		D D 20	/ Y	y y 2020	Y			
City Twin Falls	State ID	Zip Code 83303-5099			i on ID : Each Re		4 is Period				
FEC ID number of contributing federal political committee.	С			_	-		42.0	0			
Name of Employer (for Individual) HUB International		upation (for Individual) up Division Manager		Vlemo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	1								
Full Name of Individual (Last, First, Midd B. Raymond, Garrin, Mitchell, ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address 13201 N.W. Fwy. Suite 2	265		M 12		D D D 20	/ Y	y y 2020	Y			
City	State TX	Zip Code			ion ID : '						
Houston		77040-6165	Amou	nt of	Each R	eceipt th	iis Period				
FEC ID number of contributing federal political committee.	C			-y 1	y-	30.0	0				
Name of Employer (for Individual) OneDigital	Occ Bro	upation (for Individual) ker		Vemo	o Item						
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		410.00]								
Full Name of Individual (Last, First, Mide Lane, Thomas, W., ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address P.O. Box 5504			M 12		D D 20	/ Y	2020	Y			
City Maryville	State TN	Zip Code 37802-5504			tion ID : Each Re		3 is Period				
FEC ID number of contributing federal political committee.	С			_	<u>y</u>	- y	17.0	0			
Name of Employer (for Individual) Physicians Mutual Insurance Company	Occi Brok	upation (for Individual) ker		Memo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 204.00]								
SUBTOTAL of Receipts This Page (option	al)				,		89.0	0			
TOTAL This Period (last page this line nu	mber only)					1.40					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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IT.			Use separate schedule(s)	(ch	eck onl	у о	ne)	L			-		
			for each category of the Detailed Summary Page		1 1a		11b 14	11c	12	Γ	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	f soliciting	g contrib		ns		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Moore, Adrian, E., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 7936 Covey Chase Drive				12 / D D / Y Y Y Y 12 21 2020								
	City Charlotte	State NC	Zip Code 28210-7231					: 1539569 Receipt th		bd			
	FEC ID number of contributing federal political committee.	С					-y	-	42	2.00			
	Name of Employer (for Individual) Friday Health Plans		upation (for Individual) ional Sales Director		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]									
B.	Full Name of Individual (Last, First, Middle Initia Farrell, Jennifer, Liane, ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 3800 North Central Avenue 9th Floor	Otata	Zin Onda		^M 12	1	D 21		y y 2020	Y]		
	City Phoenix	State AZ	Zip Code 85012-1979					1539569		nd .			
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 85.00							
	Name of Employer (for Individual) Black, Gould & Associates	Occi Brol	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1095.00]									
С.	Full Name of Individual (Last, First, Middle Initia Greene, Sean, C., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 6096 Innovation Way	-			^M 12	1	21		2020	Y]		
	City Carlsbad	State CA	Zip Code 92009-1741					: 1539570 Receipt th		bd			
	FEC ID number of contributing federal political committee.	С			Ē		y .	7	3	0.00			
	Name of Employer (for Individual) Morrison Insurance Services		upation (for Individual) loyee Benefit Specialist		М	em	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]									
	UBTOTAL of Receipts This Page (optional)			• •			, , , ,		157	7.00	_		

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

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ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	у о	ne)					
11			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions		
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
\rangle	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Kohlsdorf, Eric, , ,	tial) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 1501 Ingersoll Ave Suite 200				12 22 2020							
	City Des Moines	State IA	Zip Code 50309-3102	_				1539573 Receipt th		d		
	FEC ID number of contributing federal political committee.	С			<u> </u>				85	.00		
	Name of Employer (for Individual) Prisma Strategies	Occi Brol	upation (for Individual) ker		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00									
— R	Full Name of Individual (Last, First, Middle Init Burns, Patrick, , CEBS,	tial) or Full O	Organization Name		Date of	f Re						
	Mailing Address 5653 Maxwelton Road						22		y y 2020	Y		
	City	State	Zip Code					1539573				
	Oakland	CA	94618-2654		Amount	t of	Each F	Receipt th	nis Perioo	t		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-	-	170	.00		
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occ Bro	upation (for Individual) ker		M	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		2040.00									
С.	Full Name of Individual (Last, First, Middle Init Wild, Trei, , ,	tial) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 3724 Hearst Castle Way				12 ^M	J.	D 10 22	J L	2020	Y		
	City Plano	State TX	Zip Code 75025-3719	_				1539573 Receipt th	-	ł		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	85	.00		
	Name of Employer (for Individual) Protect Plans	Occi Brok	upation (for Individual) ker		М	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00									
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т	OTAL This Period (last page this line number	only)	••••••	-				-				

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

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170			Use separate schedule(s)	(ch	eck only	у о	ne)			
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Boaz, Daniel, J., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 5565 Roberts Drive Suite 100				^M 12	1	D 22) / Y	ү ү 2020	Y
	City Atlanta	State GA	Zip Code 30338-3350					1539573 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.	00
	Name of Employer (for Individual) HealthLife Group, LLC	Occi Broł	upation (for Individual) ker		M	emo	tem Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
	Full Name of Individual (Last, First, Middle Initi Qualizza, Jacqueline, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 12877 W. 151st Street				^M 12	/	D 10 22) / Y	y y 2020	Y
	City Olathe	State KS	Zip Code 66062-9707					1539574 Receipt th		
	FEC ID number of contributing federal political committee.	С							25.	_
	Name of Employer (for Individual) Associate Insurance Services, Inc.	Occ	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
	Full Name of Individual (Last, First, Middle Initi Siino, Thomas, , RHU,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1126 Clifton Avenue				^M 12		23		ү ү 2020	Y
	City Clifton	State NJ	Zip Code 07013-3622					1539827 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	30.	00
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]						
s	JBTOTAL of Receipts This Page (optional)			•			y	. ,	85.	00
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SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)								
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl Pleasants, Jennifer, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6726 Stuyvesant Ct.			M M / D D / Y Y Y Y 12 23 2020								
City Corpus Christi	State TX	Zip Code 78414-4269	Transaction ID : 15398272 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) UnitedHealthcare Employer & Individual		upation (for Individual) ount Executive	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]								
Full Name of Individual (Last, First, Middl Goodman, Robert, Hiram, ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2211 7th Avenue South		12 / D D / Y Y Y Y 2020									
City Birmingham	State AL	Zip Code 35233-2310	Transaction ID : 15398273 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) McGriff Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]								
Full Name of Individual (Last, First, Midd C. Winson, Shelly, K., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 1914			12 23 2020								
City Chandler	State AZ	Zip Code 85244-1914	Transaction ID : 15398274 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) True Choice Benefits LLC	Occi Brok	upation (for Individual) xer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]								
SUBTOTAL of Receipts This Page (optional	l)		102.00								
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	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose o	f solicitin	g cont	ributio	ons
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee								
Α.	Full Name of Individual (Last, First, Middle Initi- Adam, Ashely, N., CEBS, GBA,,	al) or Full O)rgai	nization Name		Date o	of Re	eceipt				
	Mailing Address 2717 N 118th Street Suite 300					^M 12	Λ /	D 23		y 202		
	City Omaha	State NE		Zip Code 68164-9684					: 153982 Receipt t		riod	
	FEC ID number of contributing federal political committee.	С				<u> </u>					30.00)
	Name of Employer (for Individual) UnitedHealthcare	Occi Brol	•	ion (for Individual)		N	1em	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 210.00								
в.	Full Name of Individual (Last, First, Middle Initia Baskett, John, , ,	al) or Full O)rgai	nization Name		Date c	of Re	eceipt				
	Mailing Address 2601C Blanding Ave #222					M 12	/	23		202	Y Y 0	
	City Alameda	State CA		Zip Code 94501-1507	-				153982 Receipt t		riod	
	FEC ID number of contributing federal political committee.	С									30.00)
	Name of Employer (for Individual) John Baskett Insurance Services	Occ		tion (for Individual)		N	1em	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 360.00								
с.	Full Name of Individual (Last, First, Middle Initia Braner, Jodie, E., ,	al) or Full O)rgai	nization Name		Date o	of Re	eceipt				
	Mailing Address 1820 Lake Ebenezer Trl					^M 12	Λ /	23		202		
	City Marietta	State GA		Zip Code 30066-4457					: 153982 Receipt t		riod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .	. ,		30.00)
	Name of Employer (for Individual)	Occi Brok	•	ion (for Individual)		N	/lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 360.00								
⊢	UBTOTAL of Receipts This Page (optional)			•	•	Ľ.		5			90.00	
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SCHEDULE A (FEC Form 3X)

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$\overline{)}$	NAME OF COMMITTEE (In Full)									
	Health Underwriters Political Acti	on Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Griffey, Patricia, A., CSA, RHU,,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 56294 Primrose Cir				12 ^M	/	23		y y 2020	Ŷ
	City Elkhart	State IN	Zip Code 46516-1509					1539828 Receipt th		
	FEC ID number of contributing federal political committee.	С							100	.00
	Name of Employer (for Individual) Page 1 Medicare	Occu Brok	upation (for Individual) ser		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1375.00							
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name		Data of	De				
в.	Kern, Roy, W., , Mailing Address 3015 South Fort Avenue, Suite B	3			Date of	Re	23		2020	Ŷ
	City	State MO	Zip Code					1539828		
	Springfield FEC ID number of contributing federal political committee.	C	65807-4311		Amount	OT	Each F	Receipt th		00
	Name of Employer (for Individual) Kern Insurance Services, LLC	Occu Brok	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 300.00	1						
— C.	Full Name of Individual (Last, First, Middle Initia Franke, Gary, , MBA,	l) or Full Or	rganization Name	+	Date of	Re	ceipt			
•.	Mailing Address 1100 Bellevue Way NE Suite 8A-545				12 ^M	/	23		y y 2020	Ŷ
	City Bellevue	State WA	Zip Code 98004-4280					1539828 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,			.00
	Name of Employer (for Individual) Achieve Alpha Insurance, LLC Receipt For:	Healt	upation (for Individual) th Insurance Broker		Me	emc	tem			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00							
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<u> </u>	NAME OF COMMITTEE (In Full)	name anu a			oncit cor	and		nom suc	n committ	ce.		
	Health Underwriters Political Act	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Freeman, Joann, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 625 Oak Street				^M 12	1	D 23) / Y	ү ү 2020	Y		
	City Laguna Beach	State CA	Zip Code 92651-2920					1539829 Receipt th	91 nis Period			
	FEC ID number of contributing federal political committee.	С							30.0	00		
	Name of Employer (for Individual) Freeman Laguna Insurance Services	Occi Brol	upation (for Individual) ker		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	1								
	Full Name of Individual (Last, First, Middle Initi McClaskey, Barbara, A., ,	ial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1965 Pine Street				M M 12	/	23		2020	Y		
	City Redding	State CA	Zip Code 96001-1921					1539829 Receipt th	12 his Period			
	FEC ID number of contributing federal political committee.	С			_ .				42.0	00		
	Name of Employer (for Individual) Barbara McClaskey Insurance Services	Occ	upation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]								
	Full Name of Individual (Last, First, Middle Initi Reeves, Valerie, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 3702 Brownsboro Rd				12 ^M	/	23		y y 2020	Y		
	City Louisville	State KY	Zip Code 40207-1820					153982 Receipt th	93 nis Period			
	FEC ID number of contributing federal political committee.	С					, .	· ·	42.0	00		
	Name of Employer (for Individual) Preferred Benefits, LLC	Occi Brok	upation (for Individual) er		M	emc	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	1								
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Tellesbo-Kembel, Marsha, , ,	al) or Full O	rganization Name		[Date o	f Re	eceip	pt			
	Mailing Address 40 Lake Bellevue, Suite 100					^M 12	/	D	23	/ Y	y y 2020	Y
	City	State	Zip Code			Trans	sacti	ion	ID : 1	539829)4	
	Bellevue	WA	98005-2480		_ /	Amoun	t of	Ead	ch Re	ceipt th	nis Period	ł
	FEC ID number of contributing federal political committee.	С								-y	170	.00
	Name of Employer (for Individual) Tellesbo & Company	Occi Brol	upation (for Individual) ker			М	emo	o Ite	em			
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		2040.	.00								
B.	Full Name of Individual (Last, First, Middle Initia Clingan, Nedra, C., GBDS, LPRT,	al) or Full O	rganization Name			Date o	f Re	eceip	pt			
	Mailing Address 13222 Huisache Way					м м 12	/	D	23	/ Y	y y 2020	Y
	City	State	Zip Code			Trans	acti	ion	ID : 1	539829	9	
	Helotes	TX	78023-3606		/	Amoun	t of	Ead	ch Re	ceipt th	nis Period	ł
	FEC ID number of contributing federal political committee.	С						-9-		-9-	30	.00
	Name of Employer (for Individual) UnitedHealthcare	Occ Bro	upation (for Individual) ker			М	emo	b Ite	em			
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) V		, 360	.00								
с.	Full Name of Individual (Last, First, Middle Initia Pittman, Joseph, E., ,	al) or Full O	rganization Name			Date o	f Re	eceip	pt			
	Mailing Address P O Box 24133					^M 12	/	D	24	/ Y	2020	Y
	City	State	Zip Code			Trans	sact	ion	ID : 1	539946	6	
	Omaha	NE	68124-0133		/	Amoun	t of	Ead	ch Re	ceipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С						y		y	85	.00
	Name of Employer (for Individual)	Occ	upation (for Individual)			M	emc	o Ite	em			
	Creative Association Management	Brok										
	Receipt For:	Aggregate	Year-to-Date V		-							
	Primary General	, .99. oguto		_								
	Other (specify)	L	1020.									
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				Detailed Summary Page	×	11a 13		11		11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		rpos	se of s	oliciting	g con	ntributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mi	ttee									
A.	Full Name of Individual (Last, First, Middle Initia Fugitt-Hetrick, Pamela, Leigh, LUTCF, PF	al) or Full O PC,	rgar	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 1123 Soquel Avenue					^M 12		L	D D D 24	/ Y	20)20	Y
	City Santa Cruz	State CA		Zip Code 95062-2105						539946 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						-		- 1	_	30.0	0
	Name of Employer (for Individual) DCD Financial & Insurance Services	Occu Brok	•	ion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 360.00	1								
в.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rgar	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 15 Alden Street Suite 8					^M ^M 12	1		24	/ Y	Y 202	20 [°]	Y
	City Cranford	State NJ		Zip Code 07016-2149	ŀ					539946 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С				_		-		-9	_	30.0	0
	Name of Employer (for Individual) Lubenow Agency	Осси	upat	ion (for Individual)		М	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 450.00]								
с.	Full Name of Individual (Last, First, Middle Initia Kowalczyk-Gonzalez, CarrieAnne,		rgar	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 6568 S Federal Way #213					^M 12	/		^{D D} 24	/ Y	202	20 [°]	Y
	City Boise	State ID		Zip Code 83716-9277	4					539947 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						y		,	_	85.0	0
	Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC		•	ion (for Individual) nsurance Agent		М	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1010.00	1								
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			Detailed Summary Page	×	11a 13		11		11c 15	12	17
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comi	nittee								
A.	Full Name of Individual (Last, First, Middle Initial Woodward, Thomas, Nathan, ,) or Full Or	ganization Name		Date of	Re	ecei	ipt			
	Mailing Address 430 West Bankhead Hwy	1			^M 12	/		D D 24	/ Y	ү ү 2020	Y
	City Villa Rica	State GA	Zip Code 30180-1701						1539947 eceipt th	2 nis Perioc	1
	FEC ID number of contributing federal political committee.	С					- j -		-		.00
	Name of Employer (for Individual) Westwood Agency		pation (for Individual) President		M	emo	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
	Full Name of Individual (Last, First, Middle Initial Clark, Jonathan, S., ,) or Full Or	ganization Name		Date of	Re	_	•			
	Mailing Address 6084 South 900 East, Suite 102	State	Zin Codo		12 ^M	<i>'</i>		24	/ Y	2020	Y
	City Murray	State UT	Zip Code 84121-1743						539947	3 nis Perioc	1
	FEC ID number of contributing federal political committee.	С					- -			20	.00
	Name of Employer (for Individual) Fringe Benefit Analysts	Occu Brok	pation (for Individual) er		M	emo	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 340.00]							
C.	Full Name of Individual (Last, First, Middle Initial Baker, Misty, J., , Mailing Address 117 Green Valley Dr) or Full Or	ganization Name		Date of		_	·			
			7.0.1		12 -	L.	L	24	/ Y	2020	Y
	City Leander	State TX	Zip Code 78641-9755						1539947 eceipt th	4 nis Perioc	1
	FEC ID number of contributing federal political committee.	С					, y		, ,	30	.00
	Name of Employer (for Individual) BenefitMall		pation (for Individual) President		M	emo	o Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]							
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	y information copied from such Reports and St for commercial purposes, other than using the									
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
$\Big)$	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Savas, John, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 5462 Shirley Jean Ct				^M 12	1	D 24		2020	Y
	City Winston Salem	State NC	Zip Code 27105-1773					: 153994 Receipt t	75 his Period	
	FEC ID number of contributing federal political committee.	С						-	20.0	00
	Name of Employer (for Individual) Savas Insurance Services, Inc.		upation (for Individual) Irance Agent		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
в.	Full Name of Individual (Last, First, Middle Initi McConnaughey, John, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 805				12	1	D 24		2020	Y
	City West Chaster	State OH	Zip Code					153994		
	West Chester		45071-0805		Amount	tot	Each H	Receipt t	his Period	_
	FEC ID number of contributing federal political committee.	С			Ļ.		-y 1		42.0	00
	Name of Employer (for Individual) JRM & Associates Agency, Inc	Occu Brol	upation (for Individual) ker		M	emo	o Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		504.00							
C.	Full Name of Individual (Last, First, Middle Initi Todd, Richard, H., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 54 Belle Meadow Lane	- 1			^M 12	1	D 24		2020	Y
	City Little Rock	State AR	Zip Code 72210-3714					: 153994 Receipt t	79 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :		30.0	00
	Name of Employer (for Individual) Sunstar Insurance of AR	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1						
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<u> </u>	NAME OF COMMITTEE (In Full)											
	Health Underwriters Political Act	ion Com	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initia Todd, David, , ,	al) or Full C	Drganization Name		Date o	f Re	eceipt					
	Mailing Address 7011 Lucea Rd				м м 12	1	D 24		y y 2020	Y		
	City Little Rock	State AR	Zip Code 72210-4146					1539948 Receipt th		d		
	FEC ID number of contributing federal political committee.	С							30	0.00		
	Name of Employer (for Individual) Sunstar Insurance of AR	Occ Brol	cupation (for Individual) ker		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
в.	Full Name of Individual (Last, First, Middle Initia Helms, John, S., ,	al) or Full C	Drganization Name		Date o	f Re	eceipt					
	Mailing Address 2940 Camino Diablo # 205	Otata	7. 0.1		M M 12	/	D 10 24		2020	Y		
	City Walnut Creek	State CA	Zip Code 94597-3992	-				1539948 Receipt th		d		
	FEC ID number of contributing federal political committee.	С								0.00]	
	Name of Employer (for Individual) John Helms Associates		cupation (for Individual) oker		М	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		, 360.00									
C.	Full Name of Individual (Last, First, Middle Initia Todd, Helen, $M.$,	,	Drganization Name		Date o	f Re	eceipt					
	Mailing Address 10800 Financial Centre Parkwa Suite 300	ау			^M 12	/	D 24		2020 [°]	Ŷ		
	City Little Rock	State AR	Zip Code 72211-3588					1539948 Receipt th		d		
	FEC ID number of contributing federal political committee.	С					,	Josept u		0.00]	
	Name of Employer (for Individual) Sunstar Insurance of AR	Occ Brok	eupation (for Individual) ker		М	em	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00									
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	ME OF COMMITTEE (In Full)										
∕н	ealth Underwriters Political Action	on Comi	nittee								
	ll Name of Individual (Last, First, Middle Initia arrera, Rolando, G., ,	l) or Full Or	ganization Name		Date of	Re	eceipt				
	illing Address 101 N Shoreline Blvd Suite 410	1			^M 12	1	D 24	/ Y	2020]
Cit Co	y orpus Christi	State TX	Zip Code 78401-2825					1539948 eceipt th		od	
	C ID number of contributing leral political committee.	С			<u> </u>				8	5.00]
Ro	me of Employer (for Individual) land Barrera Insurance	Occu Ager	pation (for Individual) nt		Me	emo	tem				
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1120.00]							
	II Name of Individual (Last, First, Middle Initia erg, Allan, , ,	l) or Full Or	ganization Name		Date of	Ro	ceint				
	illing Address 3170 44th Street, Unit 110				12	1	25	/ Y	2020	Y Y	1
Cit		State	Zip Code					1539990			
		ND	58104-8596	_	Amount	: of	Each R	eceipt th	is Perio	od	
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	me of Employer (for Individual) emier Benefits Group	Occu	pation (for Individual)		Me	emo	ltem				
Re		Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		300.00								
	ll Name of Individual (Last, First, Middle Initia Iorrow, Todd, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt				
Ma	illing Address 453 Clear Water Trl				^M 12	1	D 25	/ Y	2020		1
Cit He	y olly Lake Ranch	State TX	Zip Code 75765-7313					1539990 eceipt th		od	
	C ID number of contributing leral political committee.	С			<u> </u>		,		3	80.00	
Kil	me of Employer (for Individual) patrick Companies LLC	Occu Broke	pation (for Individual) er		Me	emc	tem				
Re	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00]							
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PAGE 104 OF

