

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Health Underwriters Political Action Committee

ADDRESS (number and street) 999 E Street, NW Suite 400 Washington DC 20004

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00283135

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2) [checked], May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2022 through 01/31/2022

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

Type or Print Name of Treasurer

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date 02/17/2022

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

Table with 8 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		358050.66
(b) Cash on Hand at Beginning of Reporting Period.....	358050.66	
(c) Total Receipts (from Line 19) .....	38858.00	38858.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	396908.66	396908.66
7. Total Disbursements (from Line 31).....	138417.67	138417.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	258490.99	258490.99
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: 01 / 01 / 2022 To: 01 / 31 / 2022

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9095.00	9095.00
(ii) Unitemized .....	29763.00	29763.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38858.00	38858.00
(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) .....	38858.00	38858.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	38858.00	38858.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38858.00	38858.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	917.67	917.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	917.67	917.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	137500.00	137500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	138417.67	138417.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138417.67	138417.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38858.00	38858.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38858.00	38858.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	917.67	917.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	917.67	917.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Marinelli, Aaron, M. J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36711 American Way  
Suite 2F

City Avon	State OH	Zip Code 44011-4061
--------------	-------------	------------------------

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

Name of Employer (for Individual) Magis Advisory Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2022

**Transaction ID : 16348423**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1400 E. Michigan Ave

City Lansing	State MI	Zip Code 48912-2107
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Physicians Health Plan of MI	Occupation (for Individual) VP, Business Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2022

**Transaction ID : 16348432**

Amount of Each Receipt this Period  
365.00

Memo Item

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

Mailing Address P O Box 641

City Corona Del Mar	State CA	Zip Code 92625-0641
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2022

**Transaction ID : 16348614**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Geissinger, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3530 N. 163 Plaza  
 City Omaha State NE Zip Code 68116-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Preferred Marketing Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2022  
**Transaction ID : 16349330**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Drapal, Todd, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N. 203rd St Suite 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 11 / 2022  
**Transaction ID : 16349331**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Schlange, Mark, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4383 Nicholas St Ste. 207  
 City Omaha State NE Zip Code 68131-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marketplace Nebraska Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2022  
**Transaction ID : 16349334**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2365.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bechtold, Annette, , REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 Stone Cliff Trace  
 City Cleveland State GA Zip Code 30528-5397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2022  
**Transaction ID : 16349845**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Slagle, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 277 Bendix Road Suite 500  
 City Virginia Beach State VA Zip Code 23452-1363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Frieden Agency Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 18 / 2022  
**Transaction ID : 16351934**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Wilcox, David, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St Suite 100  
 City Twin Falls State ID Zip Code 83301-4641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magic Valley Insurance, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 19 / 2022  
**Transaction ID : 16444635**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2365.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 40 E. McDermott Drive

City Allen State TX Zip Code 75002-2802

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

Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2022  
**Transaction ID : 16488568**

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 105 Decker Court Suite 310

City Irving State TX Zip Code 75062-2767

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

Name of Employer (for Individual) UnifyHR Occupation (for Individual) Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 28 / 2022  
**Transaction ID : 16488650**

Amount of Each Receipt this Period 3000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Allard, Terry, , CEBS,**

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2022  
**Transaction ID : PR437182327785**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	9095.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	2

FEC Identification Number  
  
**Transaction ID : 16526788**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text" value="917.67"/>
<input type="text" value="917.67"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 430 SOUTH CAPITOL STREET, SE

M M M	/	D D D	/	Y Y Y Y Y
01		07		2022

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  011 Category/Type

Candidate Name

**C** C00000935

**Transaction ID : 16348540**  
Amount of Each Disbursement this Period

15000.00
----------

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

Memo Item

**B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 120 MARYLAND AVENUE NE

M M M	/	D D D	/	Y Y Y Y Y
01		07		2022

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement  011 Category/Type

Candidate Name

**C** C00042366

**Transaction ID : 16348541**  
Amount of Each Disbursement this Period

15000.00
----------

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

Memo Item

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 FIRST STREET S.E.

