

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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"/>	<input type="text"/>	<input type="text" value="358050.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="197714.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30154.17"/>	<input type="text" value="482271.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="227868.88"/>	<input type="text" value="840321.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22689.65"/>	<input type="text" value="635142.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="205179.23"/>	<input type="text" value="205179.23"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

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).....	25500.17	311558.53
(ii) Unitemized	4654.00	167364.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30154.17	478922.53
(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)	30154.17	478922.53
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	3348.56
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)).....▶	30154.17	482271.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30154.17	482271.09

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	539.65	10080.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	539.65	10080.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	624000.00
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	150.00	1062.00
(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)).....	150.00	1062.00
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)) ..	22689.65	635142.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22689.65	635142.52

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30154.17	478922.53
34. Total Contribution Refunds (from Line 28(d))	150.00	1062.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30004.17	477860.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	539.65	10080.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	539.65	10080.52

**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 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Elam, Michael, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9000 Northpark Drive
 City Johnston State IA Zip Code 50131-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Iowa Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848010
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Baker, Misty, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Green Valley Dr
 City Leander State TX Zip Code 78641-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848014
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jacquet, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4584 N. Rancho Drive
 City Las Vegas State NV Zip Code 89130-3478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Branch Benefits Consultants Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848016
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	127.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Shaw, Wanda, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 South 10 Street
 City Griffin State GA Zip Code 30224-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848017
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bagley, Calvin, Dean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9640 W. Tropicana Avenue, Suite 10
 City Las Vegas State NV Zip Code 89147-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nuvo Health Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848020
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kennedy-Simington, Dierdre, , CHRS, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 E. Green Street, Second Floor
 City Pasadena State CA Zip Code 91101-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAssist Health Insurance Services, L Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848022
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Bennett, Andrea, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5360 Gulf of Mexico Drive #107
 City Longboat Key State FL Zip Code 34228-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AM Bennett & Co Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848023
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Boop, Deborah, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 North Chestnut Street Suite 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848025
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Records, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Jenny Drive
 City Bear State DE Zip Code 19701-2436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthEquity Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848026
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Giardina, Charles, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1143.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848029
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Riedl, Alycia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16570 Lake Ridge Dr
 City Maple Grove State MN Zip Code 55311-1453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848037
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Stubbs, Clifton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3808 Stockton Ln
 City Dallas State TX Zip Code 75287-4906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhythm Insurance Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt 10 / 02 / 2022
Transaction ID : 16848038
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Yurek, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13240 Evening Creek Dr S
 Suite 305

City San Diego State CA Zip Code 92128-4105

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

Name of Employer (for Individual) Terri Yurek Insurance Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 10 / 03 / 2022
Transaction ID : 16848399

Amount of Each Receipt this Period
 85.00

Memo Item

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

Mailing Address PO Box 996

City Killeen State TX Zip Code 76540-0996

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

Name of Employer (for Individual) BKCW Insurance Agency Occupation (for Individual) Employee Benefits Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 10 / 03 / 2022
Transaction ID : 16848401

Amount of Each Receipt this Period
 30.00

Memo Item

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

Mailing Address 13700 Six Mile Cypress Pkwy

City Fort Myers State FL Zip Code 33912-4324

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

Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 10 / 03 / 2022
Transaction ID : 16848404

Amount of Each Receipt this Period
 85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Bibian, Jolene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Maple Ct # 212
 City Ventura State CA Zip Code 93003-9122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mills + Maple Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848405
 Amount of Each Receipt this Period 30.00
 Memo Item

B. King, Carolyn, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Country Lane
 City Sussex State NJ Zip Code 07461-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolyn J King Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848406
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848407
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848408
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848410
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Murphy, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3080 S Jog Rd
 City Greenacres State FL Zip Code 33467-2053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848411
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 3990 Old Town Avenue
Suite A-111

City San Diego State CA Zip Code 92110-2902

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

Name of Employer (for Individual) John Rodee Insurance Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848462

Amount of Each Receipt this Period 150.00

Memo Item

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

Mailing Address 5797 Harvey St
Ste A

City Norton Shores State MI Zip Code 49444-6727

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

Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.83

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848464

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 1440 Beaumont Avenue

City Cherry Valley State CA Zip Code 92223-6820

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

Name of Employer (for Individual) The Benefits Consultancy Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848466