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Mailing Address 1959 Highway 34 2nd Floor City State Zip Code Wall Township NJ 07719-9750 FEC ID number of contributing federal political committee. C All Name of Employer (for Individual) Occupation (for Individual) Broker HUB International Broker Aggregate Year-to-Date ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name D D Gwin, David, R., , Mailing Address P.O. Box 1396 C Alternational City State Zip Code Alternational FEC ID number of contributing federal political committee. C Alternational D Mailing Address P.O. Box 1396 C 29063-1396 Alternational FEC ID number of contributing federal political committee. C Alternational Alternational Name of Employer (for Individual) Occupation (for Individual) Alternational Alternational FEC ID number of contributing federal political committee. C Alternational Alternational Name of Employer (for Individual) Occupation (for Individual) Broker Alternational Alternational	ate of Re 12 Fransacti nount of	lece	eipt	from s	ting con									
or for commercial purposes, other than using the name and address of any political committee to solic NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Andress, Carolyn, Marie, REBC, Mailing Address 1959 Highway 34 2nd Floor City Wall Township FEC ID number of contributing federal political committee. Name of Employer (for Individual) HUB International Receipt For: Other (specify) ▼ Feul Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. Gwin, David, R., , Mailing Address P.O. Box 1396 City Irmo FEC ID number of contributing federal political committee. Name of Employer (for Individual) Broker Aggregate Year-to-Date ▼ City Irmo Sc 29063-1396 FEC ID number of contributing federal political committee. Name of Employer (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual (Last, First, Middle Initial) or Full Organization Name 3. Gwin, David, R., , Mailing Address P.O. Box 1396 City Irmo FEC ID number of contributing federal political committee. Name of Employer (for Individual) Broker Paccept For: Aggregate Year-to-Date ▼	ate of Re 12 Fransacti nount of	lece	eipt	from s										
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Andress, Carolyn, Marie, REBC, Mailing Address 1959 Highway 34 2nd Floor City State Zip Code Wall Township NJ 07719-9750 FEC ID number of contributing federal political committee. C A Name of Employer (for Individual) Broker Broker Receipt For: Aggregate Year-to-Date ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name D Gwin, David, R., , Mailing Address P.O. Box 1396 C City State Zip Code A Irmo State Zip Code A FEC ID number of contributing federal political committee. C A Mailing Address P.O. Box 1396 C A City State Zip Code A FEC ID number of contributing federal political committee. C A Name of Employer (for Individual) Occupation (for Individual) A Southeastern Insurance Consultants C A Receipt For:	12 Transaction	tion	25											
A. Andress, Carolyn, Marie, REBC, D Mailing Address 1959 Highway 34 2nd Floor City City State Zip Code Wall Township NJ 07719-9750 FEC ID number of contributing federal political committee. C All Name of Employer (for Individual) Occupation (for Individual) Broker HUB International Broker Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) ▼ Aggregate Year-to-Date ▼ D Full Name of Individual (Last, First, Middle Initial) or Full Organization Name D Beceipt For: State Zip Code Immo SC 29063-1396 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Southeastern Insurance Consultants Occupation (for Individual) Broker	12 Transaction	tion	25											
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federal political committee. Image: Committee for a committee f						eriod								
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Southeastern Insurance Consultants Broker Receipt For: Aggregate Year-to-Date ▼		-				85.00	כ							
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Name of Employer (for Individual) Occupation (for Individual) AVESIS, Inc. Broker	Memo	no It	tem											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comi	nittee	
Α.	Full Name of Individual (Last, First, Middle Initial) Wright, Dennis, E., RHU, CSFP, Mailing Address 1111 Chestnut Hills Pky	or Full Or	ganization Name	Date of Receipt
	City Fort Wayne	State IN	Zip Code 46814-8934	12 25 2020 Transaction ID : 15399915
		С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Employee Plans, LLC Receipt For: A Primary General Other (specify) ▼	Brok	pation (for Individual) er Year-to-Date ▼ 360.00	Memo Item
	Full Name of Individual (Last, First, Middle Initial) Thal, Harry, P., , Mailing Address PO BOX 2137	or Full Or	ganization Name	Date of Receipt
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	State CA C Occu Brok	Zip Code 93238-2137 pation (for Individual) er	12 25 2020 Transaction ID : 15399916 Amount of Each Receipt this Period 85.00 Memo Item
	Receipt For: µ Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1020.00]
	Full Name of Individual (Last, First, Middle Initial) Kross, David, R., RHU, Mailing Address 5556 Cheviot Rd. Suite B	or Full Or	ganization Name	Date of Receipt
	City Cincinnati	State OH	Zip Code 45247-5202	Transaction ID : 15399917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) United Benefits Agency, Inc. Receipt For:	Broke		Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
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	ny information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Init Beck, Carolyn, , ,	Date of Receipt										
	Mailing Address 101 Plaza East Blvd	12 / D D / Y Y Y Y 25 / 2020										
	City Evansville	State IN	Zip Code 47715-2870	Transaction ID : 15399918								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) SIHO Insurance Services	Occ Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00									
в.	Full Name of Individual (Last, First, Middle Init Lucas, William, H., ,	Date of Receipt										
	Mailing Address PO Box 1089	12 25 2020										
	City Richmond Hill	State GA	Zip Code 31324-1089	Transaction ID : 15399919 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Bill Lucas & Associates Insurance	Occ CE	upation (for Individual) O	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
C.	Full Name of Individual (Last, First, Middle Init Whaley, Cynthia, , ,	Date of Receipt										
	Mailing Address 408 N. Washington Street Suite A	M M / D D / Y Y Y Y 12 25 2020										
	City Easton	State MD	Zip Code 21601-3704	Transaction ID : 15399920 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc. Receipt For:	Brok		Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00									
⊢	UBTOTAL of Receipts This Page (optional)		F	102.00								

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee	9												
A.	Olson, Charles, , ,						Date of Receipt									
	Mailing Address 4221 N. 203rd St, Suite 200		12 25 2020 Transaction ID : 15399922													
	Elkhorn	State NE	A	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		50.00 Memo Item												
	Name of Employer (for Individual) OCI Insurance & Financial Services	Occi Brol														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 574.00												
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						Date of Receipt									
	Mailing Address 1100 Superior Avenue Street Suite 1500						12 / 25 / 2020									
	City Cleveland	State OH	· · ·	Code 114	A	Transaction ID : 15399923 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer (for Individual) Oswald Companies	Occ VP		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate]													
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linneman, Ron, , ,							Date of Receipt								
	Mailing Address 1740 Rice Street Ste 200		12 / D D / Y Y Y Y 2020													
	City Saint Paul	State MN		Code 113-6825		Transaction ID : 15399957 Amount of Each Receipt this Per						eriod				
	FEC ID number of contributing federal political committee.	С		_		y		y		85.0	0					
	Name of Employer (for Individual) Western Insurance Agency	Occupation (for Individual)					Memo Item									
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee												
A.	Full Name of Individual (Last, First, Middle I Grant, Staci, R., ,	nitial) or Full C	rganization Name		Date of	Re	ceipt								
	Mailing Address 74 Glendale Ave				^M ^M 12	/	D D 26	/ Y	y 2020	Y 1					
	City Livingston	State NJ	Zip Code 07039-2310	-			i on ID : 1 Each Re			iod					
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Henry O. Baker Insurance Group		upation (for Individual) President		Me	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 360.00]												
В.	Full Name of Individual (Last, First, Middle I Hatfield, Matthew, F., ,	nitial) or Full C	rganization Name		Date of	Re	ceipt								
	Mailing Address 2451 Broadway		12 / D D / Y Y Y Y 26 2020 Transaction ID : 15399959												
	City Fort Wayne	State IN	Zip Code 46807-1105	-			on ID : 1 Each Re		-	iod					
	FEC ID number of contributing federal political committee.	С			_		-	-		30.00)				
	Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occ Bro	upation (for Individual) ker		Me	emo	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]											
с.	Full Name of Individual (Last, First, Middle I Gilbert, Debra, E., ,	nitial) or Full C	rganization Name		Date of	Re	ceipt								
	Mailing Address 2331 Mustang Drive Suite 200				м м 12	1	D D D 26	/ Y	Ý 2020	Y 1					
	City Grapevine	State TX	Zip Code 76051-1014				ion ID : 1 Each Re			iod					
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	Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) sident		Me	emo	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1010.00]											
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			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Mid A. Niederman, Brad, , ,	ddle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 1745 Shea Center Dr 4th Floor			12 / D D / Y Y Y Y Y 12 26 2020										
City Highlands Ranch	State CO	Zip Code 80129-1537	Transaction ID : 15399964 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) Niederman Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item										
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Full Name of Individual (Last, First, Mid B. Mann, William, D., ,	ddle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 14727 E Red Bayberry			12 26 / Y Y Y Y 2020										
City Cypress	State TX	Zip Code 77433-5413	Transaction ID : 15399965 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) The Compliance Office	Occ	upation (for Individual) O	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00											
Full Name of Individual (Last, First, Mid C. Schneider, Chad, P., ,	ddle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 4470 Woodman Ave Apt 303			12 / D D / Y Y Y Y 26 2020										
City Sherman Oaks	State CA	Zip Code 91423-5520	Transaction ID : 15399966 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		85.00										
Name of Employer (for Individual) Jellyvision	Occ Broł	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00	1										
SUBTOTAL of Receipts This Page (option	nal)		157.00										
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	y information copied from such Reports and Stat for commercial purposes, other than using the na						rpo			soli		cor		
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A.	Full Name of Individual (Last, First, Middle Initial Jurkus, Charles, , ,) or Full O	rganization Name	(Date	of R	ec	ceip	ot					
	Mailing Address 823 Commerce Drive, Suite 350	01.1	7. 0.1		[™] 12		/		26		Y	20)20)	Y
	City Oak Brook	State IL	Zip Code 60523-8855								99969 ipt thi:		oriod	
	FEC ID number of contributing federal political committee.	С			anou			_a0		GCEI		5 F	30.	
	Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services Receipt For:	Brok	upation (for Individual) ker Year-to-Date ▼		ľ	Vem	0	Ite	m					
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в.	Full Name of Individual (Last, First, Middle Initial Allumbaugh, Joel, C., ,) or Full O	rganization Name	1	Date	of R	ec	ceip	ot					
	Mailing Address 6 E. Chestnut St., Suite 520			12 26 Y Y Y Y Y 2020										
	City Augusta	State ME	Zip Code 04330-5759				-				99971 ipt this		eriod	
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) National Worksite Benefit Group	Occu Broł		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00											
С.	Full Name of Individual (Last, First, Middle Initial Selby, John, , ,) or Full O	rganization Name		Date	of R	ec	ceip	ot					
	Mailing Address 3 Dodd Ter				[™] 12		/	D	26	/	Y	20	20 [°]	Ŷ
	City Verona	State NJ	Zip Code 07044-1719								99972 ipt thi:		eriod	
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	Name of Employer (for Individual)		upation (for Individual) President		r	Mem	0	lte	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00											
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		Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee	
Full Name of Individual (Last, First, Middle I (Wooden) Lovincey, Rebecca, L., , Mailing Address 201 NE Park Plaza Dr #293	·	rganization Name	Date of Receipt
City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : 15399973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Brown & Brown Insurance NW Receipt For: Primary General Other (specify) ▼	Age	upation (for Individual) nt Year-to-Date ▼ 360.00	Memo Item
Full Name of Individual (Last, First, Middle I Rivera, Michael, A. , , Mailing Address 13201 N.W. Fwy. Suite 265	nitial) or Full O	rganization Name	Date of Receipt
City Houston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Northwest General Insurance Receipt For:	Bro	Zip Code 77040-6165	12 26 2020 Transaction ID : 15399975 Amount of Each Receipt this Period 85.00 Memo Item
Other (specify) ▼		1020.00	
Full Name of Individual (Last, First, Middle I Tretter, Robert, C., CLU, ChFC,, Mailing Address 6222 Spring Lake Drive		rganization Name	Date of Receipt
City Hamilton FEC ID number of contributing federal political committee.	State OH	Zip Code 45011-8189	12 26 2020 Transaction ID : 15399976 Amount of Each Receipt this Period 42.00
Name of Employer (for Individual) National Association of Health Underwr Receipt For:	Brok	upation (for Individual) er Year-to-Date ▼	Memo Item

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee									
Α.	Full Name of Individual (Last, First, Middle Ini Cociu, Dorothy, M., RHU, REBC,,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address P.O. Box 6677					^M 12	1		26	/ Y	Y 2(020	Y
	City Fullerton	State CA		Zip Code 92834-6677						539997 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С			ĺ					ос.рт 		85.0	00
	Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occ Bro	•	tion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1095.00	1								
в.	Full Name of Individual (Last, First, Middle Init Gutierrez, Antonio 'Tony', , ,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 12833 River Dance Dr.					^M 12	/		26	/ Y	ү 20)20)	Y
	City Raleigh	State NC		Zip Code 27613-7093				-		539997 ceipt th	-	Period	
	FEC ID number of contributing federal political committee.	С				inoun		7		,		30.0	00
	Name of Employer (for Individual) Benefitcare.com	Occ Bro		M	emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate											
C.	Full Name of Individual (Last, First, Middle Ini Stocks, Deborah, P., ,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 11551 Nuckols Rd Ste N					^M 12	/	ľ	26	/ Y		020	Y
	City Glen Allen	State VA		Zip Code 23059-5565						539998		Dariad	
	FEC ID number of contributing federal political committee.	С	ï			Amouni		Ea	ich Re	ceipt th		30.0	00
	Name of Employer (for Individual) Your Benefits Partner	Occ Broł	•	tion (for Individual)		М	emc	o Ite	em				
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	ny information copied from such Reports and S for commercial purposes, other than using the							pose of									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac				5 50					T COMMI	lee.						
A.	Full Name of Individual (Last, First, Middle In Goodacre, James, William, , Mailing Address PO Box 22423	itial) or Full C	al) or Full Organization Name					Date of Receipt									
	City	State	Zip Code		12 27 2020 Transaction ID : 15399996												
	Carmel	CA	93922-0423							nis Period							
	FEC ID number of contributing federal political committee.	C						-		30.	00						
	Name of Employer (for Individual) James W. Goodacre II	Occ Bro	upation (for Individual) ker			М	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00														
В.	Full Name of Individual (Last, First, Middle In Jackson, Jerry, D., ,	itial) or Full C	Organization Name			Date of	f Re	eceipt									
	Mailing Address 1017 N. Maplewood Ave.			12 / 27 / Y Y Y Y 2020													
	City Peoria	State IL	Zip Code 61606-1035						1539999	nis Period	1						
	FEC ID number of contributing federal political committee.	С			Amoun				42.	_							
	Name of Employer (for Individual) Jackson Financial Services	Occ Bro		М	emo	o Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00														
<u>с</u> .	Full Name of Individual (Last, First, Middle In Furr, Kenneth, , ,	itial) or Full C	Organization Name		Date of Receipt												
	Mailing Address 333 Village Bl., Ste. 203					^M 12	/	D 27		2020	Y						
	City Incline Village	State NV	Zip Code 89451-8293						1539999								
	FEC ID number of contributing federal political committee.	С				Amoun				nis Period 30.	00						
	Name of Employer (for Individual) Menath Insurance Agency	Occ Brol	upation (for Individual) ker			М	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 660.00														
⊢	UBTOTAL of Receipts This Page (optional)							5	,	102.	00						
Г	OTAL This Period (last page this line number	only)		🕨				-									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	imittee										
Full Name of Individual (Last, First, Middle A. Schwartz, Matt, B., , Mailing Address 2950 Breckenridge Lane, S		organization Name	Date of Receipt									
City Louisville	State KY	Zip Code 40220-1462	12 27 2020 Transaction ID : 15399999 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Schwartz Insurance Group Receipt For:	Bro	-	Memo Item									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00										
Full Name of Individual (Last, First, Middle Nezat, Ron, J. , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address PO Box 91180			12 27 2020									
City Lafayette	State LA	Zip Code 70509-1180	Transaction ID : 15400002 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Global Financial Resources, Inc.	Occ Age	upation (for Individual) ent	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00										
Full Name of Individual (Last, First, Middle Tierney, Robert, J., HDHP ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 830 Main Street, Ste. 200			12 / D D / Y Y Y Y 2020									
City Meridian	State ID	Zip Code 83642-2611	Transaction ID : 15400008 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Compass Benefit Advisors	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00										
SUBTOTAL of Receipts This Page (optional).			255.00									
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Use separate schedule(s)

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171			Use separate schedule(s)	(ch	neck only	у ог	ne)	L							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c	12	17					
	y information copied from such Reports and Si for commercial purposes, other than using the						pose of	soliciting	g contribu	tions					
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac														
И А.	Full Name of Individual (Last, First, Middle Init Ruffin, Helena, , ,	ial) or Full O	Prganization Name		Date of Receipt										
	Mailing Address 3115 Robeline Ln				12 27 2020										
	City Charlotte	State NC	Zip Code 28203-6669		Transaction ID : 15400009 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Ruffin Insurance Solutions, Inc.		upation (for Individual) sident		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]											
в.	Full Name of Individual (Last, First, Middle Init Hill, Donna, D., FLMI,	ial) or Full O	organization Name		Date of	f Re	eceipt								
	Mailing Address 2905 Premiere Parkway Suite 285		12 ^M	/	27) / Y	y y 2020	Y							
	City Duluth	State GA	Zip Code 30097-5246		Trans Amount	3 nis Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>				85.	00					
	Name of Employer (for Individual) E2E Benefits Services Inc	Occ Bro	upation (for Individual) ker		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]											
с.	Full Name of Individual (Last, First, Middle Init Severo, Daniel, , ,	ial) or Full O	organization Name		Date of	f Re	eceipt								
	Mailing Address 262 Chestnut St. Ste 200 City	State	Zip Code		12 T	1	27	J L	2020	Y					
	Meadville	PA	16335-3302					1540001 Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) The DJB Group, Inc. Receipt For:	Occi Brok		M	emo	o Item									
	Primary General Other (specify)	Aggregate]												
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	145.	00					
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 117 OF

			Detailed Summary Page	×			111		11c			— 1-	
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or for commercial purposes, other than using	g the name and a	addre	ess of any political committee	e to so	licit cor	ntrib	outio	ons tro	om suci	n comi	mitte	e.	
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	nmit	tee										
Full Name of Individual (Last, First, Middl A. Witt, Kelly, J., ,	e Initial) or Full C	Drgan	ization Name	[Date of	Re	eceip	pt					
Mailing Address 1017 Pine Hill Way				12 / 27 / 2020 Transaction ID : 15400015									
City	State		Zip Code		Trans	acti	ion	ID : 1	540001	5			
Carmel	IN		46032-7701	_ /	Amount	t of	Ead	ch Re	ceipt th	is Per	iod		
FEC ID number of contributing federal political committee.	C						-		-9-		30.0	0	
Name of Employer (for Individual) American Health and Wellness Group		•	on (for Individual) perating Officer		M	emo) Ite	em					
Receipt For:	Aggregate	Yea	r-to-Date ▼										
Primary General Other (specify) ▼		-	360.00										
Full Name of Individual (Last, First, Middl B. Jennings, Julie, , ,	e Initial) or Full C	Drgan	ization Name		Date of	Re	eceip	pt					
Mailing Address 55 Hathaway Pond Cir					м м 12	/	D	27	/ Y	y 2020		Y	
City	State		Zip Code		Trans	acti	ion	ID : 1	540001	6			
Rochester	MA		02770-4135	/	Amount	t of	Ead	ch Re	ceipt th	nis Per	iod		
FEC ID number of contributing federal political committee.	С								-9-		85.0	0	
Name of Employer (for Individual) Massachusetts Association of Health Un		Occupation (for Individual) Broker						em					
Receipt For:	Aggregate	Aggregate Year-to-Date ▼											
Primary General Other (specify) ▼		,	1020.00										
Full Name of Individual (Last, First, Middl C. Johnson, Suzanne, K., RHU, C		Drgan	ization Name		Date of	Re	eceip	pt					
Mailing Address 7621 Little Ave Suite 113					^M 12	/		27	/ Y	Y 2020		Y	
City	State NC		Zip Code		Trans	acti	ion	ID : 1	540001	8			
Charlotte	NC		28226-8402	_ /	Amount	of	Ead	ch Re	ceipt th	is Per	iod		
FEC ID number of contributing federal political committee.	C						y		9		85.0	0	
Name of Employer (for Individual)	Occ	upati	on (for Individual)		M	emo	o Ite	əm					
Employee Benefit Advisors	Brok	ker											
Receipt For:	Aggregate	Yea	r-to-Date ▼										
Other (specify)		7	1020.00										
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	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)			0 10 50					in committe					
\rangle	Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Init Morris, Reine, C., ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 500 NE Multnomah				12 / D D / Y Y Y Y 27 2020									
	City Portland	State OR	Zip Code 97232-2023					1540001 eceipt th	9 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		20.0	00				
	Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) Large Group Acct Mgmt		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1										
в.	Full Name of Individual (Last, First, Middle Initi Brown, Carey, H., CLU,	ial) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address Six Concourse Parkway Suite 2750			12 / 27 / 2020										
	City Atlanta	State GA	Zip Code 30328-6243	Transaction ID : 15400020 Amount of Each Receipt this P										
	FEC ID number of contributing federal political committee.	С				. OI	7		50.0	0				
	Name of Employer (for Individual) The Benefit Company	Occ	upation (for Individual) ker		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date											
	Other (specify) ▼		250.00	1										
C.	Full Name of Individual (Last, First, Middle Initi Singleton, Terry, , REBC,CFP,C,	ial) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address PO Box 195579	State	Zip Code		12 Trans	/ acti	27	1540002	2020	Ŷ				
	Winter Springs	FL	32719-5579						nis Period					
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, <u>,</u>	85.0	0				
	Name of Employer (for Individual) The Enterprise Team	Occu Part	upation (for Individual) ner		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2095.00	1										
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	155.0	0				
Т	OTAL This Period (last page this line number o	only)		•										

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Committee	
Full Name of Individual (Last, First, Middle A. Underhill, Elizabeth, J., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5951 Canoga Avenue		12 27 2020
City Woodland Hills	StateZip CodeCA91367-5010	Transaction ID : 15400025 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Underhill Insurance Agency, Inc.	Occupation (for Individual) Insurance agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	
Full Name of Individual (Last, First, Middle B. Reddy, Michael, S., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 330 River Pointe Drive		12 27 2020
City Elkhart	StateZip CodeIN46514-1457	Transaction ID : 15400026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
Full Name of Individual (Last, First, Middle C. Tomlinson, Neal, Alan, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 71628		12 27 2020
City Albany	State Zip Code GA 31708-1628	Transaction ID : 15400027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Doherty Duggan Hart & Tiernan Insurors Receipt For:	Occupation (for Individual) Commercial Account Executive	Memo Item
	Aggregate Year-to-Date ▼	

Use separate schedule(s)

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171			Use separate schedule(s) for each category of the	(ch	eck only	y or	ne)						
	EMIZED RECEIPTS			1 1a		11b	11c	12					
	y information copied from such Reports and St												
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	Dicit cor	ntrib	outions	from suc	n committ	ee.			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Matznick, Carol, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 3207 Cottingham Ct.				12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Greensboro	State NC	Zip Code 27410-8362		Transaction ID : 15400028 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							30.0	00			
	Name of Employer (for Individual) Triune Technologies, Inc.	Occu Brok		Me	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
в.	Full Name of Individual (Last, First, Middle Initi Blasman, Wayne, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 5210 Lewis Road, Suite 14			12 / D D / Y Y Y Y 2020									
	City Agoura Hills	State CA	Zip Code 91301-2662					1540003 Receipt th	i 9 nis Period				
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Bridgeport Benefits Inc	Occu Brol		Me	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate]										
С.	Full Name of Individual (Last, First, Middle Initi Collins, Martha, T., RHU,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 545 N. Mountain Avenue Suite 208	Otata	Zin Onda		12 ×	1	28		2020	Y			
	City Upland	State CA	Zip Code 91786-5055					: 154000 4 Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer (for Individual) Martin & Associates	Occu Brok	upation (for Individual) er		M	emo	ttem						
	Receipt For: Primary General Other (specify)	Aggregate]										
s	UBTOTAL of Receipts This Page (optional)			•			, .	5	145.0	00			
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee								
Full Name of Individual (Last, First, Middle I A. Ambro, Heather, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 11704 Lackland Industrial D	Prive		M M / D D / Y Y Y Y 12 28 2020							
City Saint Louis	State MO	Zip Code 63146-4209	Transaction ID : 15400041 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) The ECCHIC Group	Occo	upation (for Individual) D	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]							
Full Name of Individual (Last, First, Middle I B. Danzig, Howard, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 11704 Lackland Industrial D			12 28 / Y Y Y Y 2020							
City Saint Louis	State MO	Zip Code 63146-4209	Transaction ID : 15400042 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Employers Committed To Control Health		upation (for Individual) e President of Administration	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]							
Full Name of Individual (Last, First, Middle I C. Wilson, Thomas, R., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 701 Lamar			M M / D D / Y Y Y Y 12 28 2020							
City Wichita Falls	State TX	Zip Code 76301-6824	Transaction ID : 15400043 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Boley Featherston Insurance Agency	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2040.00]							
SUBTOTAL of Receipts This Page (optional)			340.00							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ...