M M M	/	D D D	/	Y Y Y Y Y
01		07		2022

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  011 Category/Type

Candidate Name

**C** C00075820

**Transaction ID : 16348542**  
Amount of Each Disbursement this Period

15000.00
----------

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

Memo Item

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

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

45000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 01 / 07 / 2022

FEC Identification Number: C00027466  
Transaction ID : 16348543  
Amount of Each Disbursement this Period: 15000.00

Memo Item

**B. Amanda Makki for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 47483

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement  011 Category/Type

Candidate Name  
Makki, Amanda, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: FL District: 13

Date of Disbursement: 01 / 07 / 2022

FEC Identification Number: C00708263  
Transaction ID : 16348544  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Jim Costa For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 2037 W Bullard Avenue # 355

City Fresno State CA Zip Code 93711

Purpose of Disbursement  011 Category/Type

Candidate Name  
Costa, Jim, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 16

Date of Disbursement: 01 / 07 / 2022

FEC Identification Number: C00391029  
Transaction ID : 16348546  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 17000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends To Elect Dr. Greg Murphy To Congress**

Mailing Address PO Box 1131

City Greenville State NC Zip Code 27835

Purpose of Disbursement

Category/Type

Candidate Name  
**Murphy, Gregory, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NC District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16348547**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address 410 First Street, SE, Suite 200

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16348548**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16348549**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	2

Mailing Address 124 16th Street SE

FEC Identification Number

**C** C00433060

**Transaction ID : 16348550**  
Amount of Each Disbursement this Period

5000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement  011 Category/Type

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

Full Name (Last, First, Middle Initial)

**B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	2

Mailing Address 700 13TH STREET, NW

FEC Identification Number

**C** C00409730

**Transaction ID : 16348551**  
Amount of Each Disbursement this Period

5000.00

Memo Item

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  011 Category/Type

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

Full Name (Last, First, Middle Initial)

**C. MODERATE DEMOCRATS PAC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	2

Mailing Address P.O. Box 70179

FEC Identification Number

**C** C00436022

**Transaction ID : 16348552**  
Amount of Each Disbursement this Period

5000.00

Memo Item

City Washington State DC Zip Code 20024

Purpose of Disbursement  011 Category/Type

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

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Future Forum PAC**

Mailing Address PO BOX 83142

City  
GAITHERSBURG

State  
MD

Zip Code  
20883

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	2

FEC Identification Number

C00625988

Transaction ID : 16348554

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Equality PAC**

Mailing Address PO BOX 15337

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	2

FEC Identification Number

C00550970

Transaction ID : 16348555

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jim Costa For Congress**

Mailing Address 2037 W Bullard Avenue  
# 355

City  
Fresno

State  
CA

Zip Code  
93711

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Costa, Jim, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	2

FEC Identification Number

C00391029

Transaction ID : 16348562

Amount of Each Disbursement this Period

1000.00

Memo Item

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

11000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Full Name (Last, First, Middle Initial)

A. CHC BOLD PAC

Mailing Address PO BOX 75357

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement Category/Type 011
Candidate Name

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

Date of Disbursement 01 / 11 / 2022

FEC Identification Number C00365536
Transaction ID : 16349856
Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CBCPAC

Mailing Address PO BOX 75357

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement Category/Type 011
Candidate Name

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

Date of Disbursement 01 / 11 / 2022

FEC Identification Number C00147512
Transaction ID : 16349857
Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Category/Type 011
Candidate Name Thompson, Mike, , Rep.,

Office Sought: [x] House Disbursement For: 2022 Primary General Other (specify)
State: CA District: 05

Date of Disbursement 01 / 11 / 2022

FEC Identification Number C00326363
Transaction ID : 16349858
Amount of Each Disbursement this Period 1500.00

Memo Item

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

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

11500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jim Risch For U S Senate Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	2	2		

Mailing Address 407 W Jefferson

FEC Identification Number

**C** C00440362

**Transaction ID : 16349867**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Boise State ID Zip Code 83702

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Risch, James, E., Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify) ▼

State: ID District:

Full Name (Last, First, Middle Initial)