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Rosenfeld, Adam, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 Walt Whitman Rd
 Suite 1568
 City Melville State NY Zip Code 11747-6694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubicon Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848468
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Grant, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 15th Place NW Suite 203
 City Issaquah State WA Zip Code 98027-5373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Research Associates, Inc. Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848475
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Fowler, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Community Way
 City Gainesville State GA Zip Code 30501-2581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Turner,Wood and Smith Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848491
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Gordon, Rebecca, Margaret, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20236 Hague Road
 City Noblesville State IN Zip Code 46062-9540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gordon Marketing Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848492
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Davidson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 W Horizon Ridge Pkwy #2612
 City Henderson State NV Zip Code 89052-5794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Davidson Benefits Planning, LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848522
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Levitz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Three Parkway North Suite 500
 City Deerfield State IL Zip Code 60015-2567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GCG Financial, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16848528
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1615.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Nursick, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 Hemingway Dr
 Apt 259
 City Oklahoma City State OK Zip Code 73118-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Birchall & Hampton Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2022
Transaction ID : 16848530
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Kohout, James, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1553 Summit Shores Vista
 City Burnsville State MN Zip Code 55306-5813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Jim Kohout Agency, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2022
Transaction ID : 16848532
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Stafford, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 Vincennes Rd
 Suite 200
 City Indianapolis State IN Zip Code 46268-3039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Rx HELP Centers
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2022
Transaction ID : 16848538
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Petitt, Beverly, Jan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5002 Knickerbocker Rd
 City San Angelo State TX Zip Code 76904-7519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Floyd C. Petitt Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16849005
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Hasling, James, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8512 Eldorado Street, NE
 City Blaine State MN Zip Code 55449-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hasling Insurance Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 03 / 2022
Transaction ID : 16849009
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Messina, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20061 Ridgeway Ct
 City Clinton Township State MI Zip Code 48038-2290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 16849888
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	760.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Nolimal, Frank, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 16849889
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Carroll, Ryan, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Florence Ave
 City Cincinnati State OH Zip Code 45206-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Broker Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 16849890
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 16849894
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	355.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Sullivan, Brian, , RHU,REBC,F,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 Little Creek Circle
 City Newbury Park State CA Zip Code 91320-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 16850018
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. McClaskey, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt 10 / 04 / 2022
Transaction ID : 16851121
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Clark, Valerie, Jeanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Hammill Ln
 City Reno State NV Zip Code 89511-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clark and Associates of Nevada Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852121
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. York, Melanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 82nd St
 City Lubbock State TX Zip Code 79424-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852123
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sailer, Gregory, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8623 Eagle Point Blvd.
 City Lake Elmo State MN Zip Code 55042-8628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sailer Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852125
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Carothers, Christopher, B., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E Warm Springs Rd. Suite 400
 City Las Vegas State NV Zip Code 89120-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carothers Insurance Agency, Inc. Occupation (for Individual) Agency Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852126
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Deru, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 393 W Gordon Ave
 Ste 1
 City Layton State UT Zip Code 84041-2391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852128
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Croft, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 Burks Hill Rd
 City Bedford State VA Zip Code 24523-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croft Insurance Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852129
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852134
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Kirk, Stephanie, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18887 State Highway 305
 Suite 300
 City Poulsbo State WA Zip Code 98370-7461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Agency President & Licensed Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852136
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Plymwood Dr
 City Plymouth Meeting State PA Zip Code 19462-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852137
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Gualtieri, Peter, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 JFK Boulevard, Suite 1220
 City Philadelphia State PA Zip Code 19103-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852138
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Buffington, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3112 South 13th
 City Lincoln State NE Zip Code 68502-4514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A+ Brokerage Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852140
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Sale, Raymer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2022
Transaction ID : 16852141
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Carmichael, Stacy, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 SW 2nd Ave
 City Portland State OR Zip Code 97204-3153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health, Inc Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854174
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Parkway
 City Flower Mound State TX Zip Code 75028-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854177
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lang, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4231 Silveroak Way
 City Boise State ID Zip Code 83709-6235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lang Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854179
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Cupo, Gary, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fairfields Commons 271 Route 46 West Suite F-109
 City Fairfield State NJ Zip Code 07004-2447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Health Insurance Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854182
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854183
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hoffman, Crystal, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 709
 City Sugar Land State TX Zip Code 77487-0709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854184
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sokol, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Drive Suite 330
 City Troy State MI Zip Code 48084-5611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilshire Benefits Group Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854185
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	312.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 234 Fifth Ave
Ste 501

City New York State NY Zip Code 10001-7607

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 06 / 2022
Transaction ID : 16854186

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 3800 N. Central Ave
9th Floor

City Phoenix State AZ Zip Code 85012-1979

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854288

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 31666 W. Nine Dr.