Use separate schedule(s) (check only one)

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16								
	for commercial purposes, other than using the			person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmittee									
A.	Full Name of Individual (Last, First, Middle Initi Sklar, Erika, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 755 W Big Beaver Rd Ste 2020			12 28 2020								
	City Troy	State MI	Zip Code 48084-4925	Transaction ID : 15400044 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		12.00								
	Name of Employer (for Individual) Benebiz Plus	Occ Bro	cupation (for Individual) oker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00									
В.	Full Name of Individual (Last, First, Middle Initi Hartman, William, J., ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 215 Airport North Office Park			12 28 2020								
	City Fort Wayne	State IN	Zip Code 46825-6702	Transaction ID : 15400045 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Hartman Insurance Services		cupation (for Individual) oker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 595.00									
с.	Full Name of Individual (Last, First, Middle Initi Petersen, Benjamin, Lee, ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address PO Box 971			12 28 2020								
	City Ridgefield	State WA	Zip Code 98642-0971	Transaction ID : 15400051 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer (for Individual) K & B Benefit Advisors Receipt For:	Brok		Memo Item								
	Primary General Other (specify)	Aggregate	9 Year-to-Date ▼ 504.00									
s	UBTOTAL of Receipts This Page (optional)			▶ 139.00								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mid Healy, Jacqueline, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3124 S. Parker Road Suite A2-143			12 28 2020
City Aurora	State CO	Zip Code 80014-6215	Transaction ID : 15400054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Trilogy Benefits, Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1
Full Name of Individual (Last, First, Mid B. Barrett, William, J., CLU, ChFC		rganization Name	Date of Receipt
Mailing Address 6 Keswick Commons			12 / D D / Y Y Y Y Y 28 2020
City New Albany	State OH	Zip Code 43054-8231	Transaction ID : 15400055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Aetna	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
Full Name of Individual (Last, First, Mid Gant, Tom, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 100 North Weinbach Av			12 / D D / Y Y Y Y 28 2020
City Evansville	State IN	Zip Code 47711-6006	Transaction ID : 15400056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Schultheis Life & Health Agency	Occ Age	upation (for Individual) nt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 954.00]
SUBTOTAL of Receipts This Page (option	nal)		102.00
TOTAL This Period (last page this line nu	mber only)		

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12				
	y information copied from such Reports and St for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)		duress of any political commute	0 10 3		TUTIC.	Julions						
	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Stubbs, Guy, , ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address PO Box 337				^M 12	1	28		y y 2020	Y			
	City Jerome	State ID	Zip Code 83338-0337					: 1540005 Receipt th	58 his Period				
	FEC ID number of contributing federal political committee.	С							30.	00			
	Name of Employer (for Individual) Hall and Associates	Occi Age	upation (for Individual) nt		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1									
	Full Name of Individual (Last, First, Middle Initi Cagliola, Victoria, , CPA,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1041 Old Cassatt Rd				M M 12	1	28		y y 2020	Y			
	City Berwyn	State PA	Zip Code 19312-1152	Transaction ID : 1540 Amount of Each Recei									
	FEC ID number of contributing federal political committee.	С					7		85.	00			
	Name of Employer (for Individual) Simkiss & Block	Occ CP/	upation (for Individual) A		Me	emo	o Item						
	Receipt For:	Aggregate	Year-to-Date ▼ 1020.00	1									
	Full Name of Individual (Last, First, Middle Initi Snowden, Scott, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 812 Lyndon Lane, Suite 101				M M 12	/	28		y y 2020	Y			
	City Louisville	State KY	Zip Code 40222-3844					: 1540000 Receipt th	60 nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, y	30.	00			
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occi Brok	upation (for Individual) ter		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]									
s	JBTOTAL of Receipts This Page (optional)			•			,	. ,	145.	00			
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Lubenow, Douglas, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 214 West Main Street Suite 101				12 ^M	/	D 28) / Y	y y 2020	Ŷ
	City Moorestown	State NJ	Zip Code 08057-2345					1540006 Receipt th		d
	FEC ID number of contributing federal political committee.	С						-	85	5.00
	Name of Employer (for Individual) Lubenow Agency	Occi Brol	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00							
в.	Full Name of Individual (Last, First, Middle Initi Ragusa, Ruth, Ferry, ,	ial) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 9029 Jefferson Highway Suite D 250	State	Zin Codo		^M ^M 12	/	28		2020	Y
	City New Orleans	LA	Zip Code 70123-3500	-				1540006 Receipt th		d
	FEC ID number of contributing federal political committee.	С								0.00
	Name of Employer (for Individual) Fleurins	Occ Bro	upation (for Individual) ker		M	emo	b Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Grava, A. Andra, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 40 E. McDermott Drive				12	/	28		2020	Y
	City Allen	State TX	Zip Code 75002-2802				-	1540006 Receipt th		d
	FEC ID number of contributing federal political committee.	С			Ľ		y	. ,	250	0.00
	Name of Employer (for Individual) The DI Center	Occi Brok	upation (for Individual) ker		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00							
s	UBTOTAL of Receipts This Page (optional)			►			, .	. ,	365	5.00
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Any information conied from such Ber	information copied from such Reports and Statements may not be sold or used by a									16 htribut	17 17				
or for commercial purposes, other than															
NAME OF COMMITTEE (In Full) Health Underwriters Poli	tical Action Com	mittee													
Full Name of Individual (Last, First, A. Bear, Dale, F., ,	Middle Initial) or Full C	rganization Name		Date of Receipt											
Mailing Address 2550 NE Douglas	St			12 28 2020											
City Lees Summit	State MO	Zip Code 64064-2224	Transaction ID : 15400064 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C			eriod 63.0	0										
Name of Employer (for Individual) Expat Solutions International dba ES		upation (for Individual) nt		M	emo	ltem	ו								
Receipt For: Primary General Other (specify) ▼															
Full Name of Individual (Last, First, Hoover, Shelley, , ,	Middle Initial) or Full C	rganization Name		Date of	f Re	eceipt									
Mailing Address 15431 Washington		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
City Riverside	State CA	Zip Code 92506-5763	Transaction ID : 15400 Amount of Each Receip						-	eriod					
FEC ID number of contributing federal political committee.	C					-		- 7-	_	30.0	0				
Name of Employer (for Individual) Dickerson Insurance Services	Occ Bro	upation (for Individual) ker		Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00													
Full Name of Individual (Last, First, Olson, Trenton, M., ,	Middle Initial) or Full C	rganization Name		Date of	f Re	eceipt									
Mailing Address 9980 S. 300 W. Su				^M 12	/		28	/ Y	202	20	Ŷ				
City Sandy	State UT	Zip Code 84070-3641	A					1 540007 eceipt th		eriod					
FEC ID number of contributing federal political committee.	C					y		, y	_	30.0	0				
Name of Employer (for Individual) Senior Benefits Insurance Services	Brok			M	emc) Item	ſ								
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or		name and a	doress of any political committe	etos	DIICIT COI	ITL	outions	from suci	n committ	ee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Whaley, Vicki, Lee, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 759					/			2020	Y
	170 River Rock Rd	State	Zip Code	_	12 Trans	201	28 ion ID :	1540007	2020	_
	Lewiston	CA	96052-0759						is Period	
	FEC ID number of contributing federal political committee.	С					-		42.0	00
	Name of Employer (for Individual) Vicki Whaley Ins Svcs.		upation (for Individual) Ith Agent		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 604.00]						
	Full Name of Individual (Last, First, Middle Init Applegate, Teena, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 500 West 36th Avenue Suite 310				^M 12	/	28		2020	Y
	City	State AK	Zip Code 99503-5805	_				1540007		
	Anchorage		99503-5605	_	Amount	: of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			Ļ.		-y 1		30.0	00
	Name of Employer (for Individual) RISQ Consulting		upation (for Individual) efit Consultant		Me	emo	o Item			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify) ▼		360.00							
	Full Name of Individual (Last, First, Middle Init Blackford, Stephen, I, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 11481 Old St. Augustine Rd.,	# 201			^M 12	1	28		2020 [°]	Y
	City Jacksonville	State FL	Zip Code 32258-1475					: 1540007 Receipt th	76 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,	30.0	00
	Name of Employer (for Individual) The Blackford Group		upation (for Individual) rance Agent		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1						
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middl A. Lago, Julian, E., ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 6671 W Indiantown Rd, S	Ste 50284		12 28 2020									
City Jupiter	State FL	Zip Code 33458-3991	Transaction ID : 15400078 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) Benezon LLC	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1095.00]									
Full Name of Individual (Last, First, Middl B. Waren, M. Hughes, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address P.O. Box 7661	State	Zip Code	12 28 2020									
Wilmington	NC	28406-7661	Transaction ID : 15400081 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) EbenConcepts	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name of Individual (Last, First, Middl C. Crosby, Neil, R., ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 32110 Agoura Road			12 / D D / Y Y Y Y 28 2020									
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : 15400083 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) Warner Pacific Insurance Services		upation (for Individual) ctor of Sales	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]									
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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmitte	e											
Α.	Full Name of Individual (Last, First, Middle I Morrison, James, M., RHU,REBC,	nitial) or Full C	Organiz	ation Name		Date of Receipt									
	Mailing Address 6096 Innovation Way					12 28 Y Y Y Y Y 12 28 2020									
	City Carlsbad	State CA	Z	ip Code 92009-1741	Transaction ID : 15400084 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				Amoun	t of	Ea	ICN RE	ceipt tr	85	.00			
	Name of Employer (for Individual) Morrison Insurance Services, Inc		upatior sident	n (for Individual)		М	emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 1020.00]										
B.	Full Name of Individual (Last, First, Middle I Tower, Kimberly, H., ,	,	Organiz	ation Name		Date o	f Re	ecei	ipt						
	Mailing Address 408 E ParkCenter Blvd, Suit					M M 12	1		D D 28	/ Y	y y 2020	Y			
	City Boise	State ID		ip Code 83706-6512											
	FEC ID number of contributing federal political committee.	С			Amount of							.00			
	Name of Employer (for Individual) PacificSource Health Plans		upatior es Exe	n (for Individual) cutive		М	emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 360.00]										
	Full Name of Individual (Last, First, Middle I Bilhartz, Brian, , ,	nitial) or Full C	Organiz	ation Name		Date o	f Re	ecei	ipt						
	Mailing Address 42376 Klondike Way					12 ^M	/	Γ	28	/ Y	y y 2020	Y			
	City Indio	State CA		ip Code 92203-2835						540008					
	FEC ID number of contributing federal political committee.	C		92203-2635		Amoun	t of	Ea	ich Re	eceipt th	nis Perioo 25	.00			
	Name of Employer (for Individual) Bilhartz Desert Insurance Agency	Occ Age	•	n (for Individual)		M	emc	o Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 300.00]										
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				person for the purpose of soliciting contributions ee to solicit contributions from such committee.												
\backslash	NAME OF COMMITTEE (In Full)															
$\Big $	Health Underwriters Political Ac	ction Com	imittee													
Α.	Full Name of Individual (Last, First, Middle In Malvich, Marlayna, , ,	itial) or Full C	organization Name		Date of Receipt											
	Mailing Address 4166 Jackson Blvd				12 / D D / Y Y Y Y 28 2020											
	City	State	Zip Code	Transaction ID : 15400089 Amount of Each Receipt this Period												
	White Lake	MI	48383-1514		Amount	t of	Each	Re	ceipt th	is P	'eriod					
	FEC ID number of contributing federal political committee.	С										0				
	Name of Employer (for Individual) Senior Benefits Plus	Occ	upation (for Individual)		Memo Item											
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		324.00]												
	Full Name of Individual (Last, First, Middle In Lardiere, Jim, , ,	itial) or Full C	Prganization Name		Date of	Re	eceipt									
	Mailing Address 119 Dyckman Place				M M 12	/	2		/ Y)20	Y				
	City	State	Zip Code		Trans	acti	ion ID	: 1/	540009	0						
	Basking Ridge	NJ	07920-1427	,	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					-		-19-	_	30.0	0				
	Name of Employer (for Individual) Savoy Associates	Occ Bro	upation (for Individual) ker		M	emo	ltem									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		360.00]												
с.	Full Name of Individual (Last, First, Middle In Bechtold, Annette, , REBC,	itial) or Full C	Prganization Name		Date of	Re	eceipt									
	Mailing Address 148 Stone Cliff Trace				M M 12	1	D 2	8 0	/ Y)20 [°]	Y				
	City	State	Zip Code		Trans	act	ion ID	:1	540009)1						
	Cleveland	GA	30528-5397		Amount	t of	Each	Re	ceipt th	is P	'eriod					
	FEC ID number of contributing federal political committee.	С					,		y	_	85.0	0				
	Name of Employer (for Individual) OneDigital	Occ	upation (for Individual) ker		M	emc	b Item									
	Receipt For:		Year-to-Date ▼	_												
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s	UBTOTAL of Receipts This Page (optional)					_	,	_	,	-	145.0	0				
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SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	
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or	for commercial purposes, other than using the	name and a	address of any political commi	ittee to	Solicit cor	ntrib	utions 1	from suc	n committe	ee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Buza, Raymond, F., ,	ial) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 1440 AIA				^M 12	1	28		y y 2020	Y
	City Vero Beach	State FL	Zip Code 32963					1540009 Receipt th	92 nis Period	
	FEC ID number of contributing federal political committee.	С							63.0	00
	Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occi Broł	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00							
в.	Full Name of Individual (Last, First, Middle Init Childers, Russell, B., CLU,ChFC,	ial) or Full O	organization Name		Date of	Re	ceipt			
	Mailing Address PO Box 1547				12 ^M	/	28		2020	Y
	City Americus	State GA	Zip Code 31709-1547					1540009	3 nis Period	
	FEC ID number of contributing federal political committee.	С					1		90.0	00
	Name of Employer (for Individual) Russ Childers, CLU	Occ	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Reents, Joni, Robin, ,	ial) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 10701 Melody Drive Suite 320				12 ^M		28		2020	Y
	City Northglenn	State CO	Zip Code 80234-4122					154000 Receipt th	94 nis Period	
	FEC ID number of contributing federal political committee.	С					y 1	9	85.0	00
	Name of Employer (for Individual) Reents Insurance Agency	Occi Brok	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00							
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NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee						
Full Name of Individual (Last, First, Middle I Scopp, Kenneth, N, ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 12121 Wilshire Blvd Ste 110	00		12 / D D / Y Y Y Y 28 2020					
City	State CA	Zip Code	Transaction ID : 15400095					
Los Angeles		90025-1166	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) First Financial Resources	Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For:	Aggregate	Year-to-Date V	-					
Primary General Other (specify) ▼		300.00]					
Full Name of Individual (Last, First, Middle I Scott, Nicole, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6200 Northwest Pkwy	12 28 2020							
City	State	Zip Code	Transaction ID : 15400096					
San Antonio	ТХ	78249-3348	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) United Healthcare	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]					
Full Name of Individual (Last, First, Middle I Kapostins, Ashley, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2301 Maitland Center Pkwy Ste 125			12 / D D / Y Y Y Y 28 2020					
City	State	Zip Code	Transaction ID : 15400097					
Maitland	FL	32751-4173	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) CIGNA	Occi Brok	upation (for Individual) er	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify)		1020.00]					
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NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Comn	nittee							
Full Name of Individual (Last, First, Middle Initia Johnson, Sandra, , ,	al) or Full Org	anization Name	Date of Receipt						
Mailing Address 252 Apacheria Pass W	State	Zip Code	12 28 2020						
Comfort	TX	78013-3300	Transaction ID : 15400099 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual)	Occup Broke	ation (for Individual) r	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Middle Initia Frazier, Maryann, , ,	al) or Full Org	anization Name	Date of Receipt						
Mailing Address 2636 Shepherdia Dr			11 25 2020						
City Anchorage	State AK	Zip Code 99508-4047	Transaction ID : 15576353 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	0.00								
Name of Employer (for Individual) David Frazier & Associates Inc.	Occup Broke	pation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 50.00	Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$50.00						
Full Name of Individual (Last, First, Middle Initia Wright, Geoffrey, , ,	al) or Full Org	anization Name	Date of Receipt						
Mailing Address 7 Horvath Drive			12 / D D / Y Y Y Y 23 2020						
City Ithaca	State NY	Zip Code 14850-9711	Transaction ID : 15576354						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) New York Life	Occup Agent	ation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Ye	Refund(s) on Schedule B Totaling \$50.00 This cha the YTD Total to \$550.00							
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or	for commercial purposes, other than using th			e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
	Full Name of Individual (Last, First, Middle Ir Villagran, Denise, S., MBA,	nitial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1016 Santa Fe St, #205			12 31 2020							
	City	State TX	Zip Code	Transaction ID : PR433061224286							
	Corpus Christi		78404-2343	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		84.00							
	Name of Employer (for Individual) Entrust, Inc.	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		1247.00	P/R Deduction (\$42.00 Monthly)							
	Full Name of Individual (Last, First, Middle Ir Schreder, Lynn, M., ,	rganization Name	Date of Receipt								
	Mailing Address 5550 Wild Rose Lane Suite 400			M M / D D / Y Y Y Y 12 31 2020							
	City	State	Zip Code	Transaction ID : PR433076124286							
	West Des Moines	IA	50266-5351	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		200.00							
	Name of Employer (for Individual) KHI Solutions	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1275.00	P/R Deduction (\$100.00 Monthly)							
	Full Name of Individual (Last, First, Middle Ir Adams, Carla, , CBC, GBA,,	nitial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 210 Bridget Dr			12 31 2020							
	City	State	Zip Code	Transaction ID : PR433095024286							
	Marble Falls	TX	78654-4127	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		84.00							
	Name of Employer (for Individual) Warner Pacific	Occu Brok	upation (for Individual) er	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify)		504.00	P/R Deduction (\$42.00 Monthly)							

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
angle Health Underwriters Political $ angle$	Action Com	mittee							
Full Name of Individual (Last, First, Middle Deacon, Joseph, H., ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 221 1/2 Hale St			12 31 / Y Y Y Y Y 12 31 2020						
City	State	Zip Code	Transaction ID : PR433129324286						
Charleston	WV	25301-2207	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer (for Individual) Deacon & Deacon Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For:									
Primary General	Ayyreyale	Year-to-Date ▼	P/R Deduction (\$30.00 Monthly)						
Other (specify) V		360.00							
Full Name of Individual (Last, First, Middle 3. McFerrin, Dwane, C., CLU, CFP,,		rganization Name	Date of Receipt						
Mailing Address 8420 West Dodge Road Suite 510			12 31 2020						
City	State	Zip Code	Transaction ID : PR433168124286						
Omaha	NE	68114-3432	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	170.00								
Name of Employer (for Individual) Senior Market Sales, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		1170.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Middle Barrett, William, J., CLU, ChFC		rganization Name	Date of Receipt						
Mailing Address 6 Keswick Commons	,		12 31 2020						
City	State	Zip Code	Transaction ID : PR433180624286						
New Albany	ОН	43054-8231	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Aetna	Brok	1 ()	-						
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify)		420.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)			260.00						
TOTAL This Period (last page this line numb		· · · · · · · · · · · · · · · · · · ·							

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

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11			for each category of the Detailed Summary Page		4 11a		11b	11c	12		
	y information copied from such Reports and St										
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit con	ITTIDI	Juions ti	rom suci) e.	
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Init Meason, Toby, , ,	ial) or Full O	rganization Name		Date of	Red	ceipt				
	Mailing Address 301 S. Polk Suite 600	- 1		M M / D D / Y Y Y Y 12 31 2020							
	City Amarillo	State TX	Zip Code 79101-1406						83124286 iis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		40.0	0	
	Name of Employer (for Individual) INSURICA	Occi Broł	upation (for Individual) Ker		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]	P/R Dedu	uctio	on (\$20.)	00 Montl	nly)		
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Christense, H Elizabeth</u> , , ,						ceipt				
	Mailing Address 3013 Sonora Canyon Rd				^M 12	/	D D D 31	/ Y	y y 2020	Y	
	City Weatherford	State TX	Zip Code 76087-8215						37724286 iis Period		
	FEC ID number of contributing federal political committee.	C							60.0)0	
	Name of Employer (for Individual) United Senior Services of Texas	Occ	upation (for Individual) ker		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00] F	P/R Dedu	uctio	n (\$30.0	00 Month	nly)		
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Rifkin, Robert, L., ,	ial) or Full O	rganization Name		Date of	Red	ceipt				
	Mailing Address 7 Stonewall Lane				12 31 2020						
	City Mamaroneck	State NY	Zip Code 10543-1025				-		96824286 iis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,	9	84.0	0	
	Name of Employer (for Individual) Insurance & Financial Services	Occu Brok	upation (for Individual) xer		Me	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 504.00					on (\$42.	00 Mont	hly)		
s	UBTOTAL of Receipts This Page (optional)			•			,	.,	184.0	0	
Т	OTAL This Period (last page this line number of	only)		•							