**B. LOBO PAC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	2	2		

Mailing Address PO BOX 25852

FEC Identification Number

**C** C00497073

**Transaction ID : 16349868**

Amount of Each Disbursement this Period

2500.00

Memo Item

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	5		2	0	2	2		

Mailing Address PO Box 1135

FEC Identification Number

**C** C00412304

**Transaction ID : 16485584**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Helena State MT Zip Code 59624

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Tester, Jon, , Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MT District:

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Fred Keller for Congress**

Full Name (Last, First, Middle Initial)  
Fred Keller for Congress

Date of Disbursement: 01 / 25 / 2022

Mailing Address: 23 N Derr Drive, Suite 2

City: Lewisburg, State: PA, Zip Code: 17837

Purpose of Disbursement: 011

Candidate Name: Keller, Fred, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: PA, District: 12

FEC Identification Number: C00697052  
Transaction ID: 16485637  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Ann Wagner For Congress**

Full Name (Last, First, Middle Initial)  
Ann Wagner For Congress

Date of Disbursement: 01 / 25 / 2022

Mailing Address: PO Box 50

City: Ballwin, State: MO, Zip Code: 63022

Purpose of Disbursement: 011

Candidate Name: Wagner, Ann, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: MO, District: 02

FEC Identification Number: C00495846  
Transaction ID: 16485665  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Marco Rubio For Us Senate**

Full Name (Last, First, Middle Initial)  
Marco Rubio For Us Senate

Date of Disbursement: 01 / 25 / 2022

Mailing Address: 228 S WASHINGTON ST, STE 115

City: ALEXANDRIA, State: VA, Zip Code: 22314

Purpose of Disbursement: 011

Candidate Name: Rubio, Marco, ,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: FL, District:

FEC Identification Number: C00458844  
Transaction ID: 16485694  
Amount of Each Disbursement this Period: 1500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Nevadans For Steven Horsford</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2022
Mailing Address PO Box 336664		FEC Identification Number C00668228 <b>Transaction ID : 16485695</b>
City North Las Vegas	State NV	Zip Code 89033
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Horsford, Steven, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NV	District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Thune</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2022
Mailing Address PO Box 841		FEC Identification Number C00409581 <b>Transaction ID : 16485700</b>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Thune, John, R., Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: SD	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Garret Graves For Congress</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2022
Mailing Address PO Box 64845		FEC Identification Number C00558486 <b>Transaction ID : 16486713</b>
City Baton Rouge	State LA	Zip Code 70896
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Graves, Garret, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: LA	District: 06	<input type="checkbox"/> Memo Item

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

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

7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes...

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

Form A: Graves For Congress. Includes fields for Name, Address, Date of Disbursement (01/26/2022), FEC ID (C00359034), Amount (1000.00), and Disbursement Type (011).

Form B: Armstrong For Congress. Includes fields for Name, Address, Date of Disbursement (01/28/2022), FEC ID (C00670547), Amount (1000.00), and Disbursement Type (011).

Form C: Peter Meijer For Congress. Includes fields for Name, Address, Date of Disbursement (01/28/2022), FEC ID (C00710962), Amount (1000.00), and Disbursement Type (011).

SUBTOTAL of Disbursements This Page (optional) 3000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Lisa Murkowski For Us Senate. Includes fields for full name, mailing address, date of disbursement (01/28/2022), FEC ID (C00384529), and amount (1500.00).

Form B: Kurt Schrader For Congress. Includes fields for full name, mailing address, date of disbursement (01/28/2022), FEC ID (C00446906), and amount (1500.00).

Form C: Meuser For Congress. Includes fields for full name, mailing address, date of disbursement (01/28/2022), FEC ID (C00654723), and amount (1000.00).

SUBTOTAL of Disbursements This Page (optional) 4000.00
TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011
Category/ Type

Candidate Name  
**Rounds, Mike, , Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2021  Primary  General  Other (specify) ▼  
 State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2022

FEC Identification Number  
**C** C00532465  
**Transaction ID : 16488649**  
 Amount of Each Disbursement this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00
137500.00