City Laguna Niguel State CA Zip Code 92677-2955

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

Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854292

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Gussin, Craig, , CLU, LPRT,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Auerbach & Gussin Insurance and Financ Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854293
 Amount of Each Receipt this Period 85.00
 Memo Item

B. 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) Occupation (for Individual)
 Magis Advisory Group Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2575.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854295
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hahn, Monique, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Cahaba Park Cir Ste 133
 City Birmingham State AL Zip Code 35242-5043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SB&W LLC Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854296
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Frizzell, Paula, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 Star Shoot Parkway
 Suite 170-408
 City Lexington State KY Zip Code 40509-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frizzell and Associates, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854297
 Amount of Each Receipt this Period 85.00
 Memo Item
 Membership Form

B. Chubet, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Main St.
 Suite B
 City Farmington State CT Zip Code 06032-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2022
Transaction ID : 16854298
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Garcia, J., Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Jordan Street
 Suite 400
 City Shreveport State LA Zip Code 71101-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moreman, Moore & Co. Inc. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854623
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Eldridge, Jaudaun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6490 S McCarran Blvd Bldg C-24
 City Reno State NV Zip Code 89509-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eldridge Agency Llc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854627
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1780.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854631
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Clingan, Nedra, C., GBDS, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13222 Huisache Way
 City Helotes State TX Zip Code 78023-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854632
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Redmon, Bridget, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 E. Lewis & Clark Parkway
 Suite 205
 City Clarksville State IN Zip Code 47129-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Redmon Insurance Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854634
 Amount of Each Receipt this Period 32.00
 Memo Item

B. Galardini, Richard, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Pinewood Ln
 Ste 301
 City Warrendale State PA Zip Code 15086-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854637
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Washko, Carla, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd.
 Suite 103
 City Middlebrg Hts State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854638
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Trokey, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 S. Kirkwood Rd
 Ste 201
 City Saint Louis State MO Zip Code 63122-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854639
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Tandrow, Tara, , CIC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6720 N Scottsdale Road
 Suite 310
 City Scottsdale State AZ Zip Code 85253-4473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB Southwest Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2022
Transaction ID : 16854640
 Amount of Each Receipt this Period 30.00
 Memo Item

c. Magnuson, Raymond, E., JD,CLU,ChF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4337 E. 5th Street
 City Tucson State AZ Zip Code 85711-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854659
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Hansen, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 So 2nd St
 City Mount Vernon State WA Zip Code 98273-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Financial Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854660
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Haberman, Joshua, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1775.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854663
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Caselman, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 N 4th St
 City Grand Junction State CO Zip Code 81501-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Home Loan Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854664
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 366
 City Westfield State IN Zip Code 46074-0366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Human Capital Concepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854666
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Jimison, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6185 Magnolia Ave Ste 319
 City Riverside State CA Zip Code 92506-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854667
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Deagle, Michael, P., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 W. State St. Suite 150
 City Geneva State IL Zip Code 60134-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1791.70

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854668
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	281.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Rice, Lori, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8830 Buckskin Dr
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marsh Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854669
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Mordo, David, , ACA Certif,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Kennedy Court
 City Middletown State NJ Zip Code 07748-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2410.00

Date of Receipt 10 / 09 / 2022
Transaction ID : 16854670
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Lordigyan, Craig, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Jenny Jump Road
 City Blirstown State NJ Zip Code 07825-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lordigyan Insurance Agency, LLC Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 10 / 2022
Transaction ID : 16855196
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Hartley, Lawrence, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 Main Street
 Suite 450
 City Irvine State CA Zip Code 92614-8274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Risk Strategies Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 10 / 2022
Transaction ID : 16855197
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Rogers, Malia, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2966
 City Hayden State ID Zip Code 83835-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MediGap Pros LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 10 / 2022
Transaction ID : 16855198
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Goodman, Rondi, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3412 Brennan Drive
 City Raleigh State NC Zip Code 27613-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodman Medicare Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 10 / 2022
Transaction ID : 16855200
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Dillon, Michael, F., CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Flint Street