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

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PAGE 137 OF

name and a tion Com ial) or Full O 1 State WI C Occu Age Aggregate	ddress of any political committee mittee rganization Name Zip Code 54913-8219 upation (for Individual) nt Year-to-Date ▼ 360.00	X 11a 11b 11c 12 13 14 15 16 17 erson for the purpose of soliciting contributions is to solicit contributions from such committee. 16 17 Date of Receipt 12 31 2020 Transaction ID : PR433197424286 Amount of Each Receipt this Period Memo Item 60.00 60.00						
name and a tion Com ial) or Full O 1 State WI C Occu Age Aggregate	ddress of any political committee mittee rganization Name Zip Code 54913-8219 upation (for Individual) nt Year-to-Date ▼ 360.00	Date of Receipt 12 31 2020 Transaction ID : PR433197424286 Amount of Each Receipt this Period 60.00 Memo Item						
ial) or Full O State WI C Occu Age Aggregate	rganization Name Zip Code 54913-8219 upation (for Individual) nt Year-to-Date ▼ 360.00	M M M / J D J 2020 Transaction ID : PR433197424286 Amount of Each Receipt this Period 60.00 Memo Item						
1 State WI C Occu Age Aggregate	Zip Code 54913-8219 upation (for Individual) nt Year-to-Date ▼ 360.00	M M M / J D J 2020 Transaction ID : PR433197424286 Amount of Each Receipt this Period 60.00 Memo Item						
State WI C Occu Age Aggregate	54913-8219 upation (for Individual) nt Year-to-Date ▼ 360.00	12 31 2020 Transaction ID : PR433197424286 Amount of Each Receipt this Period 60.00 Memo Item						
WI C Occu Age Aggregate	54913-8219 upation (for Individual) nt Year-to-Date ▼ 360.00	Amount of Each Receipt this Period 60.00 Memo Item						
Occu Age Aggregate	nt Year-to-Date ▼ 360.00	Memo Item						
Age Aggregate	nt Year-to-Date ▼ 360.00	-						
	360.00	P/R Deduction (\$30.00 Monthly)						
ial) or Full O								
	rganization Name	Date of Receipt						
Mailing Address 1715 Greenway Village Dr. City State Zip Code								
State TX	Zip Code 77494-2175	Transaction ID : PR433206824286 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.								
		Memo Item						
Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
ial) or Full O	rganization Name	Date of Receipt						
		12 31 2020						
State OK	Zip Code 74361-2422	Transaction ID : PR433214324286 Amount of Each Receipt this Period						
С		170.00						
		Memo Item						
Aggregate	Year-to-Date ▼ 934.00	P/R Deduction (\$85.00 Monthly)						
		290.00						
	State TX Occu Sale Aggregate ial) or Full O State OK C OCcu Brok Aggregate	TX 77494-2175 C Occupation (for Individual) Sales Manager Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ ial) or Full Organization Name State OK Zip Code 74361-2422 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼						

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		1 1a		11b	11c	12		
Δn	y information copied from such Reports and St	atomonts ma	av not be sold or used by any r	Person	13 for the		14	15 soliciting	16	17	
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)		mitte e								
	Health Underwriters Political Act		millee								
	Full Name of Individual (Last, First, Middle Initi Gerken, Barb, , ,	al) or Full O	rganization Name		Data of						
Α.	Mailing Address 5520 Monroe Street			_	Date of	Re			YY	V	
	Suite A				12	ĺ	31		2020		
	City	State OH	Zip Code						68324286		
	Sylvania		43560-2538		Amount	of	Each F	leceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			Ŀ	_			60.0	00	
	Name of Employer (for Individual)	Осси	upation (for Individual)		Me	əmc	tem				
	First Insurance Group	Dire	ctor								
	Receipt For:	Aggregate	Year-to-Date V				(\$2.2				
	Other (specify)		360.00	11'	P/R Dedi	UCTIO	on (\$30	.00 Month	niy)		
				- L.							
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name					Re	eceipt				
	Mailing Address 39500 High Pointe Blvd Ste 400				м м 12	1	31) / Y	y 2020	Y	
	City	State MI	Zip Code 48375-5517						8724286		
			_	Amount	. of	Each F	leceipt th	is Period			
	FEC ID number of contributing federal political committee.					60.00					
	Name of Employer (for Individual) Health Alliance Administrators	upation (for Individual) ker	tion (for Individual) Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼		P/R Deduction (\$30.00 Monthly)						
	Primary General Other (specify) ▼		360.00] f							
	Full Name of Individual (Last, First, Middle Initi Vetter, Leah, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 10050 Regency Circle				MM	/	D) / Y	YY	Y	
	Suite 300 City	State	Zip Code		12 T rana		31	DD 42220	2020	_	
	Omaha	NE	68114-3721						02724286 iis Period		
	FEC ID number of contributing federal political committee.	С				_	, ,	.,	60.0	00	
	Name of Employer (for Individual) Arthur J. Gallagher	Occupation (for Individual) Broker				əmo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) General 360.00						P/R Deduction (\$30.00 Monthly)				
s	UBTOTAL of Receipts This Page (optional)						, ,		180.0	00	
т	OTAL This Period (last page this line number c	only)		•			-	40.			

SCHEDULE A (FEC Form 3X)

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	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c 15	12	Γ	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	soliciting	contrib		ıs
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Thams, Todd, , ,	ial) or Full O	organization Name		Date of	f Re	ceipt				
	Mailing Address 1209 Broadway				M M 12	/	31	/ Y	2020	Y	
	City Denison	State IA	Zip Code 51442-2632					PR43330 leceipt th			
	FEC ID number of contributing federal political committee.	С					т. I.		17(0.00	
	Name of Employer (for Individual) Thams Agency	Occi Broł	upation (for Individual) ker		M	emc	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00		P/R Ded	uctio	on (\$85.	00 Montł	nly)		
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Spleet, Michael, , ,						ceipt				
	Mailing Address 2444 East Hill Rd.					/	31	/ Y	ү ү 2020	Y	1
	City Grand Blanc	State Zip Code MI 48439-5098						PR43331 eceipt th		-	
	FEC ID number of contributing federal political committee.	C				260.00					
	Name of Employer (for Individual) Franklin Benefit Soutions	upation (for Individual) ker		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00		P/R Deduction (\$130.00 Monthly)						
C.	Full Name of Individual (Last, First, Middle Initi Webber, Tom, , ,	ial) or Full O	organization Name		Date of	f Re	ceipt				
	Mailing Address 2444 E Hikk Rd		7.0.1		M M / D D / Y Y Y Y 12 31 2020						
	City Grand Blanc	State MI	Zip Code 48439					PR4333			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .		60	0.00	
	Name of Employer (for Individual) Franklin Benefit Soutions					Memo Item					
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00					lucti	on (\$30	.00 Montl	hly)		
s	UBTOTAL of Receipts This Page (optional)			🕨			, .	. ,	490	0.00	
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			'	Detailed Summary Page		13		14	- H	15	┢	16	17	
or	/ information copied from such Reports and for commercial purposes, other than using the second seco													
\	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmi	ttee										
Α.	Full Name of Individual (Last, First, Middle I Ornellas, Helen, , ,		Date of	f Re	ecei	ipt								
	Mailing Address 239 W. Court St.			^M 12	/	L	D D 31	/	Y	y y 2020				
	City Woodland	State CA		Zip Code 95695-3080	A	Transaction ID : PR433463224286 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				84.00								
	Name of Employer (for Individual) Ornellas & Associates	Occi Brol	•	ion (for Individual)		M	emc	o Ite	em					
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 504.00							P/R Deduction (\$42.00 Monthly)						
B.	Full Name of Individual (Last, First, Middle I Willison, Clover, Denise, ,	nitial) or Full O	Date of Receipt											
	Mailing Address 355 Sprowel Creek Rd City State Zip Code						1		D D 31	1	Y	y y 2020	Y	
	City Garberville	State CA	A							624286 Perioc				
	FEC ID number of contributing federal political committee.	C						-				200	.00	
	Name of Employer (for Individual) Clover Willison Insurance Services		cupat oker	tion (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00					P/R Deduction (\$100.00 Monthly)							
	Full Name of Individual (Last, First, Middle I Drake, Laura, , ,	nitial) or Full O	Drgar	nization Name		Date of	f Re	ecei	ipt					
	Mailing Address 401 Gooding St N #106			I		12 31 Y Y Y Y 2020								
	City Twin Falls	State ID		Zip Code 83301-6177								42428 Perioc		
	FEC ID number of contributing federal political committee.	С										84	_	
	Name of Employer (for Individual) Laura Drake Insurance	Occi	•	ion (for Individual)		М	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 504.00	P	/R Ded	lucti	ion	(\$42.	00 Mc	onthly	()		
sı	JBTOTAL of Receipts This Page (optional)			••••••				,				368.	00	
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		Detailed Summary Page							
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Midd Coogan, Michael, , ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 118 North Bedford Road Suite 100		7. 0.4	M M / D D / Y Y Y Y 12 31 2020						
City Mount Kisco	State NY	Zip Code 10549-2555	Transaction ID : PR433548024286 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		84.00						
Name of Employer (for Individual) Coogan FX Insurance LLC		upation (for Individual) ncy Founder	Memo Item						
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$42.00 Monthly)								
Full Name of Individual (Last, First, Midd B. VanDuine, Dustin, , ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2850 W Grand Blvd									
City Detroit	State MI	Zip Code 48202-2643	Transaction ID : PR433572624286 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		60.00						
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) count Executive	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Midd Golden, Johnna, , ,	,	rganization Name	Date of Receipt						
Mailing Address 3800 Centerpoint Dr., St	te 940		12 D D / Y Y Y Y 12 31 2020						
City Anchorage	State AK	Zip Code 99503-5825	Transaction ID : PR433692824286 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas		upation (for Individual) ount Manager	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		204.00						
TOTAL This Period (last page this line nur	mber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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T	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
111			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee							
A.	Full Name of Individual (Last, First, Middle I Butler, Allison, , ,	nitial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2800 Civic Circle Suite 200			M M / D D / Y Y Y Y 12 31 2020						
	City Amarillo	State TX	Zip Code 79109-1619	Transaction ID : PR433694524286 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			60.00						
	Name of Employer (for Individual) Butler Benefits & Consulting, LLC	Occu Brok	upation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
B.	Full Name of Individual (Last, First, Middle I Bridges, Shirley, , ,	Date of Receipt								
	Mailing Address P.O. Box 16546			12 / D D / Y Y Y Y 2020						
	City Mobile	State AL	Zip Code 36616-0546	Transaction ID : PR433757024286						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) Colonial Life		upation (for Individual) Irance Broker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Receipt For: General Aggregate Year-to-Date ▼								
	Full Name of Individual (Last, First, Middle I Schneider, JoEllen, , ,	nitial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2807 W Taft St			12 31 2020						
	City Boise	State ID	Zip Code 83703-5015	Transaction ID : PR433791824286 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		84.00						
	Name of Employer (for Individual) Insurance Professionals		ipation (for Individual) afit Consultant	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
				184.00						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other th			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Pc	litical Action Com	mittee							
Full Name of Individual (Last, Firs Skinner, Roger, W., ,		rganization Name	Date of Receipt						
Mailing Address 5518 Hammock (State	Zip Code	12 / 31 / 2020 Transaction ID : PR436789424286						
Indianapolis	IN	46235-9779	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		61.00						
Name of Employer (for Individual) Aflac	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$30.50 Monthly)								
Full Name of Individual (Last, Firs Dollins, Michael, B., ,									
Mailing Address PO Box 12120									
City Oklahoma City	State OK	Zip Code 73157-2120	Transaction ID : PR436800424286 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Dollins & Company, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)						
Full Name of Individual (Last, Firs	t, Middle Initial) or Full C	rganization Name	Date of Receipt						
	Mailing Address 1212 New York Ave. NW, Ste 1100								
City Washington	State DC	Zip Code 20005-3987	Transaction ID : PR436821424286						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individual) NAHU	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2040.00	P/R Deduction (\$170.00 Monthly)						
SUBTOTAL of Receipts This Page	(optional)		441.00						
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		×	11a		11	lb	11c	12			
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	y information copied from such Reports and Sta for commercial purposes, other than using the n													
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Rios-Carl, Elizabeth, E., PIWT SGS,	l) or Full O	Full Organization Name				Date of Receipt							
	Mailing Address 210 North Campbell					M M / D D / Y Y Y Y 12 31 2020								
	City El Paso	StateZip CodeTX79901-1406					Transaction ID : PR436824524286 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C					170.00							
	Name of Employer (for Individual) Self-Employed	Employed Broker						Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00		'	P/R Deduction (\$85.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Patti, , ,					Date of Receipt								
	Mailing Address 525 Kirkland Way													
	City Kirkland	State WA	Zip Code 98033-6219			Transaction ID : PR436829324286 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C					40.00							
	Name of Employer (for Individual) P Smith Insurance Services	Occupation (for Individual) Broker					emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	I F	P/R Deduction (\$20.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ashmore, Elizabeth, , CBC, SGS,,					Date o	f Re	ecei	ipt					
	Mailing Address 6102 82nd St, Bldg #6					12 / D D / Y Y Y Y 12 31 2020								
	City Lubbock	State TX	Zip Code 79424-0803			Transaction ID : PR436830324286 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						,		, corpt ti	340	_		
	Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occupation (for Individual) Broker					Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2040.00					P/R Deduction (\$170.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			🕨	•			Ţ			550	00		
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SCHEDULE A (FEC Form 3X) _____

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
			person for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee												
Full Name of Individual (Last, First, Mide Grundman, Robert, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 7412 Karl Drive			12 31 2020											
City Lincoln	State NE	Zip Code 68516-4368	Transaction ID : PR436838924286 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		100.00											
Name of Employer (for Individual) Senior Benefit Strategies	Occu Brok	upation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)											
Full Name of Individual (Last, First, Mide B. Wright, Keith, L., ChHC,CLU,R		rganization Name	Date of Receipt											
Mailing Address 401 W Front St Ste 4	State	Zin Code	12 / D D / Y Y Y Y Y 2020											
City Traverse City	MI	Zip Code 49684-2259	Transaction ID : PR436848524286 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		84.00											
Name of Employer (for Individual) Wright Insurance Group	Occu Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)											
Full Name of Individual (Last, First, Mide C. Bean, Darrald, T., ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3922 Rampart ST			12 / D D / Y Y Y Y 12 31 2020											
City Boise	State ID	Zip Code 83704-4557	Transaction ID : PR436853324286 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		60.00											
Name of Employer (for Individual) Bean Insurance	Occu Brok	upation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
SUBTOTAL of Receipts This Page (option	al)		244.00											
TOTAL This Period (last page this line nu	mber only)													

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
	for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee												
A.	Full Name of Individual (Last, First, Middle In Trebing, C. Louanne, , ,	itial) or Full C	Organization Name	Date of Receipt											
	Mailing Address 1806 Patton Drive			12 / Y Y Y Y 12 31 2020											
	City Garland	State TX	Zip Code 75042-8205	Transaction ID : PR436856924286 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		60.00											
	Name of Employer (for Individual) Trebing Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
В.	Full Name of Individual (Last, First, Middle In Freeman, Michael, J., CLU,	itial) or Full C	Organization Name	Date of Receipt											
	Mailing Address 2333 Camino Del Rio South Suite 200			12 / D D / Y Y Y Y 12 31 2020											
	City San Diego	State CA	Zip Code 92108-3600	Transaction ID : PR436861824286 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		60.00											
	Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occ Age	upation (for Individual) ent	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
с.	Full Name of Individual (Last, First, Middle In Hesseltine, Caroline, , ,	itial) or Full C	Organization Name	Date of Receipt											
	Mailing Address 7272 Wurzbach Road, Suite	104		M M / D D / Y Y Y Y 12 31 2020											
	City San Antonio	State TX	Zip Code 78240-4802	Transaction ID : PR436864924286 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		40.00											
	Name of Employer (for Individual) ABC / Associated Benefit Consultants,	Occ Broł	upation (for Individual) ker	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)											
s	UBTOTAL of Receipts This Page (optional)			160.00											
Т	OTAL This Period (last page this line number	only)		•											

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

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		Detailed Summary Page	×	11a		11	b	11c	12	
		, ,		13		14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full)										
angle Health Underwriters Political A	Action Com	mittee								
Full Name of Individual (Last, First, Middle Mobley, Sandra, V., REBC,RHU,	Initial) or Full O	rganization Name		Date of	Re	ecei	ipt			
Mailing Address 137 Executive Dr. Suite D				^M 12	1	Γ	31	/ Y	2020	Y
City	State	Zip Code		Trans	act	ion	ID : I	PR4368	69324286	
Madison	MS	39110-8456	A	mount	of	Ea	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_	_	-		-	100.0)0
Name of Employer (for Individual) Mobley Insurance Agency LLC	Occi Brol	upation (for Individual) ker		Me	emc	o Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼	\neg							
Other (specify) ▼		600.00	P/	R Ded	uctio	ion ((\$50.0	0 Montł	ıly)	
Full Name of Individual (Last, First, Middle Wilson, Paula, L., ,	Initial) or Full O	rganization Name		Date of	Re	ecei	ipt			
Mailing Address 31930 Daniel Way				м м 12	1	ľ	31	/ Y	2020	Y
City	State	Zip Code		Trans	acti	ion	ID : F	PR43687	73524286	
Temecula	CA	92591-2129	A	mount	of	Ea	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					-			170.0)0
Name of Employer (for Individual) Paula Wilson, Inc.	Occ Bro	upation (for Individual) ker		Me	emc	o Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/	R Dedu	uctio	on ((\$85.0	0 Month	ıly)	
Full Name of Individual (Last, First, Middle Trahin, Cindy, K., RHU, CSA,	Initial) or Full O	rganization Name		Date of	Re	ecei	ipt			
Mailing Address 7127 Homestead Road Suite B				^M 12	1	Ľ	31	/ Y	y y 2020	Y
City	State IN	Zip Code 46814-4601							75624286	
Fort Wayne		40014-4001	A	mount	of	Ea	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С				_	9		- 7	60.0)0
Name of Employer (for Individual) Trahin Insurance Services LLC	Occi	upation (for Individual) ter		Me	emo	o Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		360.00	P/	'R Ded	ucti	ion	(\$30.0	00 Montl	nly)	
SUBTOTAL of Receipts This Page (optional).				-		y	_	. ,	330.0	0
OTAL This Period (last page this line number	er only)		.			-	_		00	L

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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				iled Summary Page	×	-		11b		11c		2	<u> </u>			
An	y information copied from such Reports and	Statements ma	l ay not b	e sold or used by any p	erson f	13 or the	 purp	14 pose of	f so	15 pliciting	cont	6 ributi	17 ons			
or	for commercial purposes, other than using the	ne name and a	address	of any political committee	e to sol	icit cor	ntrib	utions	fro	m such	com	mitte	e.			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmitte	e												
A.	Full Name of Individual (Last, First, Middle I Johnston, David, N, ,	nitial) or Full C	Organizat	ion Name		Date of Receipt										
	Mailing Address 1440 Beaumont Avenue					12 31 Y Y Y Y Y 2020										
	City	State	· · ·	Code		Transaction ID : PR436881524286										
	Cherry Valley	CA	9	2223-6820	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С								-7-		34.0	0			
	Name of Employer (for Individual) The Benefits Consultancy	Occ Bro		(for Individual)		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	Date ▼ 304.00	P/	'R Dedi	uctio	on (\$17	7.00) Month	ly)					
	Full Name of Individual (Last, First, Middle I Stuart, Rodney, , ,	l nitial) or Full C	Organizat	ion Name		Date of	Re	ceipt								
	Mailing Address 484 E Carmel Dr Suite 358					м м 12	/	D 31		/ Y	y 202	о О	Y			
	City	State		Code	Transaction ID : PR436883324286											
	Carmel	IN	4	6032-2812	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С								-17	ŀ	100.0	0			
	Name of Employer (for Individual) Strategic Insurance Inc.		cupation oker	(for Individual)		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	Date	P/	R Dedu	uctic	on (\$50	0.00	Month	ly)					
с.	Full Name of Individual (Last, First, Middle I Adams, David, , ,	nitial) or Full C	Drganizat	ion Name		Date of	Re	ceipt								
	Mailing Address 1265 Minhinette Drive Suite 150					^M 12	/	D 31		/ Y	202	-	Y			
	City Roswell	State GA	·	Code 0075-3656				-		R43689	-					
	FEC ID number of contributing	C	30		A	Amount	of	Each F	Rec	eipt thi	s Pe	riod 40.0	0			
	federal political committee.					1	-	y		y						
	Name of Employer (for Individual) Purchasing Alliance Solutions, Inc.	Occ Brok	•	(for Individual)		Me	emo	ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	Date ▼ 290.00] P/	/R Ded	uctio	on (\$20).0() Month	lly)					
s	JBTOTAL of Receipts This Page (optional)				. [,		y	1	74.0	0			
т	OTAL This Period (last page this line numbe	r only)			. [-		-				

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

Use separate schedule(s)

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PAGE 149 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Midd A. Spragins, Jackie, L., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P O Box 2073			12 / Y Y Y Y 12 31 2020
City Wichita Falls	State TX	Zip Code 76307-2073	Transaction ID : PR436895324286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura		upation (for Individual) ducer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First, Midd B. Janway, Leah-Anne, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2225 SW 96	01-1-	750.004	12 / D D / Y Y Y Y Y 12 31 2020
City Oklahoma City	State OK	Zip Code 73159-6861	Transaction ID : PR436901524286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Self	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Midd C. Morrow, Todd, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 453 Clear Water Trl			12 / D D / Y Y Y Y 12 31 2020
City Holly Lake Ranch	State TX	Zip Code 75765-7313	Transaction ID : PR436903724286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Kilpatrick Companies LLC Receipt For:	Occi Brok	upation (for Individual) er	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 522.00	P/R Deduction (\$42.00 Monthly)
SUBTOTAL of Receipts This Page (option	al)		202.00
TOTAL This Period (last page this line nur	mber only)		

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Detailed Summary Page	▲ 11a	11
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	y not be sold or used by any pe ddress of any political committee	erson to so	for t olicit	he cor	purp ntrib	oos	se of ons t	sc fror	oliciting m such	l con	ntributi mmitte	ons e.	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Booth, Tonya, S., ,	l) or Full O	rganization Name		Date	e of	Re	cei	ipt						
	Mailing Address 275 W. Campbell Road Suite 215 - LB 16	1		12 / 31 / Y Y Y Y 2020											
	City Richardson	State TX	Zip Code 75080-8001	Transaction ID : PR436911024286											
			73080-8001	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		200.00											
	Name of Employer (for Individual) Upshaw Insurance Agency	Occu Brok	ipation (for Individual) er			Me	emo) Ite	em						
	Receipt For:		Year-to-Date ▼	-											
	Primary General Other (specify) ▼		1200.00	F	9/R [)ed	uctio	on	(\$10	0.0	0 Mon	thly)			
	Full Name of Individual (Last, First, Middle Initia Shaffer, Annette, , ,	l) or Full O	rganization Name		Date	e of	Re	cei	ipt						
	Mailing Address 418 South Main Street				M	 2	/	_	D I I 31		/ Y	Y 202	20	Y	
	City	State	Zip Code	Transaction ID : PR436917224286											
	Findlay	OH	45840-3273	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						,			-97-		60.0	0	
	Name of Employer (for Individual) Group Benefit Consultants	Occi Brol	upation (for Individual) ker			Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P	9/R C)edı	uctic	on	(\$30	.00	Month	nly)			
	Full Name of Individual (Last, First, Middle Initia Kaczmarek, Lawrence, , ,	l) or Full O	rganization Name		Date	e of	Re	cei	ipt						
	Mailing Address 145 N. Chestnut St., Ste. 202					2 ^M	/	Γ	31		/ Y	y 20:	20	Y	
	City	State	Zip Code		Tr	ans	acti	ion	ID :	PF	R43692	2342	4286		
	Ravenna	OH	44266-4009	_	Amc	unt	of	Ea	ich F	Rec	eipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С					_	,			9		62.0	0	
	Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brok	ipation (for Individual) er			M	emo) It	em						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 372.00	P/R Deduction (\$31.00 Monthly)											
S	UBTOTAL of Receipts This Page (optional)		•				_	,	-	-	9		322.0	0	