City Reno	State NV	Zip Code 89501-2005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dillon Health	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2995.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2022

Transaction ID : 16855204

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 625 Oak Street

City Laguna Beach	State CA	Zip Code 92651-2920
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2022

Transaction ID : 16855205

Amount of Each Receipt this Period
30.00

Memo Item

C. Buffum, Ronald, S., SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3016 Rock Rose Pl

City Round Rock	State TX	Zip Code 78665-3821
--------------------	-------------	------------------------

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

Name of Employer (for Individual) The Buffum Group LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2022

Transaction ID : 16855206

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Block, Howard, , SGS,

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

Mailing Address 8722 Oak Kolbe Ln

City Houston	State TX	Zip Code 77080-1468
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Evry Health	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2022

Transaction ID : 16855457

Amount of Each Receipt this Period
30.00

Memo Item

B. Kelley, Dianne, M., ,

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

Mailing Address 7320 N La Cholla Blvd.
154-219

City Tucson	State AZ	Zip Code 85741-2309
----------------	-------------	------------------------

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

Name of Employer (for Individual) Sandbrook Group	Occupation (for Individual) Ins. Broker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2022

Transaction ID : 16855458

Amount of Each Receipt this Period
63.00

Memo Item

C. Nursick, Dana, , ,

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

Mailing Address 4400 Hemingway Dr
Apt 259

City Oklahoma City	State OK	Zip Code 73118-2241
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Birchall & Hampton	Occupation (for Individual) Marketing Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
322.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2022

Transaction ID : 16855460

Amount of Each Receipt this Period
12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Hogeland, Charlene, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N Central Ave
 Ninth Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1765.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 16855698
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Rodriguez, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 S. IH 35, Suite 155
 Ste 155
 City Austin State TX Zip Code 78747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texhealth Central Texas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 16855706
 Amount of Each Receipt this Period 215.00
 Memo Item

c. Magnuson, Raymond, E., JD,CLU,ChF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4337 E. 5th Street
 City Tucson State AZ Zip Code 85711-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 10 / 11 / 2022
Transaction ID : 16855708
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Berman, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8805 Sawleaf Rd
 City Indianapolis State IN Zip Code 46260-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855795
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Cunix, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6690 Beta Drive, Suite 212
 City Mayfield Village State OH Zip Code 44143-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cunix Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855799
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 S. Riverside Plaza Suite 900
 City Chicago State IL Zip Code 60606-5975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855801
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. May, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 East Main Suite A
 City Puyallup State WA Zip Code 98372-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855805
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Fairbairn, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Creative Insurance Concepts Inc 8069 Little Circle Rd
 City Noblesville State IN Zip Code 46060-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Insurance Concepts Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855809
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17117 Oak Drive Suite D
 City Omaha State NE Zip Code 68130-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855813
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Brannon, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group US, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855815
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Blomgren, Laura, , CLTC, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Tracy Ln
 City Elgin State IL Zip Code 60124-4340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855817
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hild, Donald, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2640 Willard Dairy Rd. Suite 122
 City HIGH POINT State NC Zip Code 27265-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855825
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Vipond, Elizabeth, T., CLU, CFP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Cumberland Av Unit 1903
 City Tampa State FL Zip Code 33602-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Senior Health Advisor Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2022
Transaction ID : 16855827
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Schroeder, Scott, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 East First Street P O Box 327
 City Mechanicsville State IA Zip Code 52306-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schroeder & Associates, LLC Occupation (for Individual) President/Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855980
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Canter, Julianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855983
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Scholz, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St
 Ste 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855984
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street
 Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855986
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3071 Via Serena N.
 Unit A.
 City Laguna Woods State CA Zip Code 92637-0416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855987
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855988
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Sherrill, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 Palm Springs Dr, Suite 270
 City Altamonte Springs State FL Zip Code 32701-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855989
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Anderson, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11247 69th St NE Albertville
 City Albertville State MN Zip Code 55301-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16855990
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Ritter, Heidi, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 Interstate Dr
 City Harrisburg State PA Zip Code 17110-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ritter Insurance Marketing LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16856004
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Ritter, Craig, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 Interstate Dr
 City Harrisburg State PA Zip Code 17110-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ritter Insurance Marketing LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16856005
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Hayes, Judith, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Hialeah Circle
 City Odessa State TX Zip Code 79761-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hayes Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 13 / 2022
Transaction ID : 16856006
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Chornak, Shelley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879588
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Fearing, Meagan, Ray, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 N Wahsatch Ave
 City Colorado Springs State CO Zip Code 80903-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Marketing Enterprises, Inc Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879590
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Benkowski, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4688 W Jennifer Ave Ste 103
 City Fresno State CA Zip Code 93722-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879591
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Lovich, Cathryn, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Lee Elgin Road
 City Woolwine State VA Zip Code 24185-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879592
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Smith, John, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 N Boulevard
 City Anderson State SC Zip Code 29621-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHK & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879593
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10286 Staples Mill Road #128
 City Glen Allen State VA Zip Code 23060-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renkar Insurance Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879596
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Sutton, Trent, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 Poleline Rd., # A
 City Pocatello State ID Zip Code 83201-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Real Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879598
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Cottingham Ct
 City Greensboro State NC Zip Code 27410-8362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879599
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Pierce, Mary, Jeannette, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1306 SE 105th Ct
 City Vancouver State WA Zip Code 98664-4746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Northwest Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2022
Transaction ID : 16879600
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Daidone, Grace, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3301 S. Virginia

City Reno	State NV	Zip Code 89502-4516
--------------	-------------	------------------------

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

Name of Employer (for Individual) A and H Insurance, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 16879601

Amount of Each Receipt this Period
30.00

Memo Item

B. Johnson, David, S., LUTCF,RHU,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12138 Big Canoe

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 16879602

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 84

City Royse City	State TX	Zip Code 75189-0084
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : 16879604

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Dixon, Cynthia, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 S Main
 City SEARCY State AR Zip Code 72143-6847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Haymond Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880821
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Spleet, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franklin Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880822
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Stair, B. Gene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6626 Silvermine Dr. Suite 500
 City Austin State TX Zip Code 78736-1785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stair & Associates LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880823
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Rose, Sherry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 E Patton St
 City La Fayette State GA Zip Code 30728-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Solutions To Medicare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880824
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Huston, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 University Street Suite 1900
 City Seattle State WA Zip Code 98101-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Companies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880825
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Denz, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 N Wacker Dr Ste 500
 City Chicago State IL Zip Code 60606-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Benefit Advisors Occupation (for Individual) Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1740.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880826
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Easterling, Sy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Porter Ave
 City Biloxi State MS Zip Code 39530-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BXS Insurance Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880827
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bilhartz, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41865 Boardwalk Ste 108
 City Palm Desert State CA Zip Code 92211-9031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880831
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880832
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Bellman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 Branch Hollow Dr
 City Dallas State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2022
Transaction ID : 16880833
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Frankel, Teri, Frankel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21820 Burbank Blvd Suite 300
 City Woodland Hills State CA Zip Code 91367-6485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881151
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Michaelson Jenet, Dafna, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16891 East 107th Avenue
 City Commerce City State CO Zip Code 80022-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kalish Financial Services, LLC Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881152
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Munger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 W. Magistrate Loop
 City Hayden State ID Zip Code 83835-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881155
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Enders, Shannon, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5797 Harvey St Ste A
 City Norton Shores State MI Zip Code 49444-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.33

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881156
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Mlynarski, Angela, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Ferndale Way
 City Saint Augustine State FL Zip Code 32092-7645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881157
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Kennedy, Tamara, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7310 N 16th Street
 Suite 226
 City Phoenix State AZ Zip Code 85020-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1215.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881158
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Hazelwood Lane
 City Kinnelon State NJ Zip Code 07405-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 16 / 2022
Transaction ID : 16881160
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Patton, Lee, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 16881193
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Paulus, Raquel, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1368 Business Park Drive
 City Traverse City State MI Zip Code 49686-8640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peterson McGregor Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 16881197
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bailey, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Ave 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 16881199
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Woodboro Dr
 City Huntington Beach State CA Zip Code 92649-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 17 / 2022
Transaction ID : 16881201
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	107.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1070 Reef Rd
 Apt 305
 City Vero Beach State FL Zip Code 32963-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2022
Transaction ID : 16881202
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Tompkins, Daniel, R., JD, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse
 Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2022
Transaction ID : 16881205
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Balla, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 371 Steeplechase Drive
 City Cranberry Twp State PA Zip Code 16066-2239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alera Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2022
Transaction ID : 16881206
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Pantello, Julie, Ann, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Allentown Rd.