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

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	AME OF COMMITTEE (In Full)	ion Com	mittee												
	lealth Underwriters Political Act														
A (ull Name of Individual (Last, First, Middle Initia Cason, Louie, L., ,	al) or Full O	rganization N	lame		Date of	f Re	eceip	ot						
	lailing Address PO Box 11229					м м 12		L	31	/ Y	20)20 	Ŷ		
	ity Columbia	State SC	Zip Cod 29211-		-					R43693					
		_	20211			Amoun	t of	⊢ac	n He	ceipt th	IS P	eriod			
	EC ID number of contributing deral political committee.	C			170.00										
	ame of Employer (for Individual) he Cason Group, Inc.	Occu Brok	upation (for li ker	ndividual)		M	emo) Ite	m						
	eceipt For:		Year-to-Date	▼											
	Primary General Other (specify) ▼			1020.00		P/R Ded	uctio	on (\$85.0	0 Month	ıly)				
	ull Name of Individual (Last, First, Middle Initia Stenger, James, R., ,	al) or Full O	rganization N	lame		Date of	f Re	eceip	ot						
_	lailing Address 8926 Crown Colony Boulevard					^M 12	/		31	/ Y	202	20 20	Y		
C	ity	State	Zip Cod	e	Transaction ID : PR436939924286										
F	ort Myers	FL	33908-	5627	Amount of Each Receipt this Period										
	EC ID number of contributing deral political committee.	С		170.00											
N	ame of Employer (for Individual)	Occi Brol	upation (for li ker	ndividual)		Memo Item									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	P/R Deduction (\$85.00 Monthly)											
	ull Name of Individual (Last, First, Middle Initia Seifert, Gregory, J., ,	al) or Full O	rganization N	lame		Date of	f Re	eceir	ot						
	lailing Address 3311 NE 115th St.					^M 12			а 31	/ Y	20	20	Y		
	ity	State	Zip Cod			Trans	sacti	ion	ID : F	PR43694	4162	4286			
\	/ancouver	WA	98686-3	3945		Amount	t of	Eac	h Re	ceipt th	is P	eriod			
	EC ID number of contributing deral political committee.	С						,		y		170.0	0		
N	ame of Employer (for Individual)	Occu Brok	upation (for li er	ndividual)		М	emo	o Ite	m						
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date	1070.00	F	P/R Ded	luctio	on (\$85.0	0 Montł	nly)				
SUI	BTOTAL of Receipts This Page (optional)				•			,		9		510.0	0		
тот	TAL This Period (last page this line number or	nly)		•••••	-			-		-					

SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _ _

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

EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Woods, John, T., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1700 East Market Street Suite 110			12 31 2020
City Warren	State OH	Zip Code 44483-6625	Transaction ID : PR436950024286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occu Brok	upation (for Individual) ser	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle Holland, Robert, V., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address PO Box 698			12 / Y Y Y Y 12 31 2020
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961724286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		126.00
Name of Employer (for Individual) Centralia General Agencies	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1756.00	P/R Deduction (\$63.00 Monthly)
Full Name of Individual (Last, First, Middle Schneider, John, E, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4701 Trousdale Dr. Ste 2	202		12 / D D / Y Y Y Y 12 31 2020
City Nashville	State TN	Zip Code 37220-1386	Transaction ID : PR436963524286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Colonial Life	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optiona)		246.00

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Use separate schedule(s)

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11			for each category of the Detailed Summary Page		× 11a		11b	11c		2	
	y information copied from such Reports and St for commercial purposes, other than using the								ng cont		
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big)$	Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initi Parker, John, C., RHU, LTCP,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 38 Hope St Unit 1312				^M 12	/	D 31		202		
	City Niantic	State CT	Zip Code 06357-2454	_				: PR4369 Receipt 1			
	FEC ID number of contributing federal political committee.	С					-		2	200.00	
	Name of Employer (for Individual) Parker Agency	Occu Brok	upation (for Individual) ker		Me	emo	tem Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	1	P/R Ded	ucti	on (\$10	00.00 Mc	onthly)		
в.	Full Name of Individual (Last, First, Middle Initi Splawn, William, Craig, ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 800 Avenue C				^M 12	1	31		202]
	City Katy	State TX	Zip Code 77493-2302	-			-	PR436			
	FEC ID number of contributing federal political committee.	C				. 01		Receipt		100.00	
	Name of Employer (for Individual) Splawn & Associates	Occu Brol	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]	P/R Dedu	uctio	on (\$50).00 Mon	thly)		
C.	Full Name of Individual (Last, First, Middle Initi Phillips, Paige, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1434 Hwy 301				^M 12	/	D 31		202]
	City Calera	State AL	Zip Code 35040-5466					: PR436			
	FEC ID number of contributing federal political committee.	С			<u> </u>		7			50.00	,
	Name of Employer (for Individual) Paige Phillips Agency, LLC	Occu Brok	upation (for Individual) er		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00]	P/R Ded	ucti	on (\$2	5.00 Mor	nthly)		
	UBTOTAL of Receipts This Page (optional)			▶ -			, .		3	350.00	-

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				Detailed Summary Page	×	11a 13		11k		11c 15	\square	12 16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n									liciting		ntributi	ons			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mi	ttee												
A.	Full Name of Individual (Last, First, Middle Initial Fristoe, Kelly, Don, LUTCF, SGS,) or Full O	rgar	nization Name	[Date of	f Re	eceip	pt							
	Mailing Address PO Box 4789					12 31 2020 Transaction ID : PR437002324286										
	City Wichita Falls	State TX		Zip Code 76308-0789				-		R43700 ceipt th						
	FEC ID number of contributing federal political committee.	С						-9-		-y=-		60.0	0			
	Name of Employer (for Individual)	ion (for Individual)		Μ	emc	b Ite	əm									
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 410.00	P	′R Ded	ucti	on ((\$30.00) Month	nly)							
B.	Full Name of Individual (Last, First, Middle Initial Thorn, Ryan, P., ,) or Full O	rgar	nization Name		Date of	f Re	eceip	pt							
	Mailing Address 10342 South Springcrest Lane			1	12 31 2020 Transaction ID : PR437004024286											
	City South Jordan	State UT		Zip Code 84095-4538				-		R43700 ceipt th	-					
	FEC ID number of contributing federal political committee.	С						-		-1		80.0	0			
	Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occu Broł	•	ion (for Individual)		M	emc	b Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 580.00	P	R Ded	uctio	on (S	\$40.00) Month	ıly)					
c.	Full Name of Individual (Last, First, Middle Initial Buie, Scott, T., ,) or Full O	rgar	nization Name		Date of	f Re	eceip	pt							
	Mailing Address 4525 S 2300 E Ste 201			1		^M 12	Ŀ.	L	31	/ Y	20	20 [°]	Y			
	City Salt Lake City	State UT		Zip Code 84117-4639						R43701 ceipt th						
	FEC ID number of contributing federal political committee.	С						9		y		100.0	0			
	Name of Employer (for Individual) Buie Insurance Services	Occu Brok	•	ion (for Individual)		М	emo	o Ite	əm							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 600.00	P	/R Ded	lucti	on ((\$50.00) Month	ıly)					
s	UBTOTAL of Receipts This Page (optional)							9		y		240.0	0			
т	OTAL This Period (last page this line number on	ly)						-								

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

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Health Underwriters Political A	Action Com	mittee							
Full Name of Individual (Last, First, Middle A. Gray, Michael, D., RHU,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 233 South 13th Street, Suit	e 1650		M M / D D / Y Y Y Y Y						
City	State	Zip Code	12 31 2020 Transaction ID : PR437016724286						
Lincoln	NE	68508-2036	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
The Harry A. Koch Co Receipt For:	Brol								
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$100.00 Monthly)						
Other (specify) ▼		1200.00	F/K Deduction (\$100.00 Wonthly)						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
B. Duhon, Keith, M., ,			Date of Receipt						
Mailing Address PO Box 80158			12 31 2020						
City	State	Zip Code	Transaction ID : PR437017124286						
Lafayette	LA	70598-0158	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer (for Individual) The Family Insurance Center, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Kaczmarek, T. Darlene, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 145 N. Chestnut St., Suite	202								
		Zin Code	12 31 2020						
City Ravenna	State OH	Zip Code 44266-4009	Transaction ID : PR437026324286 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		62.00						
			Memo Item						
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brok	upation (for Individual)							
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate		P/R Deduction (\$31.00 Monthly)						
Other (specify)		372.00							
SUBTOTAL of Receipts This Page (optional).			322.00						
TOTAL This Period (last page this line numb									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 156 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	-		
Full Name of Individual (Last, First, Mid Blizman, Donna, J., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1939 Racimo Dr			12 31 2020
City Sarasota	State FL	Zip Code 34240-9426	Transaction ID : PR437031524286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Employee Benefits Marketing Group	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mid B. Moore, Wesley, P., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P O Box 604			12 31 2020
City Darlington	State SC	Zip Code 29540-0604	Transaction ID : PR437039424286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Moore Insurance Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mid Hayes, Leesa, Kay, ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 812 Lyndon Lane Suite	101 State	Zin Oode	
City Louisville	KY	Zip Code 40222-3844	Transaction ID : PR437043324286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Snowden & Associates, Inc.	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (option	nal)		180.00
TOTAL This Period (last page this line nu	mber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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or	for commercial purposes, other than using th			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\ \	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee	
	Full Name of Individual (Last, First, Middle Ir Ameling, Mary, K., ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1202 Wood Lily Circle			M M / D D / Y Y Y Y Y 12 31 2020
	City Leland	State NC	Zip Code 28451-7686	Transaction ID : PR437057724286
			20431-7000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I		upation (for Individual) lucer	Memo Item
	Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼		540.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Ir Lane, Thomas, W., ,	nitial) or Full O	Date of Receipt	
	Mailing Address P.O. Box 5504			12 31 2020
	City	State	Zip Code	Transaction ID : PR437067524286
	Maryville	TN	37802-5504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		17.00
	Name of Employer (for Individual) Physicians Mutual Insurance Company	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 221.00	P/R Deduction (\$17.00 Monthly)
	Full Name of Individual (Last, First, Middle Ir Olson, Terri, M., ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address P. O. Box 21479			12 31 2020
	City	State	Zip Code	Transaction ID : PR437070224286
	Keizer	OR	97307-1479	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		130.00
	Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item
	Olson Insurance	Brok	· · · · · ·	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		780.00	P/R Deduction (\$65.00 Monthly)
		1		207.00

Use separate schedule(s)

FOR LINE NUMBER:

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	×	11a		11b	11c	12				
Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	erson fo	13 or the	pur	14 pose of	15 soliciting	16 g contribu	17 tions	
or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)										
> Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Mic Alberts, Suzetta, E., ,	e of Individual (Last, First, Middle Initial) or Full Organization Name Suzetta, E., , Date of Receipt									
Mailing Address 5605 Storrow Court Ste 535				^M 12	/	D 31	D / Y	2020	Y	
City	State	Zip Code		Trans	acti	ion ID :	PR4370	76124286		
Warren	MI	48092-6338	A	mount	t of	Each F	Receipt th	nis Period		
FEC ID number of contributing federal political committee.	C							168.	00	
Name of Employer (for Individual) Comprehensive Benefits, Inc.	Occ Bro	upation (for Individual) ker		M	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼	_							
Primary General Other (specify) ▼		1333.00	P/	'R Ded	uctio	on (\$84	.00 Mont	hly)		
Full Name of Individual (Last, First, Mic B. Smith, Kevin, W., CLU, RHU,	ddle Initial) or Full C	rganization Name		Date of	f Re	ceipt				
Mailing Address P.O. Box 674103				M M 12	/	31	y I Y	y y 2020	Y	
City	State	Zip Code		Trans	acti	on ID :	PR4370	77224286		
Marietta	GA	30006-0069						nis Period		
FEC ID number of contributing federal political committee.	C						60.	00		
Name of Employer (for Individual) KSA Insurance Agency, LLC	Occ Bro	upation (for Individual) ker		M	emo	ltem				
Receipt For:	Aggregate	Year-to-Date V								
Primary General			P/	R Ded	uctio	on (\$30	.00 Mont	hly)		
Other (specify) v		360.00								
Full Name of Individual (Last, First, Mic C. Lopez, Juan, R., ,	ddle Initial) or Full C	rganization Name		Date of	f Re	ceipt				
Mailing Address 22431 Antonio Pkwy Suite B160-420				м м 12	1	31		2020	Y	
City	State	Zip Code		Trans	act	ion ID :	PR4370	79024286	;	
Rancho Santa Margarita	CA	92688-2804	A	mount	t of	Each F	Receipt th	nis Period		
FEC ID number of contributing federal political committee.	C		, ,				170.	00		
Name of Employer (for Individual)		upation (for Individual)		М	emc	tem				
Self Receipt For:		sultant	_							
Primary General	Aggregate	Year-to-Date ▼	P/	R Ded	Uctio	on (\$85	.00 Mont	thlv)		
Other (specify)		1020.00				ς, (ψυυ		···· <i>y /</i>		
SUBTOTAL of Receipts This Page (optio	nal)		. [398.	00	
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TOTAL This Period (last page this line nu	umber only)	•	. [_	-			

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

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TEIMIZED RECEIPTS	Detailed Sum		✗ 11a ☐ 11b ☐ 11c ☐ 12							
			13 14 15 16 17							
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Committee									
Full Name of Individual (Last, First, Midd A. Koehler, Linda Rose, , LPRT CIP C	Individual (Last, First, Middle Initial) or Full Organization Name inda Rose, , LPRT CIP C, Date of Receipt									
Mailing Address 2 Treeble Ct			12 31 / Y Y Y Y 12 31 2020							
City Greensboro	State Zip Code NC 27406-537	75	Transaction ID : PR437090124286							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 60.00							
Name of Employer (for Individual) Self	Occupation (for Indiv Broker	idual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	360.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Midd B. Roiz, Mario, , ,	e Initial) or Full Organization Name	е	Date of Receipt							
Mailing Address 10446 NW 31st Terrace			12 31 Y Y Y Y Y 12 31 2020							
City Doral	State Zip Code FL 33172-120	0	Transaction ID : PR437104924286 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		84.00							
Name of Employer (for Individual) HR Benefit Services, Inc.	Occupation (for Indiv Broker	ridual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	504.00	P/R Deduction (\$42.00 Monthly)							
Full Name of Individual (Last, First, Midd C. Stephens, James, R., ,	e Initial) or Full Organization Name	e	Date of Receipt							
Mailing Address 100 Mansell Ct East Suite 400			12 / D D / Y Y Y Y 12 31 2020							
City Roswell	State Zip Code GA 30076-4859	9	Transaction ID : PR437110724286							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 60.00							
Name of Employer (for Individual) Humana	Occupation (for Indiv Broker	idual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	360.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona	ı)		204.00							
TOTAL This Period (last page this line num	iber only)									

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

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	EWIIZED RECEIPIS		Detailed Su	ummary Page	×	11a		111	0	11c	12	
				annary i age		13		14		15	16	17
or	y information copied from such Reports and for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee									
۹.	Full Name of Individual (Last, First, Middle Ir Garner, G. Russell, , ,	ame of Individual (Last, First, Middle Initial) or Full Organization Name er, G. Russell, , , Date of Receipt										
	Mailing Address 1308 Murraywood Drive					^M 12	1		31	/ Y	y y 2020	Ŷ
	City	State	Zip Code			Trans	acti	on	ID : I	PR4371	13224286	6
	Columbia	SC	29212-1	159	A	Amount	of	Ead	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_		,			60.	00
	Name of Employer (for Individual) G. Russell Garner LLC	Occu Broł	upation (for Ind	dividual)		M	emo	Ite	m			
	Receipt For:	Aggregate	Year-to-Date	7								
	Primary General Other (specify) ▼		9 I I 9	360.00	P/	'R Ded	uctic	on (\$30.0	00 Mont	hly)	
	Full Name of Individual (Last, First, Middle Ir McEvilly, BRIAN, J., RHU,	nitial) or Full O	rganization Na	ime		Date of	Re	ceip	ot			
	Mailing Address 7260 West Azure Drive #140-201					м м 12	/		31	/ Y	y y 2020	Y
	City	State	Zip Code			Trans	actio	on	ID : F	PR4371	17724286	
	Las Vegas	NV	89130-7	999	A	Amount	of	Ead	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С								84.	00	
	Name of Employer (for Individual) McEvilly Benefits	Occi Brol	upation (for Ind	dividual)		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	560.00	P/	R Ded	uctio	on (:	\$42.0	00 Montl	nly)	
	Full Name of Individual (Last, First, Middle Ir Roberts, Joseph, K., ,	hitial) or Full O	rganization Na	ime		Date of	Re	ceip	ot			
	Mailing Address 1128 Lincoln Mall Suite 200					^M 12		L	31		y y 2020	
	City Lincoln	State NE	Zip Code 68508-28		_						18024286	
			00000-20	510	/	Amount	tof	Ead	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	° (9		- y	340.	00
	Name of Employer (for Individual) UNICO	Occu Brok	ipation (for Ind	dividual)		М	emo	lte	em			
	Receipt For:	Aggregate	Year-to-Date	7								
	Primary General Other (specify)			2040.00] P/	/R Ded	uctio	on (\$170	0.00 Mor	nthly)	
		1			_	_	-	-	-	_		00

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 14 15 16 □				
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee					
Full Name of Individual (Last, First, Mid Benton, Bruce, D., RHU, REBC,	dle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 20300 Ventura Blvd Suite 200			12 / D D / Y Y Y Y 12 31 2020				
City Woodland Hills	State CA	Zip Code 91364-0959	Transaction ID : PR437123024286 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		170.00				
Name of Employer (for Individual) Genesis Financial & Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)				
Full Name of Individual (Last, First, Mid Antongiovanni, Joanna, , ,	dle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2929 Allen Parkway <u>Suite 2500</u> City	State	Zip Code	12 / D D / Y Y Y Y 12 31 2020				
Houston	TX	77019-2178	Transaction ID : PR437128024286 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Marsh Wortham	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Mid Papenfus, Jeffrey, , ,	dle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 32110 Agoura Road	Otata	Zin Oode	12 / D D / Y Y Y Y 12 31 2020				
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : PR437137824286 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		60.00				
Name of Employer (for Individual) Warner Pacific Insurance Services	Occ Broł	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This Page (option	' al)		290.00				
TOTAL This Period (last page this line nu	mber only)						

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	▲ 11a ↓ 11b ↓ 11c ↓ 12							
Any information canied from such Departs on	d Statomonto m	what he sold or used by one of	13 14 15 16 erson for the purpose of soliciting contributions							
or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
$ ightarrow$ Health Underwriters Political λ	Action Com	imittee								
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name								
A. Hebert, Laura, L., ,			Date of Receipt							
Mailing Address 5151 Flynn Pkwy Suite 403			12 31 2020							
City	State	Zip Code	Transaction ID : PR437154824286							
Corpus Christi	TX	78411-4372	Amount of Each Receipt this Period							
FEC ID number of contributing	С		84.00							
federal political committee.										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Hebert Insurance Group	Bro	ker								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) V		504.00	P/R Deduction (\$42.00 Monthly)							
		-grgrac.								
Full Name of Individual (Last, First, Middle B. Allard, Terry, , CEBS,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 3000 A Street, Suite 400										
		12 31 2020								
City	State	Zip Code	Transaction ID : PR437182324286							
Anchorage	AK	99503-4040	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Wilson Albers		upation (for Individual) ker	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General			P/R Deduction (\$250.00 Monthly)							
Other (specify) v		, 3000.00								
Full Name of Individual (Last, First, Middle C. Murray, Neal, , ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1314 East Atlantic Bouleva	ard		M = M / D = D / Y = Y = Y							
					12 31 2020					
City Pompano Beach	State FL	Zip Code 33060-6745	Transaction ID : PR437183424286							
FEC ID number of contributing			Amount of Each Receipt this Period							
federal political committee.	C		60.00							
Name of Employer (for Individual) Frank H. Furman, Inc	Occ Broł	upation (for Individual) ker	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		360.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)										
TOTAL This Period (last page this line numb	er only)	•								

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	IEMIZED RECEIPTS		JEIPIS for each category of the Detailed Summary Page						11c	12	
			, ,		13		14		15	16	17
	y information copied from such Reports and Statem for commercial purposes, other than using the nam										
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Comm	nittee								
۹.	Full Name of Individual (Last, First, Middle Initial) o Ducote, Dale, , ,	of Individual (Last, First, Middle Initial) or Full Organization Name ale, , , Date of Receipt									
	Mailing Address 235 Highlandia Drive Suite 100	4-4-	Zin Oode	_ L	12	1	3		/ Y	y y 2020	
		tate A	Zip Code 70810-6056	-						4624286	-
	FEC ID number of contributing federal political committee.	;			nount	UI	Lacii	nec		is Perioc 84	
	Name of Employer (for Individual) RETIRED	Occup Broke	ation (for Individual) r		Me	emo	Item				
	Receipt For: Age Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 504.00	P/R	Dedu	uctio	on (\$4	2.00) Month	ıly)	
3.	Full Name of Individual (Last, First, Middle Initial) o Debler, Johnnie, O., RHU, ChHC,,	dual (Last, First, Middle Initial) or Full Organization Name e, O., RHU, ChHC,,									
	Mailing Address 1102 E. Laurel St.			N	12	/	D 3	D 1	/ Y	y y 2020	Y
		tate FX	Zip Code 78382-2815				-			6424286 is Perioc	
	FEC ID number of contributing federal political committee.	;		60				00			
	Name of Employer (for Individual) GSM Insurors Group	Occup Broke	ation (for Individual) r		Me	emo	Item				
	Receipt For: Age Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 360.00	P/R	Dedu	uctic	on (\$3	0.00	Month	ly)	
	Full Name of Individual (Last, First, Middle Initial) o Bunkers, Scott, R., ,	r Full Org	anization Name	Da	ate of	Re	ceipt				
	Mailing Address 2211 Lee Road, Suite 100		-	Ň	12 ^M	1	D 3	D 1	/ Y	y y 2020	Y
	5	tate =L	Zip Code 32789-1849				-			672428	-
	FEC ID number of contributing federal political committee.	;			nount	UI	J	nec	J	60	
	Name of Employer (for Individual) Fringe Benefit Plans, Inc.	Occup Broker	ation (for Individual)		Me	emo	Item				
	Receipt For: Age Primary General Other (specify)	gregate Ye	ear-to-Date ▼ 360.00	P/R	2 Dedu	uctio	on (\$3	0.00) Month	nly)	
	JBTOTAL of Receipts This Page (optional)				_	_	,	-	9	204.	00