City Lima	State OH	Zip Code 45805-1716
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : 16881208

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 1000 Beckstrom Drive

City Oviedo	State FL	Zip Code 32765-5913
----------------	-------------	------------------------

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

Name of Employer (for Individual) BKS Partners	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2022

Transaction ID : 16881986

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 3800 American Blvd W
Suite 1500

City Minneapolis	State MN	Zip Code 55431-4429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Anderson Benefit Partners	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2022

Transaction ID : 16881987

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16881989
 Amount of Each Receipt this Period 42.00
 Memo Item

B. McDermott, H., Luke, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 883 West Baxter Drive
 City South Jordan State UT Zip Code 84095-8506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McDermott Company & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16881993
 Amount of Each Receipt this Period 30.00
 Memo Item

c. Singleton, Terry, , REBC,CFP,C,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195579
 City Winter Springs State FL Zip Code 32719-5579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2025.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16881997
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Waren, M. Hughes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 7661
 City Wilmington State NC Zip Code 28406-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16881998
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Reynolds, Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5776 Lindero Cyn Rd D342
 City Westlake Village State CA Zip Code 91362-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16882000
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Wolfe, Rosanne, , RHU, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16882002
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Eckard, Brenda, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 18 / 2022
Transaction ID : 16882003
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Walker, Mychal, Hutchinson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3455 Peachtree Industrial Blvd Ste 305
 City Duluth State GA Zip Code 30096-5176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Walker Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 19 / 2022
Transaction ID : 16883868
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kanter, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 Lombard St Ste B
 City Thousand Oaks State CA Zip Code 91360-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Get Benefits Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 19 / 2022
Transaction ID : 16883878
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 69
	<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Riggs, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 14788

City Irvine	State CA	Zip Code 92623-4788
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2022
Transaction ID : 16883879

Amount of Each Receipt this Period
 85.00

Memo Item

B. Stephens, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8110 S Houghton Rd #158-198

City Tucson	State AZ	Zip Code 85747-4711
----------------	-------------	------------------------

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

Name of Employer (for Individual) Old Pueblo Benefit Advisors	Occupation (for Individual)
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2022
Transaction ID : 16967582

Amount of Each Receipt this Period
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$0.00

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

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	25500.17

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)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

001

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
10			01			2022			

FEC Identification Number

C

Transaction ID : 16967338

Amount of Each Disbursement this Period

539.65

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

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

539.65

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

539.65

**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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Darren Soto For Congress

Full Name (Last, First, Middle Initial)
Darren Soto For Congress

Mailing Address PO Box 421349

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement

Candidate Name
Soto, Darren, , ,

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

State: FL District: 09

Date of Disbursement: 10 / 04 / 2022

FEC Identification Number: C00581074
Transaction ID : 16770729
Amount of Each Disbursement this Period: - 2000.00
Re-designation on 10/04/2022

Memo Item

B. Friends Of John Barrasso

Full Name (Last, First, Middle Initial)
Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

Candidate Name
Barrasso, John, A., Sen., MD

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement: 10 / 13 / 2022

FEC Identification Number: C00436386
Transaction ID : 16838686
Amount of Each Disbursement this Period: - 1000.00
Re-designation on 10/13/2022

Memo Item

C. Darren Soto For Congress

Full Name (Last, First, Middle Initial)
Darren Soto For Congress

Mailing Address PO Box 421349

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

Candidate Name
Soto, Darren, , ,

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

State: FL District: 09

Date of Disbursement: 07 / 12 / 2022

FEC Identification Number: C00581074
Transaction ID : 16849964
Amount of Each Disbursement this Period: 2000.00
Funds Reported On <Enter Report Name Here>