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

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14 15 16 17 re purpose of soliciting contributions contributions from such committee. 10 17 of Receipt 1 2020 2020 nsaction ID : PR437203324286 10 60.00 unt of Each Receipt this Period 60.00 60.00 Memo Item 60.00 Monthly) 60 of Receipt 1 10 1						
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170.00						
Memo Item						
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nsaction ID : PR437212224286 unt of Each Receipt this Period						
170.00						
Memo Item						
eduction (\$85.00 Monthly)						

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
IILWILLU NEVEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)			
Health Underwriters Political A	ction Com	mittee	
Full Name of Individual (Last, First, Middle Ir A. Cooper, Catherine, L., ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 39500 High Pointe Blvd., Sui	ite 400		12 31 2020
City	State	Zip Code	Transaction ID : PR437218324286
Novi	MI	48375-5517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		224.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Health Alliance Administrators	Brol		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	, iggi ogulo		P/R Deduction (\$112.00 Monthly)
Other (specify) V		2219.00	
Full Name of Individual (Last, First, Middle Ir B. Daubert, Jim, F., CLU,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address P.O. Box 67220			12 31 2020
City	State	Zip Code	Transaction ID : PR437219624286
Lincoln	NE	68506-7220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		170.00
Name of Employer (for Individual) First Concord Benefits Group	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	—
Primary General Other (specify) ▼		1020.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middle Ir C. Shores, Thomas, E., ,	hitial) or Full C	rganization Name	Date of Receipt
Mailing Address 8596 W Bolsa Ct.			M = M / D = D / Y = Y = Y
City	State	Zip Code	12 31 2020 Transaction ID : PR437221424286
Boise	ID	83709-5196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
			Memo Item
Name of Employer (for Individual)		upation (for Individual)	
T.A. Shores Inc. Receipt For:	Brok		_
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$30.00 Monthly)
Other (specify)		354.00	
SUBTOTAL of Receipts This Page (optional)			454.00
TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) _____

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	·	
Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee						
Full Name of Individual (Last, First, Mid Musser, Rita, A., ,	dle Initial) or Full O	rganization Name	Date of	Receipt				
Mailing Address 3330 Thames Drive			M M 12	/ D D 31	/ Y	2020	Y	
City Fort Wayne	State IN	Zip Code 46815-5994		action ID : P				
FEC ID number of contributing federal political committee.	С				-9	60.0	0	
Name of Employer (for Individual) Senior Insurance Solutions	Occ Brol	upation (for Individual) Ker	Me	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Ded	uction (\$30.0	0 Month	nly)		
Full Name of Individual (Last, First, Mid B. Gardner, Joy, K., LUTCF,	dle Initial) or Full O	rganization Name	Date of	Receipt				
Mailing Address 9424 Double R Blvd			M M 12	/ D D 31	/ Y	y y 2020	Y	
City Reno	State NV	Zip Code 89521-5977		action ID : P				
FEC ID number of contributing federal political committee.	С	94.00						
Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occ Bro	Me	emo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 564.00	P/R Dedu	uction (\$47.00	0 Month	lly)		
Full Name of Individual (Last, First, Mid Rowe, Peter, L., CLU,	dle Initial) or Full O	rganization Name	Date of	Receipt				
Mailing Address 3033 N. Central Ave Suite 810 City	State	Zip Code	12 T rana	/ 31		2020	Y	
Phoenix	AZ	85012-2804		of Each Re				
FEC ID number of contributing federal political committee.	С			, .	y	340.0	0	
Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occi Brok	upation (for Individual) xer	M	emo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2040.00	P/R Ded	uction (\$170.	00 Mon	thly)		
SUBTOTAL of Receipts This Page (option	nal)				9	494.0	0	
TOTAL This Period (last page this line nu	Imber only)				-			

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			for each category of the Detailed Summary Page	×	11a		111		11c	12	<u> </u>
	y information copied from such Reports and Stat for commercial purposes, other than using the n							e of s			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee								
<u>.</u>	Full Name of Individual (Last, First, Middle Initial Barton, Diane, L., ,	l) or Full O	rganization Name		Date of	Re	eceir	pt			
	Mailing Address Arthur J Gallagher & Co 615 E. Britton Road City	State	Zip Code		м м 12	/		31	/ Y	2020 54124286	
	Oklahoma City	OK	73114-7710	A						nis Period	
	FEC ID number of contributing federal political committee.	С							,	60.	00
	Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	b Ite	em			
	Pagaint For:	Aggregate	Year-to-Date ▼ 360.00	P/	R Ded	uctio	on ((\$30.0	00 Montl	nly)	
	Full Name of Individual (Last, First, Middle Initial Merken, Monte, A., ,	l) or Full O	rganization Name		ate of	Re	eceip	pt			
	Mailing Address 24577 Indian Hill Lane				^M ^M 12	/	D	31	/ Y	2020	Y
	City West Hills	State CA	Zip Code 91307-3829				-			56124286 nis Period	
	FEC ID number of contributing federal political committee.	С					-			60.	00
	Name of Employer (for Individual) Merken Insurance, Petersen Internation	Occi Brol	upation (for Individual) ker		Me	emo) Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/I	R Dedi	uctic	on (:	\$30.0	0 Montł	וy)	
	Full Name of Individual (Last, First, Middle Initial McLane, Mark, A., ,	l) or Full O	rganization Name		Date of	Re	eceip	pt			
	Mailing Address 3301 Veterans Drive, Suite 210				^M 12	/		31	/ Y	ү ү 2020	Y
	City Traverse City	State MI	Zip Code 49684-4575							58324286 nis Period	
	FEC ID number of contributing federal political committee.	С				. 01	J			60.	
	Name of Employer (for Individual) Mark McLane Insurance	Occu Brok	upation (for Individual) er		M	emo	o Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/	R Ded	uctio	on ((\$30.0	0 Mont	hly)	
s	JBTOTAL of Receipts This Page (optional)		•••••				,			180.	00
T	OTAL This Period (last page this line number on	ıly)		. [-				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or	for commercial purposes, other than using the			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee	
Α.	Full Name of Individual (Last, First, Middle Ini Powers-Booth, Sandra, Lee, ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4817 S. 175th Street	State	Zip Code	12 / D D / Y Y Y Y 12 31 2020
	Seatac	WA	98188-3710	Transaction ID : PR437264324286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Health Benefits Northwest	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)
	Full Name of Individual (Last, First, Middle Ini Hardy, Allen, D., LUTCF,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 802 Kosciusko Road P.O. Box 89			12 ^{D D} [/] <u>Y Y Y Y</u> 12 <u>31</u> 2020
	City Philadelphia	State MS	Zip Code 39350-3555	Transaction ID : PR437264924286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) Philadelphia Security Insurance	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Ini Harte, Heather, Roberts, ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 11365 Avant Lane			12 / D D / Y Y Y Y Y 12 31 2020
	City Cincinnati	State OH	Zip Code 45249-2373	Transaction ID : PR437268324286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) Chard Snyder An Ascensus Company	Occu Brok	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			204.00
T	OTAL This Period (last page this line number	only)	••••••	• • • • • • • • • • • • • • • • • • • •

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actior	n Comm	nittee	
۹.	Full Name of Individual (Last, First, Middle Initial) Toups, Jennifer, L., ,	or Full Org	anization Name	Date of Receipt
	Mailing Address #1 Galleria Blvd, Suite 1122			12 / D D / Y Y Y Y Y 2020
	- 9	State LA	Zip Code 70001-2092	Transaction ID : PR437270524286
				Amount of Each Receipt this Period
	Name of Employer (for Individual) Humana	Occup Broke	ation (for Individual) r	Memo Item
	Receipt For: Ac	gregate Ye	ear-to-Date ▼	
	Other (specify) ▼		1020.00	P/R Deduction (\$85.00 Monthly)
3.	Full Name of Individual (Last, First, Middle Initial) (Hissong, James, H., ,	or Full Org	anization Name	Date of Receipt
	Mailing Address 8401 Widmer Rd			12 31 2020
	City	State	Zip Code	Transaction ID : PR437274724286
	Lenexa	KS	66215-5416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	Name of Employer (for Individual) Self	Occup Agent	pation (for Individual) t	Memo Item
	Receipt For: Ag Primary General Other (specify) ▼	ggregate Ye	ear-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
<u>.</u>	Full Name of Individual (Last, First, Middle Initial) (Summers, James, F., ,	or Full Org	anization Name	Date of Receipt
	Mailing Address 8420 West Dodge Road, 5th Foor			12 31 2020
	5	State	Zip Code	Transaction ID : PR437281024286
		NE	68114-3443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0		250.00
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occup Brokei	ation (for Individual) r	Memo Item
	Receipt For: Ag Primary General Other (specify)	ggregate Ye	ear-to-Date ▼ 1500.00	P/R Deduction (\$125.00 Monthly)
	JBTOTAL of Receipts This Page (optional)			480.00

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		Detailed Summary Page	×	11a		11b		11c	12	
				13		14		15	16	17
or for commercial purposes, oth	er than using the name and a	ay not be sold or used by any puddress of any political committee								
NAME OF COMMITTEE (In) Health Underwriters	Full) Political Action Com	mittee								
Full Name of Individual (Last Grossnickle, Jeffrey, R.,	, First, Middle Initial) or Full O	Organization Name		ate of	Re	eceipt				
Mailing Address 1405 North (College Avenue		ſ	м м 12	/		D 31	/ Y	ү ү 2020	Y
City	State	Zip Code		Trans	acti	ion IC) : P	R43729	4724286	
Bloomington	IN	47404-2417	A	mount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributir federal political committee.	ng C			_		-		-	60.0	
Name of Employer (for Indivi First Insurance Group Inc.	dual) Occi Age	upation (for Individual) ent	1	Me	emo	ltem	ı			
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 360.00	P/I	R Dedi	uctio	on (\$3	30.0	0 Month	nly)	
Full Name of Individual (Last Sullivan, T.J., ,	, First, Middle Initial) or Full O	organization Name		ate of	Re	eceipt				
Mailing Address 235 Front St Suite 100	SE			^M 12	1		р 31	/ Y	2020	Y
City Salem	State OR	Zip Code 97301-3303							0524286 is Period	
FEC ID number of contributir federal political committee.	ng C							-	60.0	00
Name of Employer (for Indivi Huggins Insurance Services, I		upation (for Individual) ker	[Me	emo	Item	I			
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 360.00	P/f	R Dedu	uctic	on (\$3	30.00	0 Month	ıly)	
Full Name of Individual (Last Bell, Marie, D., FLMI	, First, Middle Initial) or Full O	organization Name		ate of	Re	ceipt				
Mailing Address 701 4th Ave	1			^M 12	/		31 D	/ Y	y y 2020	Y
City Minneapolis	State MN	Zip Code 55415-1637	-						23324286	
FEC ID number of contributir federal political committee.			A	mount	ot	Each	Re	ceipt th	is Period 170.0	00
Name of Employer (for Indivi DeRuyter-Bell, LLC	dual) Occu Brok	upation (for Individual)		Me	emo) Item	ı			
Receipt For: Primary Gene Other (specify)	Aggregate	Year-to-Date ▼ 910.00	P/	R Ded	uctio	on (\$8	85.0	0 Month	nly)	
SUBTOTAL of Receipts This P	' age (optional)	•				9		9	290.0	0
TOTAL This Period (last page	this line number only)	••••••	. [-				

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		for each category of the	× 11a 11b 11c 12
		Detailed Summary Page	
or	r information copied from such Reports and State for commercial purposes, other than using the na		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Committee	
	Full Name of Individual (Last, First, Middle Initial) Stiffler, Patricia, , ,	or Full Organization Name	Date of Receipt
	Mailing Address 155 N. Riverview Dr Suite 100		12 / D D / Y Y Y Y Y 12 31 2020
	City Anaheim	State Zip Code CA 92808-1225	Transaction ID : PR437326124286
		C	Amount of Each Receipt this Period
	Name of Employer (for Individual) Options in Insurance	Occupation (for Individual) Broker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1095.00	P/R Deduction (\$85.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial) Martin, Patricia, A., ,	or Full Organization Name	Date of Receipt
	Mailing Address 13815 Starhill Ct.		12 31 2020
	City Houston	StateZip CodeTX77077-1117	Transaction ID : PR437329724286 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C	40.00
	Name of Employer (for Individual)	Occupation (for Individual) Broker	Memo Item
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial) Duvernay, Jack, , ,	or Full Organization Name	Date of Receipt
	Mailing Address 714 Millikens Bend		12 / D D / Y Y Y Y 12 31 2020
	City Covington	State Zip Code LA 70433-4581	Transaction ID : PR437344524286
		C	Amount of Each Receipt this Period
	Name of Employer (for Individual) Benefitsone	Occupation (for Individual) Broker	Memo Item
	Receipt For: A Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)
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			Detailed Summary Page	×	11a] 11	b	11	с	12	
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actior	n Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initial) (Bajkowski, Catherine, A., ,	or Full O	rganization Name	[Date of	Re	ecei	ipt				
	Mailing Address 188 Industrial Drive, Suite 226				м м 12	/		31	/	Y	y y 2020	Y
	3	State IL	Zip Code 60126-1610	A							1124286 s Period	
	FEC ID number of contributing federal political committee.						-			,	84.	00
	Name of Employer (for Individual) CB Health Insurance	Occu Brok	upation (for Individual) ker		Me	emo	o Ite	em				
	Receipt For: Ag Primary General Other (specify) ▼	jgregate	Year-to-Date ▼ 504.00	P/	R Dedu	uctio	on	(\$42.0	00 M	onth	ly)	
	Full Name of Individual (Last, First, Middle Initial) Block, David, M.,	or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address P O Box 1809				[™] 12	/		D D 31	/	Y	ү ү 2020	Y
	3	State NC	Zip Code 28715-1809	A			-				4424286 s Period	
	FEC ID number of contributing federal political committee.						,			,	60.	00
	Name of Employer (for Individual) Insurance Specialties, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	o Ite	em				
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Year-to-Date ▼ , 360.00	P/	R Dedu	uctic	on ((\$30.0	00 M	onthl	ly)	
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1368 Business Park Drive				12 ^M	/	L	31			Y Y 2020	
	City Traverse City	State MI	Zip Code 49686-8640	A							7924286 s Period	
	FEC ID number of contributing federal political committee.				_		y			9	60.	00
	Name of Employer (for Individual) Peterson McGregor & Associates	Occu Brok	upation (for Individual) er		Me	emo	o Ite	em				
	Receipt For: Ag Primary General Other (specify)	gregate	Year-to-Date ▼ 360.00	P	'R Dedi	uctio	on	(\$30.0	00 M	onth	ly)	
s	JBTOTAL of Receipts This Page (optional)		•••••				,			9	204.0	00
т	OTAL This Period (last page this line number only)						7			,		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mide Thomas, Jeffery, C., CLU,RHU,RE		rganization Name	Date of Receipt
Mailing Address 3072 Arborwood Blvd.			12 31 2020
City Spring Arbor	State MI	Zip Code 49283-9663	Transaction ID : PR437385424286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Small Business Assocation of Michigan	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mide B. Cutting, Brenda, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4356 Bonney Road Suite 2-101			12 / 12 / Y Y Y Y 12 / 31 / 2020
City Virginia Beach	State VA	Zip Code 23452-1200	Transaction ID : PR437388324286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		24.00
Name of Employer (for Individual) Sterling Benefits, LLC	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$12.00 Monthly)
Full Name of Individual (Last, First, Mide C. Jensen, Cerrina, , CHRS, CB		rganization Name	Date of Receipt
Mailing Address 2520 Venture Oaks Wa			12 / D D / Y Y Y Y 12 31 2020
City Sacramento	State CA	Zip Code 95833-4228	Transaction ID : PR437391224286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Verus Insurance	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Monthly)
SUBTOTAL of Receipts This Page (option	al)		▶ 184.00
TOTAL This Period (last page this line nu	mber only)		

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				Detailed Summary Page	×			11		11c		12	
	y information copied from such Reports and S for commercial purposes, other than using the								se of :				
<u> </u>	NAME OF COMMITTEE (In Full)							Jun			1 001		
\rangle	Health Underwriters Political Ac	tion Com	nmi	ttee									
Α.	Full Name of Individual (Last, First, Middle Ini Bogard, Andrea, J., ,	itial) or Full C	Orgai	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address PO BOX 38					^M 12	/	E	D D 31	/ Y)20	Y
	City	State IN		Zip Code		Trans	sact	ion	ID : I	PR4374	0002	24286	
	Jeffersonville			47131-0038		Amoun	t of	Ea	ich Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-			_	60.0	0
	Name of Employer (for Individual) A. Bogard Insurance Group	Occ Brol	•	ion (for Individual)		N	lemo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	360.00] P	/R Dec	lucti	on	(\$30.0	0 Montl	hly)		
	Full Name of Individual (Last, First, Middle Ini Cramer, Valerie, Lynn, RHU,	itial) or Full C	Drgai	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 2701 Burgen Ct. NE					^M 12	/		D D 31	/ Y		20	Y
	City	State		Zip Code		Trans	sacti	ion	ID : F	PR4374	1642	4286	
	Grand Rapids	MI		49525-3979	/	Amoun	t of	Ea	ich Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						- -			_	200.0	0
	Name of Employer (for Individual) HealthBridge		upa ker	tion (for Individual)		N	lemo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1200.00] Р,	/R Dec	luctio	on ((\$100	.00 Mon	thly)		
с.	Full Name of Individual (Last, First, Middle Ini Gandy, Hollie, , ,	itial) or Full C	Orgai	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 5801 W Interstate 40 Ste 101					[™] 12	/	E	D D D	/ Y		20	Y
	City	State		Zip Code		Tran	sact	tion	1D : I	PR4374	2502	24286	
	Amarillo	ТХ		79106-4633	'	Amoun	t of	Ea	ich Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						9		,	_	60.0	00
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		Ν	lemo	o It	em				
	Safe Money Solutions	Brok	•										
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-9-	360.00] ^P	/R Deo	ducti	ion	(\$30.0	00 Mont	hly)		
s	JBTOTAL of Receipts This Page (optional)				•			,				320.0	0
т	OTAL This Period (last page this line number	only)						-		-			

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Clark, Robert, S., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7548 Preston Road			12 31 2020
City Frisco	State TX	Zip Code 75034-5683	Transaction ID : PR437427224286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middle Mutter, Amy, D., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2670 Electric Road	State	Zip Code	
Roanoke	VA	24018-3511	Transaction ID : PR437454924286
FEC ID number of contributing federal political committee.	С		126.00
Name of Employer (for Individual) Innovative Insurance Group, LLC	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00	P/R Deduction (\$63.00 Monthly)
Full Name of Individual (Last, First, Middle C. Creasy, Marcus, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P. O. Box 220			12 / Y Y Y Y 12 31 2020
City Heber Springs	State AR	Zip Code 72543-0220	Transaction ID : PR437474924286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc. Receipt For:	Occi Brok	upation (for Individual) er	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			270.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	eck only	y or	ne)	L		
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	
	nformation copied from such Reports and Sta									
N/	ME OF COMMITTEE (In Full) ealth Underwriters Political Act									
	ll Name of Individual (Last, First, Middle Initia iala, Colby, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
Ma	ailing Address 710 Fillmore St Ste 100				^M 12	1	D 31	D / Y	2020	Y
Cit	ty win Falls	State ID	Zip Code 83301-4641						75124286 nis Period	_
	C ID number of contributing deral political committee.	С			<u> </u>		-		60.	00
Ma	ame of Employer (for Individual) agic Valley Insurance	Occu Brok	upation (for Individual) ser		Me	emo	ttem			
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00] '	P/R Ded	ucti	on (\$30	0.00 Mont	hly)	
В . <u>Р</u>	II Name of Individual (Last, First, Middle Initia) Pennington, Carol, C., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	ailing Address 4640 Woodbridge Drive				^M 12	1	31		2020	Y
Cit	ty ernersville	State NC	Zip Code 27284-8850						85424286	
FE	EC ID number of contributing deral political committee.	С			Amount	. 01		receipt ti	nis Period 60.0	00
	ame of Employer (for Individual) nnington Associates	Occu Brol	upation (for Individual) ker		Me	emo	ttem			
Re	eceipt For: Primary General Other (specify) ▼	_	Year-to-Date ▼ 360.00] 「	P/R Dedu	uctio	on (\$30	.00 Mont	hly)	
	II Name of Individual (Last, First, Middle Initia Ailler, Dawn, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	ailing Address PO Box 847	-			^M 12	1	D 31	_ L	ү ү 2020	
Cit	ty IcMinnville	State OR	Zip Code 97128-0847	_			-	-	88824286 nis Period	
	EC ID number of contributing deral political committee.	С			Ľ.		9	. ,	50.	00
Ha	agan Hamilton Insurance Solutions	Occu Brok	upation (for Individual) er		M	emo	o Item			
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1	P/R Ded	ucti	on (\$25	5.00 Mont	hly)	
SUB	TOTAL of Receipts This Page (optional)			•			y	. ,	170.0	00
тот	AL This Period (last page this line number o	nly)		•				-		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		1	1b	11c		12	
						13		1	4	15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
\setminus	NAME OF COMMITTEE (In Full)	-											
/	Health Underwriters Political Acti	on Com	mi	ttee									
۹.	Full Name of Individual (Last, First, Middle Initia Stedt, Margaret, Evelyn, C.S.A., LP,	ll) or Full O	rgar	nization Name		Date c	of Re	ece	eipt				
	Mailing Address 486 Calle Amigo					M 12	1	′	D D 31	1		2020	Y
	City San Clemente	State CA		Zip Code	-					PR437			
	San Clemente			92673-3003	_	Amour	nt of	f Ea	ach R	eceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С						,		-		200.	00
	Name of Employer (for Individual) Stedt Insurance Services	Occu Brok	•	ion (for Individual)		Ν	1em	o li	tem				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	1200.00		P/R Deo	duct	ion	(\$100	0.00 Ma	onthly	/)	
	Full Name of Individual (Last, First, Middle Initia Swanson, Cynthia, , SGS, BAM,	l) or Full O	rgai	nization Name		Date o	of Re	ece	eipt				
	Mailing Address 22240 Deval Ln					M 12		′	D D 31	/		020	Y
	City	State		Zip Code		Tran	sact	tion	י חו י	PR437			
	Frankston	ТХ		75763-4037		Amour							
	FEC ID number of contributing federal political committee.	С				Ľ.		,				84.	
	Name of Employer (for Individual) Hibbs Hallmark & Company	Occi Brol		ion (for Individual)		N	1em	o It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 504.00		P/R Dec	ducti	ion	(\$42.)	00 Mor	ithly)		
	Full Name of Individual (Last, First, Middle Initia Giardina, Charles, J., ,	l) or Full O	rgai	nization Name		Date c	of Re	ece	eipt				
	Mailing Address 5440 Mounes Street, Suite 112					M 12	1	′	D D D 31	1		020	Y
	City	State		Zip Code		Tran	sac	tio	n ID :	PR437	5628	824286	;
	New Orleans	LA		70123-3296		Amour	nt of	f Ea	ach R	eceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С						y		7		84.	00
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		Ν	/lem	io l'	tem				
	MassMutual	Brok	•	,,									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-	504.00		P/R De	duct	tion	(\$42.	00 Moi	nthly)		
	UBTOTAL of Receipts This Page (optional)			•	-			,	-		-	368.	00

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

FOR LINE NUMBER:

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			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee	
۹.	Full Name of Individual (Last, First, Middle I Contorno, David, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 106 Langtree Village Dr Suite 301			12 / D D / Y Y Y Y Y 12 31 2020
	City Mooresville	State NC	Zip Code 28117-7571	Transaction ID : PR437566624286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) E Powered Benefits	Occi Broł	upation (for Individual) ser	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
в.	Full Name of Individual (Last, First, Middle I Mobley, Dennis, F., ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 137 Executive Drive Suite D			12 31 2020
	City Madison	State MS	Zip Code 39110-8456	Transaction ID : PR437587524286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Mobley Group	Occi Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)
	Full Name of Individual (Last, First, Middle I Waller, Doris, , LPRT Soari,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1778 N. Plano Rd. Suite 310	I		12 / D D / Y Y Y Y Y 12 31 2020
	City Richardson	State TX	Zip Code 75081-1958	Transaction ID : PR437591524286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Pan-American Benefits Solutions, Inc.	Occu Brok	upation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 985.00	P/R Deduction (\$85.00 Monthly)
		1		245.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee	
Full Name of Individual (Last, First, Middle Initial) or A. Robinson, Judith, L., ,			rganization Name	Date of Receipt
	Mailing Address P O Box 10071	12 31 / Y Y Y Y Y 12 31 2020		
	City Tyler	State TX	Zip Code 75711-0071	Transaction ID : PR437594124286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer (for Individual) Judith Robinson Insurance Services, LL	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)
в.	Full Name of Individual (Last, First, Middle Initia Swinton, Ryan, R., ,	Date of Receipt		
	Mailing Address 1128 Lincoln Mall Suite 200			12 / D D / Y Y Y Y 2020
	City Lincoln	State NE	Zip Code 68508-2878	Transaction ID : PR437594924286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer (for Individual) UNICO Group, Inc.	Occu Brok	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)
C.	Full Name of Individual (Last, First, Middle Initia	Date of Receipt		
	Mailing Address 1022 Highland Colony Parkway Suite 202	12 D D / Y Y Y Y 12 31 2020		
	City Ridgeland	State MS	Zip Code 39157-2086	Transaction ID : PR437603124286 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occu Brok	ipation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1145.00	P/R Deduction (\$85.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			510.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Po	litical Action Com	mittee	
Full Name of Individual (Last, Firs Williams, George, , ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4109 Woodway [M M / D D / Y Y Y Y 12 31 2020		
City Monroe	State LA	Zip Code 71201-2218	Transaction ID : PR437605724286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Financial Planning Resources	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LaRocco, Andrew, M., , Mailing Address 5880 Live Oak Parkway, # 230			Date of Receipt
City	State	Zip Code	12 31 2020 Transaction ID : PR437640924286
Norcross	GA	30093-1740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual) The LaRocco Companies	Occu Brol	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Monthly)
Full Name of Individual (Last, First Siciliano, Dominic, , ,	Date of Receipt		
Mailing Address 500 Cascade Road SE Suite 106			12 / D D / Y Y Y Y 12 31 2020
City Grand Rapids	State MI	Zip Code 49546-2166	Transaction ID : PR437669524286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			60.00
Name of Employer (for Individual) Benefit Profiles, Inc.	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page TOTAL This Period (last page this	· · · /		200.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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Mailing Address 9854 Colby Ave Mailing Address 9854 Colby Ave City State Zip Code Clive IA 50325-6422 FEC ID number of contributing C federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Capitol Benefits Group Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1010.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Atkinson, Lynn, , HIA,MBA,SC, Date of Receipt Mailing Address 2336 Cantle Lane Mail / D D / Y	2020 124286 Period 170.00
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Strouse, Marcie, , , Mailing Address 9854 Colby Ave Date of Receipt City State Zip Code Citve Ital 50325-6422 FEC ID number of contributing federal political committee. Occupation (for Individual) Occupation (for Individual) Capitol Benefits Group Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$85.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt B. Atkinson, Lynn, , HIA, MBA, SC, Mailing Address 2336 Cantle Lane Vitor 210 Code Vitor 24018-6104 FEC ID number of contributing federal political committee. C Transaction ID : PR43768372 Transaction ID : PR43768732 Mailing Address 2336 Cantle Lane C Transaction ID : PR43768732 Transaction ID : PR43768732 Gity State Zip Code Xamou	Y Y Y 2020 124286 Period 170.00
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Strouse, Marcie, , , Mailing Address 9854 Colby Ave City City Citve FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capitol Benefits Group Receipt For: Primary General Other (specify) ▼ Atkinson, Lynn, , HIA,MBA,SC, Mailing Address 2336 Cantle Lane City City City City City City Primary General City Reaceipt For: City Reaceipt for: Name of Employer (for Individual) City Receipt for: Name of Employer (for Individual) Courtical committee. Name of Employer (for Individual) Preceipt For: Name of Employer (for Individual) Occupation (for Individual) Broker Name of Employer (for In	2020 124286 Period 170.00
A. Strouse, Marcie, , , Mailing Address 9854 Colby Ave City State City State City IA Social Socia	2020 124286 Period 170.00
City State Zip Code I2 31 24 City State Zip Code IA 50325-6422 Transaction ID : PR43768313 FEC ID number of contributing federal political committee. C Image: Committee in the image:	2020 124286 Period 170.00
Clive IA 50325-6422 FEC ID number of contributing federal political committee. C Amount of Each Receipt this F Name of Employer (for Individual) Occupation (for Individual) Memo Item Capitol Benefits Group Aggregate Year-to-Date ▼ P/R Deduction (\$85.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Atkinson, Lynn, , HIA,MBA,SC, Mailing Address 2336 Cantle Lane Date of Receipt Ib: 24018-6104 FEC ID number of contributing federal political committee. C Transaction ID : PR43768732 Name of Employer (for Individual) Occupation (for Individual) PR Deduction (\$30.00 Monthly) Mailing Address 236 Cantle Lane C Transaction ID : PR43768732 Mailing Address (for Individual) Occupation (for Individual) Memo Item FEC ID number of contributing federal political committee. C Transaction ID : PR43768732 Name of Employer (for Individual) Occupation (for Individual) Memo Item Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly)	Period 170.00
federal political committee. Name of Employer (for Individual) Capitol Benefits Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Atkinson, Lynn, , HIA,MBA,SC, Mailing Address 2336 Cantle Lane City Receipt For: City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Broker Receipt For: Primary General Occupation (for Individual) Broker Pate of Receipt Mailing Address 2336 Cantle Lane FEC ID number of contributing federal political committee. Name of Employer (for Individual) Broker Primary Pimary General)
Capitol Benefits Group Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1010.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Atkinson, Lynn, , HIA,MBA,SC, Date of Receipt Mailing Address 2336 Cantle Lane 12 City State Zip Code Roanoke VA 24018-6104 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Memo Item Broker Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly)	Ý Y Y Y Y
Primary General Other (specify) Image: Specify of the specific of the spe	Ý Y Y Y Y
B. Atkinson, Lynn, , HIA,MBA,SC, Date of Receipt Mailing Address 2336 Cantle Lane Image: City City State Zip Code Roanoke VA 24018-6104 FEC ID number of contributing federal political committee. C Amount of Each Receipt this F Name of Employer (for Individual) Occupation (for Individual) Memo Item Broker Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly)	
City State Zip Code Roanoke VA 24018-6104 FEC ID number of contributing federal political committee. C Amount of Each Receipt this F Name of Employer (for Individual) Occupation (for Individual) Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly)	
Roanoke VA 24018-6104 FEC ID number of contributing federal political committee. C Amount of Each Receipt this F Name of Employer (for Individual) Occupation (for Individual) Broker Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly)	2020
FEC ID number of contributing federal political committee. C Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly)	
Receipt For: Aggregate Year-to-Date ▼ Primary General	60.00
Primary General P/R Deduction (\$30.00 Monthly)	
)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Granado, Arthur, , ,	
12 31 20	Y Y Y 2020
CityStateZip CodeTransaction ID : PR4376932Corpus ChristiTX78401-2350Amount of Each Receipt this F	
FEC ID number of contributing federal political committee.	170.00
Name of Employer (for Individual) Occupation (for Individual) The Granado Group Broker	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1020.00)
SUBTOTAL of Receipts This Page (optional)	400.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
			person for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee												
Full Name of Individual (Last, First, Middle A. Melgoza, Renee, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 9114 Adams Avenue Ste 191														
City Huntington Beach	State CA	Zip Code 92646-3405												
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) Melgoza Insurance Solutions	Occi	upation (for Individual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Middle B. Webb, Yolanda, Marie, CHRS,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 6117 Clover Ct.	1-		12 31 Y Y Y Y 2020											
City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705624286 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		170.00											
Name of Employer (for Individual) Webb Insurance Solutions	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$85.00 Monthly)											
Full Name of Individual (Last, First, Middle Kirsch, Cara , , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 10050 Regency Circle Ste 300 City	State	Zip Code	12 31 2020 Transaction ID : PR437731124286											
Omaha	NE	68114-3721	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		170.00											
Name of Employer (for Individual) Gallagher		upation (for Individual) President	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)											
SUBTOTAL of Receipts This Page (optional))		460.00											
TOTAL This Period (last page this line numb	per only)													

Use separate schedule(s)

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	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
or for commer	cial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.											
\	COMMITTEE (In Full) Underwriters Political A	ction Com	mittee												
Full Name of Berry, Err	of Individual (Last, First, Middle I nest, , ,	nitial) or Full O	rganization Name	Date of Receipt											
	ress 5121 69th St., A9A			12 / D D / Y Y Y Y 2020											
City		State TX	Zip Code 79424-1631	Transaction ID : PR437737424286											
Lubbock			13424-1031	Amount of Each Receipt this Period											
	nber of contributing tical committee.	С		100.00											
Name of Er Berry Ageno	nployer (for Individual) cy	Occi Broł	upation (for Individual) ker	Memo Item											
Receipt For		Aggregate	Year-to-Date ▼												
Prima Other	rry General (specify) ▼		600.00	P/R Deduction (\$50.00 Monthly)											
Full Name o B. Conto, T	of Individual (Last, First, Middle I eresa, , ,	Date of Receipt													
Mailing Add	ress 702 King Farm Blvd Ste 210		M M / D D / Y Y Y Y 12 31 2020												
City		State	Zip Code	Transaction ID : PR437740824286											
Rockville		MD	20850-6563	Amount of Each Receipt this Period											
	nber of contributing ical committee.	С		60.00											
	mployer (for Individual) enefit Services	Occ	upation (for Individual) ker	Memo Item											
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
	of Individual (Last, First, Middle I s, Leslie, A., CHRS,	nitial) or Full O	rganization Name	Date of Receipt											
	ress 2295 Hilltop Drive Suite 5			12 31 / Y Y Y Y 12 31 2020											
City		State	Zip Code	Transaction ID : PR437742924286											
Redding		CA	96002-0515	Amount of Each Receipt this Period											
	nber of contributing ical committee.	С		84.00											
	nployer (for Individual) illiams Insurance Services	Occu Brok	upation (for Individual) er	Memo Item											
Receipt For			Year-to-Date ▼												
Prima Other	ry General (specify)		504.00	P/R Deduction (\$42.00 Monthly)											
SUBTOTAL of	of Receipts This Page (optional)			244.00											
TOTAL This I	Period (last page this line numbe	er only)													

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12								
		Detailed Suttituary Page	13	14	15	16	17							
Any information copied from such Reports or for commercial purposes, other than us														
NAME OF COMMITTEE (In Full)														
Health Underwriters Politic	al Action Com	mittee												
Full Name of Individual (Last, First, Mi Edwards, Susan, Christensen, ,	ddle Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 40 S. Roop St.			12 31 2020											
City	State CA	Zip Code	Transaction ID : PR437755524286											
Susanville		96130-4336	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		100.00											
Name of Employer (for Individual) E. Christensen Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker	Men	no Item										
Receipt For:		Year-to-Date ▼	_											
Primary General Other (specify) ▼	Aggregate	600.00	P/R Deduction (\$50.00 Monthly)											
Full Name of Individual (Last, First, Mi B. Johnson, John, P., ,	ddle Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 8414 N. Wall Street Ste C			12 31 2020 Transaction ID : PR437775824286 Amount of Each Receipt this Period											
City	State	Zip Code												
Spokane	WA	99208-6161												
FEC ID number of contributing federal political committee.	C		126.00											
Name of Employer (for Individual) IFS	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00	P/R Deduction (\$63.00 Monthly)											
Full Name of Individual (Last, First, Mi C. Cade, Kareim, R., ,	ddle Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 28411 Northwestern H	lwy., Ste 950		M M 12	/ D D 31) / Y	y y 2020	Y							
City	State	Zip Code	Transac	ction ID :	PR4377	78624286	6							
Southfield	MI	48034-5515	Amount o	of Each R	Receipt th	is Period								
FEC ID number of contributing federal political committee.	C			9	, ,	170.	00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Men	no Item										
Great Lakes Benefit Group	Brok		_											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)											
		Aga Aga Aga Aga Aga												
SUBTOTAL of Receipts This Page (option	onal)			,	. ,	396.	00							
TOTAL This Period (last page this line r	umber only)	····· •		-										

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		Detailed Summary Page	×	11a] 11b	b	11c	12								
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Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to sol	or the cit cor	purp ntrib	pose outio	e of s ons fro	oliciting	contribut	ions ee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee															
Full Name of Individual (Last, First, Mid Riddle, Tammy, M., RHU, REBC,	dle Initial) or Full C	rganization Name		ate of	Re	eceip	pt										
Mailing Address 3718 W. Lancer Rd.		-															
City Peoria	State IL	Zip Code 61615-2517	Transaction ID : PR437786524286 Amount of Each Receipt this Period 40.00														
FEC ID number of contributing federal political committee.	С																
Name of Employer (for Individual) Unland Companies	Occ Bro	upation (for Individual) ker		Me	emo	b Ite	em										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/	R Ded	uctio	on (S	\$20.0	0 Month	nly)								
Full Name of Individual (Last, First, Mid B. Heider, Ryan , , ,	rganization Name	Date of Receipt															
	ailing Address 710 Fillmore St, Suite 100																
City Twin Falls	State ID	Zip Code 83301-4641							2224286 is Period								
FEC ID number of contributing federal political committee.	С		60.00														
Name of Employer (for Individual) Magic Valley Ins.	Occ Bro	upation (for Individual) ker	Memo Item														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)														
Full Name of Individual (Last, First, Mid C. Schell, Gregory, J., ,	dle Initial) or Full C	rganization Name		ate of	Re	eceip	pt										
Mailing Address 545 South Third Street Suite 300				12 ^M		L	31	/ Y	2020								
City Louisville	State KY	Zip Code 40202-1936	A						97624286 is Period								
FEC ID number of contributing federal political committee.	С					y		9	170.0	00							
Name of Employer (for Individual) Sterling Thompson Company	Occ Brol	upation (for Individual) ter		M	emo	o Ite	em										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	ear-to-Date ▼						P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (option	' nal)		. [,		9	270.0	0							
TOTAL This Period (last page this line nu	mber only)	••••••	. [- -											

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica												
Full Name of Individual (Last, First, Mide Purcilly, Amy, , ,	lle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 3155 W Big Beaver Rd Ste 125			12 / ^D D / Y Y Y Y 12 31 2020									
City Troy	State MI	Zip Code 48084-3007	Transaction ID : PR437814924286 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual) Mason-McBride, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Mide B. Daricek, Natalie, , ,	lle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 8220 N 23rd Ave. Bldg2			12 / D D / Y Y Y Y 12 31 2020									
City Phoenix	State AZ	Zip Code 85021-4872	Transaction ID : PR437834924286 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual) Blue Cross Blue Shield of AZ		upation (for Individual) count Executive	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 485.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Mide C. Hediger, Debbie, R., ,	lle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4907 Boynton Ct	Charles	Zin Oode	12 / D D / Y Y Y Y 12 31 2020									
City Tampa	State FL	Zip Code 33625-6622	Transaction ID : PR437852424286 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer (for Individual) McGriff Insurance Services, Inc	Occ Broł	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 725.00	P/R Deduction (\$50.00 Monthly)									
SUBTOTAL of Receipts This Page (option	al)		220.00									
TOTAL This Period (last page this line nut	nber only)											

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			(ch	(check only one)										
11			for each category of the Detailed Summary Page		K 11a		11b	11c	12					
	y information copied from such Reports and St for commercial purposes, other than using the													
<u>.</u>	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Little, Cathy, , ,	ial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1145 2nd Street #A-269				12 / D D / Y Y Y Y 12 31 2020									
	City Brentwood	State CA	Zip Code 94513-2292	_	Transaction ID : PR437855624286 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>				76.	00				
	Name of Employer (for Individual) Essential Exchange Insurance Services	Occu Brok	upation (for Individual) ker		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 516.00] '	P/R Ded	uctio	on (\$38	8.00 Mont	hly)					
B.	Full Name of Individual (Last, First, Middle Initi James, Leslie, C., ,	ial) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 6368 Pearl Rd	State		^M 12	1	D 31		2020	Y					
	Cleveland	OH	Zip Code 44130-3064				-		60024286 his Period					
	FEC ID number of contributing federal political committee.	С		60.00										
	Name of Employer (for Individual) Insurance Strategy, Inc.	Occu Broł	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Initi Emidy, Mike, , ,	ial) or Full O	rganization Name	Date of Receipt										
	Mailing Address P O Box 2021				^M 12	1	D 31		y y 2020	Y				
	City Ridgeland	State MS	Zip Code 39158-2021				-		378324286 his Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	60.	00				
	Name of Employer (for Individual) Colonial Life	Occu Brok	upation (for Individual) er	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00] '	P/R Ded	ucti	on (\$30).00 Mont	thly)					
	UBTOTAL of Receipts This Page (optional)			▶ ►			, ,	· ·	196.0	00				

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				Summary Page	X 11a 11b 11c 12 13 14 15 16											
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					or the		pos	se of s	soliciti		ontributi				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action									-						
A.	Full Name of Individual (Last, First, Middle Initial) of Blanchard, Brian, G., ,	or Full Or	rganization	Name		Date of	Re	ecei	ipt							
	Mailing Address 19888 214th Avenue NW				12 31 2020 Transaction ID : PR438000024286											
	5	State MN	Zip Co 5530	ode 19-8968	A							24286 Period				
	FEC ID number of contributing federal political committee.					_		-		-,		50.0	0			
	Name of Employer (for Individual) Odegard Benefit Services LLC		pation (for	Individual) esentative		M	emo	o Ite	em							
	Receipt For: Ag Primary General Other (specify) ▼	P/	'R Ded	uctio	on	(\$25.0	00 Mo	nthly)	I							
B.	Full Name of Individual (Last, First, Middle Initial) of Atencio, Linda, K., LPRT,	Date of Receipt														
	Mailing Address PO Box 87021				12 / 31 / 2020 Transaction ID : PR439256924286											
	5	State AZ	Zip Co 8508	ode 0-7021	A							24286 Period				
	FEC ID number of contributing federal political committee.				60.00 Memo Item											
	Name of Employer (for Individual) Linda Atencio	Occu Brok		Individual)												
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Year-to-Da	te ▼ 1000.00	P/R Deduction (\$30.00 Monthly)											
C.	Full Name of Individual (Last, First, Middle Initial) of May, Charles, K., ,	or Full Or	rganization	Name		Date of	Re	ecei	ipt							
	Mailing Address 9848 Portage Rd					^M 12	/	L	D D 31	/	2	2020	Y			
	5	State MI	Zip Co 4900	ode 2-7259	A							624286 Period				
	FEC ID number of contributing federal political committee.							y		, j		40.0	0			
	Name of Employer (for Individual) Miller Schuring Agency Receipt For:	Heal	th & Group	Individual) Benefits Agent		M	emo	o It	em							
	Primary General Other (specify)	jgregate	Year-to-Da	240.00	P/	/R Ded	uctio	on	(\$20.0	00 Mo	nthly))				
s	UBTOTAL of Receipts This Page (optional)							y		,		150.0	0			
т	OTAL This Period (last page this line number only)							-,								

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

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	EMIZED RECEIPTS		Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12											
A :	information period from such Department 2			13 14 15 16 17											
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Lubenow, Justin, , ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 15 Alden Street Suite 8 City	State	Zip Code	M M / D D / Y											
	Cranford	NJ	07016-2149	Transaction ID : PR470069124286 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		24.00											
	Name of Employer (for Individual) Lubenow Agency	Occ	upation (for Individual)	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 474.00	P/R Deduction (\$12.00 Monthly)											
B.	Full Name of Individual (Last, First, Middle Initia Waltman, Jessica, , ,	Organization Name	Date of Receipt												
	Mailing Address 10 Doyle Road			12 ^D ^D ¹ Y											
	City Wayne	State PA	Zip Code 19087-3903	Transaction ID : PR470100124286 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		170.00											
	Name of Employer (for Individual) Forward Health Consulting		upation (for Individual) ncipal	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)											
с.	Full Name of Individual (Last, First, Middle Initia Riley, Amanda, Danielle, ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 24830 SE 278th St	- 1		12 / D D / Y Y Y Y 12 31 2020											
	City Maple Valley	State WA	Zip Code 98038-2019	Transaction ID : PR476686824286 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) ional Sales Director	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 560.00	P/R Deduction (\$30.00 Monthly)											
s	UBTOTAL of Receipts This Page (optional)			254.00											
Т	OTAL This Period (last page this line number or	nly)	••••••												

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Any information copied from such Reports and	Statements ma	l ay not be sold or used by any po	erson fo	13 or the	purp	14 Dose	of s	15 oliciting	16 contribut	17 ions				
or for commercial purposes, other than using th														
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee												
Full Name of Individual (Last, First, Middle In Stevens, Kenneth, W., ,	nitial) or Full O	rganization Name	D	ate of	Re	ceipt								
Mailing Address 4916 Bellemeade Ave				^M 12	/		р 31	/ Y	y y 2020	Y				
City	State IN	Zip Code	Transaction ID : PR496323824286 Amount of Each Receipt this Period											
Evansville		47715-4130	A	mount	of	Each	Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			_		7			170.0	0				
Name of Employer (for Individual) Stevens Insurance Advisors		upation (for Individual) ependent Agent & Broker		Me	emo	Item	ı							
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼	P/I	R Dedu	uctic	on (\$8	85.0	0 Month	nly)							
Full Name of Individual (Last, First, Middle Ii B. Wayt, Andrew, , ,	Date of Receipt													
Mailing Address 747 Winslow Ave		12 31 2020 Transaction ID : PR528187224286												
City	State	Zip Code												
Saint Paul	MN	55107-3349	A	mount	of	Each	Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С		1L			,			170.0	0				
Name of Employer (for Individual) IFC National Marketing		upation (for Individual) ducer Consultant	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 910.00	P/R Deduction (\$85.00 Monthly)											
Full Name of Individual (Last, First, Middle II	nitial) or Full O	rganization Name												
c. Kennedy, Jeff, , ,			D	ate of	Re	ceipt								
Mailing Address 901 E. Battlefield				^M 12	/		31 D	/ Y	y y 2020	Y				
City Springfield	State MO	Zip Code 65807-4811				-			34924286					
FEC ID number of contributing federal political committee.	C			mount	OT	Each	Re	ceipt th	is Period 40.0	0				
			47			,	_			_				
Name of Employer (for Individual) Nixon & Lindstrom Insurance		upation (for Individual) up Health and Benefits Producer		IVIE	emo	Item	1							
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		240.00	P/	R Ded	uctio	on (\$2	20.0	0 Montł	ıly)					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	>							380.0	0				
TOTAL This Period (last page this line number			Ī			,		,						

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle A. Parker, Frederick, R., ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 12303 Hwy 707 Suite B City	State	Zip Code	12 / 31 / 2020 Transaction ID : PR742659124286										
Murrells Inlet	SC	29576-9740	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		60.00										
Name of Employer (for Individual) Hibbits Insurance Inc	Occ CFC	upation (for Individual) D	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle B. Nichols, Thomas, L., ,	Date of Receipt												
Mailing Address 2888 Shadowlake Dr		Zip Code	12 31 YYYYY 2020										
City Oklahoma City	State OK	Transaction ID : PR840269924286 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		170.00										
Name of Employer (for Individual) Colonial Life		upation (for Individual) trict General Manager	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)										
Full Name of Individual (Last, First, Middle C. Morgan, Christian, D., ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2200 W Commercial Blvd Ste 306			12 / D D / Y Y Y Y Y 2020										
City Fort Lauderdale	State FL	Zip Code 33309-3064	Transaction ID : PR891081424286										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Morgan Fidelity Associates, Inc.	Occ	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2040.00	P/R Deduction (\$170.00 Monthly)										
SUBTOTAL of Receipts This Page (optional)		570.00										
TOTAL This Period (last page this line num	ber only)		39773.67										

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				Detailed Summary Page		11a 13		11b 14	11c	×	12 16	1	7			
	ny information copied from such Reports and Stat for commercial purposes, other than using the n					for the		pose of	soliciting	g cor	ntributi	ons				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mi	ittee												
A.	Full Name of Individual (Last, First, Middle Initial Kevin Mccarthy For Congress Mailing Address PO Box 12667) or Full O	rga	nization Name		Date of	_	D D) / Y	Y	Ŷ	Y				
	City Bakersfield	State CA		Zip Code 93389	12 07 2020 Transaction ID : 15293271 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C cod	042	0935	2500.00											
	Name of Employer (for Individual)	Осси	upa	tion (for Individual)		M	emc	Item								
	Receipt For: 2020 Primary ✗ General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2500.00	F	Returned	d co	ntributic	on due to	max	out					
в.	Full Name of Individual (Last, First, Middle Initial Mcconnell Senate Committee Mailing Address PO Box 1496	Date of Receipt														
	City Louisville	State KY		Zip Code 40201	_	12 Trans		29 on ID :	1547883 Receipt th	4						
	FEC ID number of contributing federal political committee.	C coo	0193	3342	5000.00											
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		Memo Item										
	Receipt For: 2020 Primary ▼ General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ , 8500.00	Refund from committee											
C.	Full Name of Individual (Last, First, Middle Initial) or Full O	rga	nization Name		Date of	Re	ceipt								
	Mailing Address					M M	1	D D) / Y	Y	Y	Y				
	City	State	_	Zip Code	_	Amount	of	Each R	leceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С				Ľ	_	,	 	_						
	Name of Employer (for Individual) Receipt For:	Occi	upa	tion (for Individual)		M	emo) Item								
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date V												
s	UBTOTAL of Receipts This Page (optional)			•				, .		7	7500.0	0				
т	OTAL This Period (last page this line number on	ly)						-		7	7500.0	0				

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use sepa	arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 193 OF 201								
			category of the Summary Page	21b	22 23 26 27 28b 28c 29 30b								
	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee										
Α.	Full Name (Last, First, Middle Initial) Merchant Services				Date of Disbursement								
	Mailing Address 7300 Chapman Way		12 30 2020										
	City Knoxville Purpose of Disbursement	State TN	Zip Code 37920		FEC Identification Number								
	Candidate Name	001 Category/	Transaction ID : 15477815 Amount of Each Disbursement this Period										
	Office Sought: House Disburse Senate President	Туре	188.96										
	State: District: Full Name (Last, First, Middle Initial)	Other (spe	uny) ▼		Memo Item								
B.	PayPal Mailing Address 2211 North First Street				Date of Disbursement								
	City San Jose Purpose of Disbursement	State CA	Zip Code 95131		FEC Identification Number								
	Candidate Name	001 Category/ Type	C Transaction ID : 15477816 Amount of Each Disbursement this Period										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	1346	968.90								
	State: District:	Other (spec	uny)		Memo Item								
C.	Full Name (Last, First, Middle Initial) American Express				Date of Disbursement								
	Mailing Address PO Box 53852				12 30 2020								
	City Phoenix Purpose of Disbursement	State AZ	Zip Code 85072		FEC Identification Number								
	Candidate Name	001 Category/ Type	C Transaction ID : 15477817 Amount of Each Disbursement this Period										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼		63.20								
_	State: District:	J	•		Memo Item								
⊢	UBTOTAL of Disbursements This Page (optional).				1221.06								
Т	OTAL This Period (last page this line number only	/)		•••••• •	1221.00								

SCHEDULE B (FEC Form 3X)	Use sepa			INE NUMBER: PAGE 194 OF 201													
ITEMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page				one) 22 X 23 26 27 28b 28c 29 30b					27 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the name																	
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee															
Full Name (Last, First, Middle Initial) A. Hoosier PAC									Date of Disbursement								
Mailing Address 124 16th Street SE						12 15 2020											
Washington	State DC		FEC Id			-		er	-								
Purpose of Disbursement Senator Mike Braun Event Candidate Name			01				ansa		ו ID) : 153	-						
	ment For:		Cate Ty			Amoun	t of	Each	Di	sburse		t this Period 1000.00					
Senate President State: District:	Primary Other (spec	General cify) ▼				Me	emo	Item	Se	enator		Braun Event					
Full Name (Last, First, Middle Initial) B. Catherine Cortez Masto For Senat Mailing Address 8020 South Rainbow Blvd #100-1		-						Date of Disbursement									
City Las Vegas Purpose of Disbursement	1	FEC Identification Number															
Candidate Name Cortez Masto, Catherine, , Sen., Office Sought:	Name Masto, Catherine, , Sen., ht: House Disbursement For: 2022 x Senate Primary General President Other (specify)					Transaction ID : 15394124 Amount of Each Disbursement this Period 5000.00 Memo Item											
Full Name (Last, First, Middle Initial) C. Wyden For Senate						Date of Disbursement											
Mailing Address 232 Ne 9th Avenue		1				12		1	15			020					
City Portland Purpose of Disbursement	State OR	Zip Code 97232		_	_	FEC Identification Number											
Candidate Name Wyden, Ron, , Sen.,	Candidate Name								Transaction ID : 15394126 Amount of Each Disbursement this Period								
★ Senate ★ President	x Senate y Primary General President Other (specify) ▼								Memo Item								
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				-	_			,				7000.00					

	CHEDULE B (FEC Form 3X)	llea con	Use separate schedule(s) for each category of the Detailed Summary Page				NUMBER: PAGE 195 OF 201									
IT	EMIZED DISBURSEMENTS	for each				k only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b									
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or us lress of any polition	sed by	any nmit	perso	n for the purpose of soliciting contributions									
\setminus	NAME OF COMMITTEE (In Full)															
	Health Underwriters Political Action	on Comm	hittee													
A.	Full Name (Last, First, Middle Initial) Maria Elvira Salazar For Congress	S					Date of Disbursement									
	Mailing Address P.O. Box 558033															
	City	State	Zip Code				FEC Identification Number									
	Miami Purpose of Disbursement	FL	33255													
	Debt Payoff			(011		C C00671859									
	Candidate Name			Cat	egor	rv/	Transaction ID : 15394327 Amount of Each Disbursement this Period									
	Salazar, Maria, , ,				ype	y,										
		ement For:	·				1000.00									
	Senate President	Primary Other (spe	General				Debt Payoff									
	State: FL District: 27		(Gily)				Memo Item									
	Full Name (Last, First, Middle Initial)															
Β.	Feenstra For Congress						Date of Disbursement									
			M M / D D / Y Y Y Y													
	Mailing Address 641 2nd St		12 15 2020													
	City		FEC Identification Number													
	Hull Purpose of Disbursement				\mathbf{C}											
	Debt Payoff			(011		Transaction ID : 15394328 Amount of Each Disbursement this Period									
	Candidate Name			Cat	egor	ry/										
	Feenstra, Randy, , ,				ype	<u></u>										
		ement For:					1000.00									
	Senate President	Primary Other (spe	General				Debt Payoff									
	State: IA District: 04		(ony)				Memo Item									
_	Full Name (Last, First, Middle Initial)															
C.	Victoria Spartz For Congress						Date of Disbursement									
	Mailing Address PO Box PO Box 505						12 15 2020									
	City Noblesville	State IN	Zip Code 46061				FEC Identification Number									
	Purpose of Disbursement			-	_		С С00737767									
	Debt Payoff			C	011		Transaction ID : 15394329									
	Candidate Name	ry/	Amount of Each Disbursement this Period													
	Spartz, Victoria, , , Office Sought: Y House Disburse		1000.00													
	Senate															
	President	Other (spe					Debt Payoff Memo Item									
	State: IN District: 05						Mento Ren									
s	UBTOTAL of Disbursements This Page (optional)						3000.00									
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ΙT	OTAL This Period (last page this line number only	y)					y y x									

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 196 OF 201								
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	r one) 22 ★ 23 26 27 28b 28c 29 30b								
	ny information copied from such Reports and State for commercial purposes, other than using the na												
\setminus	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittoo										
Α.	Full Name (Last, First, Middle Initial) Jerry Carl For Congress				Date of Disbursement								
	Mailing Address PO Box 852138				12 15 2020								
	City Mobile	State AL	Zip Code 36685		FEC Identification Number								
	Purpose of Disbursement Debt Retirement			011	С С00697789								
	Candidate Name			Category/	Transaction ID : 15394330 Amount of Each Disbursement this Period								
	Carl, Jerry, , , Jr			Туре	1000.00								
	Office Sought: X House Disburse Senate X President X	ement For: ; Primary Other (spe	General		Debt Retirement								
	State: AL District: 01		Primary Debt 20	20	Memo Item								
B.	Full Name (Last, First, Middle Initial) Miller-Meeks For Congress Mailing Address PO Box 33				Date of Disbursement								
	City Ottumwa		FEC Identification Number										
	Purpose of Disbursement Debt Payoff	C C00558825 Transaction ID : 15394331											
	Candidate Name			Category/	Amount of Each Disbursement this Period 1000.00								
	Miller-Meeks, Mariannette, , , Office Sought: K House Disburse	ement For:	2020	Туре									
	Senate	Primary	K General		Debt Payoff								
	State: IA District: 02	Other (spe	cify)		Memo Item								
С.	Full Name (Last, First, Middle Initial) Michelle Steel For Congress				Date of Disbursement								
	Mailing Address 92a Surfside Avenue, #472				12 / D D / Y Y Y Y 12 15 2020								
	City Surfside	State CA	Zip Code 90743		FEC Identification Number								
	Purpose of Disbursement Debt Retirement	C C00704981 Transaction ID : 15394332											
	Candidate Name Steel, Michelle, , ,	Amount of Each Disbursement this Period											
	Office Sought: K House Disburse	Туре	1000.00										
	State President		Debt Retirement Memo Item										
	State: CA District: 48		General Debt 20	120									
s	UBTOTAL of Disbursements This Page (optional).			•••••	3000.00								
т	OTAL This Period (last page this line number only	/)		••••••									

	CHEDULE B (FEC Form 3X)	llee con	arate schedule(s)		FOR LINE NUMBER: PAGE 197 OF											
	EMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page				one) 22 28b	×	23 28c	26 29		27 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na															
\setminus	NAME OF COMMITTEE (In Full)															
	Health Underwriters Political Action	on Comr	nittee													
A.	Full Name (Last, First, Middle Initial) Zeldin For Congress				Date of Disbursement											
	Mailing Address 47 Flintlock Drive		12 15 2020													
	City Shirley	State NY	Zip Code 11967				FEC lo	dentif	icatio	n Numb	ər					
	Purpose of Disbursement	INT	11907	-	_		С	C00)55254	47		_				
	Debt Retirement			01	11			1.00		ID : 153	9433	4				
	Candidate Name Zeldin, Lee, , Rep.,			Cate Ty	gory/		Amour	nt of	Each	Disburs	emen	t this Period				
		ement For:	2020	i y	he	\neg						1000.00				
	Senate	Primary				7	Debt Re	tireme	ent							
	State: NY District: 01	Other (spe	ecify) v General Debt 2			M	emo									
	Full Name (Last, First, Middle Initial)			020												
В.	Strickland For Washington								Date of Disbursement							
	Mailing Address 1625 E 72nd St Ste 700-139								12 15 2020							
	City State Zip Code Tacoma WA 98404							FEC Identification Number								
	Purpose of Disbursement Debt Payoff	11		C C00732826												
	Candidate Name	Category/ Type					Amount of Each Disbursement this Period									
	Strickland, Marilyn, , , Office Sought: x House Disburse									1000.00						
	Senate	Primary					Debt Payoff									
	State: WA District: 10	Other (spe	ecify)				M	emo			,					
C.	Full Name (Last, First, Middle Initial) Blake Moore For Congress						Date o	of Dis	sburse	ement						
	Mailing Address 370 East South Temple Ste 580								D 1			020 Y				
	City Salt Lake City	State UT	Zip Code 84111				FEC lo	dentif	icatio	n Numb	ər					
	Purpose of Disbursement Debt Payoff			0'	11		С	1.00)7388 action	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	9433	6				
	Candidate Name Moore, Blake, , ,				gory/		Transaction ID : 15394336 Amount of Each Disbursement this Period									
	Moore, Blake, , , Type Office Sought: x House Disbursement For: 2020								1000.00							
	Senate Primary Seneral							Debt Payoff								
	State: UT District: 01	Other (spe	ecify) 🔻				M	emo	Item							
							_	_		_	-					
s	UBTOTAL of Disbursements This Page (optional)				···· ►		Ļ	-	-		-	3000.00				
т	OTAL This Period (last page this line number only	y)			🕨		L.		,							

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE NUMBER: PAGE 198 OF 2 (check only one)								198 OF 201					
111	EMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b					
	y information copied from such Reports and State for commercial purposes, other than using the na																	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee															
	Full Name (Last, First, Middle Initial) Peter Meijer For Congress				Date of Disbursement													
	Mailing Address P.O. Box 68554						12 15 2020											
	City Grand Rapids	State Zip Code MI 49516					FEC Identification Number											
	Purpose of Disbursement Debt Retirement Candidate Name			()11		Tra	ansa	71096 ction	ID :								
	Meijer, Peter, , ,				egor ype	у/	Amoun	t of	Each	Dist	ourse		t this Period					
	Office Sought: Senate President State: MI District: 03	Senate Primary X General Other (specify) V							Debt Retirement Memo Item									
	Full Name (Last, First, Middle Initial) Lisa McClain For Congress Mailing Address 11540 34 Mile Road				Date of Disbursement													
	City State Zip Code Bruce Township MI 48065 Purpose of Disbursement Image: Code							FEC Identification Number										
	DEBT RETIREMENT Candidate Name McClain, Lisa, , , Office Sought: x House Senate Disburse	011 egor ype	y/	Transaction ID : 15394544 Amount of Each Disbursement this Period 1000.00 DEBT RETIREMENT														
	State: MI District: 10	Other (spe	cify) General Debt 2	020			Me	emo	ltem									
C.	Full Name (Last, First, Middle Initial) David Curtis 2020	nitial)							Date of Disbursement									
	Mailing Address Pending	Ototo	Zin Oodo				12		3	0		2	020					
	City San Rafael Purpose of Disbursement Void - Curtis for Congress	State UT	Zip Code 94903	C)11	-	FEC Id	C00	6181	24			2					
	Candidate Name Curtis, John, , Rep., Category/ Type								Transaction ID : 15479352 Amount of Each Disbursement this Period									
	Office Sought: Senate President State: UT District: 03	sement For: 2020 Primary x General Other (specify) ▼					- 1000.00 Void - Curtis for Congress Memo Item											
	UBTOTAL of Disbursements This Page (optional).						[.		т і т і		7		1000.00					

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 199 OF 201								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	nittee										
Full Name (Last, First, Middle Initial) A. David Curtis 2020				Date of Disbursement								
Mailing Address Pending				12 30 2020								
City San Rafael	State UT	Zip Code 94903		FEC Identification Number								
Purpose of Disbursement Void - David Curtis 2020 Candidate Name			011	C C00618124 Transaction ID : 15479353								
Curtis, John, , Rep.,	ement For:	2020	Category/ Type	Amount of Each Disbursement this Period								
State: UT District: 03	-	General		Void - David Curtis 2020 Memo Item								
Full Name (Last, First, Middle Initial) B. Castor For Congress Mailing Address 301 W Platt Street, #385				Date of Disbursement								
City Tampa Purpose of Disbursement Void - Castor For Congress	011	FEC Identification Number										
Candidate Name Castor, Kathy, , Rep.,	Candidate Name Castor, Kathy, , Rep., Office Sought: X House Senate President Disbursement For: 2020 X General Other (specify)											
Full Name (Last, First, Middle Initial) C. HAWKEYE PAC, THE				Date of Disbursement								
Mailing Address 1020 N Fairfax St. Suite 201				12 30 2020								
City Alexandria Purpose of Disbursement	State VA	Zip Code 22314		FEC Identification Number								
Void - HAWKEYE PAC, THE Candidate Name	011 Category/ Type	C C00379479 Transaction ID : 15491612 Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 2500.00 Void - HAWKEYE PAC, THE Memo Item								
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl				- 4000.00								

SCHEDULE B (FEC Form 3X)						NE NUMBER: PAGE 200 OF 201								
TEMIZED DISBURSEMENTS	BURSEMENTS Ose separate schedule(s) for each category of the Detailed Summary Page								26 29	27 30b				
Any information copied from such Reports and Stat or for commercial purposes, other than using the n														
NAME OF COMMITTEE (In Full)	•	•												
Health Underwriters Political Action	on Comm	ittee												
Full Name (Last, First, Middle Initial)	Date of Disbursement													
Mailing Address PO Box 344					[12 / <u>30</u>				2020				
City Taylorville	State IL	Zip Code 62568			F	FEC Identification Number C C00521948 Transaction ID : 1549 Amount of Each Disbursen			umber					
Purpose of Disbursement Void - Rodney For Congress	1		0)11					1612					
Candidate Name			Cate	egory/	A									
Davis, Rodney, L., Rep.,				ype	Г			-						
	ement For:				- 1000.00									
President	Primary Other (spe	x General (ify) ▼		Void - Rodney For Congress										
State: IL District: 13														
Full Name (Last, First, Middle Initial) Lahood For Congress							f Disburse	emei	nt					
Mailing Address P.O. Box 10735	12 / D D / Y Y Y Y 2020													
City Peoria	State IL	Zip Code 61612			F	EC Id	entificatio	n Ni	umber					
Purpose of Disbursement Void - Lahood For Congress	[C)11	C C00575050 Transaction ID : 15491614										
Candidate Name		Cate	egory/	A					nent this Period					
LaHood, Darin, , Rep.,	. –		Ty	уре	L L	-				1000.00				
Office Sought: X House Disburs	ement For:	·			l L				-	- 1000.00				
President	Other (spe				lг	Me	mo Item	Void	d - Lah	ood For Congress				
State: IL District: 18 Full Name (Last, First, Middle Initial)														
Greg Steube For Congress					Date of Disbursement									
Mailing Address 5317 Fruitville Rd #102						12	3	80		2020				
City Sarasota	State FL	Zip Code 34232			F	EC Id	entificatio	n Nı	umber					
Purpose of Disbursement Void - Greg Steube For Congress			0	011			C006718		: 1549	1890				
Candidate Name				egory/	A					nent this Period				
Steube, Greg, , Rep.,			Ty	ype						1000.00				
Senate	Disbursement For: 2020					- 1000.00 Void - Greg Steube For Cong								
State: FL District: 17	Other (spe	uiy) ▼			L	Me	mo Item							
SUBTOTAL of Disbursements This Page (optional)			····· ►		-			-7	- 3000.00				
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ITEMIZED DISBURSEMENTS				for each o	rate schedule(s) category of the Summary Page		eck only 21b X 28a	One) 22 23 26 27 28b 28c 29 30b								
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		1ITTEE (In Full)														
		erwriters Politic	al Action													
	ame (Last, ght, Geo	First, Middle Initial) offrey, , ,		Date of Disbursement												
Mailing	g Address 7	7 Horvath Drive						12 23 2020								
City			:	State NY	Zip Code			FEC Identification Number								
Ithaca Purpos Refui	se of Disbu	rsement			14850-9711	01	0	С								
Candio	date Name					Categ Typ		Transaction ID : 15478842 Amount of Each Disbursement this Period								
Office	Sought:	House Senate President	ment For: Primary Other (spec	General cify) ▼			50.00 Refund Memo Item									
State:		District:														
Full N B.	ame (Last,	First, Middle Initial)		Date of Disbursement												
Mailing	Mailing Address															
City	ee of Dishu	:	State	Zip Code			FEC Identification Number									
Purpos	Purpose of Disbursement							C								
Candio	date Name					Categ Typ		Amount of Each Disbursement this Period								
Office	Sought:	House Senate	Disburser	ment For: Primary	General											
State:		President District:		Other (spec	city)			Memo Item								
Full N C.	ame (Last,	First, Middle Initial)						Date of Disbursement								
Mailing	g Address															
City			:	State	Zip Code			FEC Identification Number								
	se of Disbu	rsement						C Amount of Each Disbursement this Period								
	date Name			. =		Categ Typ										
Office	Sought:	House Senate President	Disbursei	ment For: Primary Other (spec	General											
State:		District:		Other (spec	, (y) ∀			Memo Item								
		ursements This Page (last page this line n						50.00								