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Darren Soto For Congress		Date of Disbursement MM / DD / YYYY 10 / 04 / 2022
Mailing Address PO Box 421349		FEC Identification Number C00581074 Transaction ID : 16849965
City Kissimmee	State FL	Zip Code 34742
Purpose of Disbursement Campaign team redesignated to general Re-designated funds for trans. dated 7/12/2022		011 Category/Type
Candidate Name Soto, Darren, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item Campaign team redesignated to general Re-designated funds for trans. dated 7/12/2022
State: FL	District: 09	

Full Name (Last, First, Middle Initial) B. Friends Of Jeremy Shaffer		Date of Disbursement MM / DD / YYYY 10 / 06 / 2022
Mailing Address PO Box 391		FEC Identification Number C00803726 Transaction ID : 16854234
City Gibsonia	State PA	Zip Code 15044
Purpose of Disbursement		011 Category/Type
Candidate Name Shaffer, Jeremy, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 17	

Full Name (Last, First, Middle Initial) C. Kevin Kiley For Congress		Date of Disbursement MM / DD / YYYY 10 / 06 / 2022
Mailing Address 9458 Treelake Rd		FEC Identification Number C00801985 Transaction ID : 16854235
City Granite Bay	State CA	Zip Code 95746
Purpose of Disbursement		011 Category/Type
Candidate Name Kiley, Kevin, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 03	

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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Rudy For Indiana

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement 011 Category/Type

Candidate Name
Yakym, Rudy, , ,

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

State: IN District: 02

Date of Disbursement: 10 / 06 / 2022

FEC Identification Number: **C00822767**
Transaction ID : **16854242**
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Garret Graves For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

Purpose of Disbursement 011 Category/Type

Candidate Name
Graves, Garret, , ,

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

State: LA District: 06

Date of Disbursement: 10 / 11 / 2022

FEC Identification Number: **C00558486**
Transaction ID : **16855468**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. John James For Congress, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 628

City Saint Clair Shores State MI Zip Code 48080

Purpose of Disbursement 011 Category/Type

Candidate Name
James, John, , ,

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

State: MI District: 10

Date of Disbursement: 10 / 11 / 2022

FEC Identification Number: **C00803502**
Transaction ID : **16855470**
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Date of Disbursement MM / DD / YYYY 10 / 11 / 2022
Mailing Address PO Box 3176		FEC Identification Number C C00226928 Transaction ID : 16855601
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement	Category/Type 011	
Candidate Name Pallone, Frank, , Rep., Jr.	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 06	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Friends Of John Barrasso		Date of Disbursement MM / DD / YYYY 09 / 06 / 2022
Mailing Address PO Box 52008		FEC Identification Number C C00436386 Transaction ID : 16856716
City Casper	State WY	Zip Code 82605
Purpose of Disbursement Funds Reported On <Enter Report Name Here>	Category/Type 011	
Candidate Name Barrasso, John, A., Sen., MD	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District:	<input checked="" type="checkbox"/> Memo Item Funds Reported On <Enter Report Name Here>	

Full Name (Last, First, Middle Initial) C. Friends Of John Barrasso		Date of Disbursement MM / DD / YYYY 10 / 13 / 2022
Mailing Address PO Box 52008		FEC Identification Number C C00436386 Transaction ID : 16856717
City Casper	State WY	Zip Code 82605
Purpose of Disbursement Redesignating \$1000 to the general since the primary was maxed out at \$500 Re-designated funds for t	Category/Type 011	
Candidate Name Barrasso, John, A., Sen., MD	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District:	<input checked="" type="checkbox"/> Memo Item Redesignating \$1000 to the general since the primary was maxed out at \$500 Re-designated funds for t	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
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)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Hudson For Congress

Mailing Address PO Box 5053

City
Concord

State
NC

Zip Code
28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: NC

District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

C C00504522

Transaction ID : 16879621

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Victoria Spartz For Congress

Mailing Address PO Box 505

City
Noblesville

State
IN

Zip Code
46061

Purpose of Disbursement

011

Category/
Type

Candidate Name

Spartz, Victoria, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: IN

District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

FEC Identification Number

C C00737767

Transaction ID : 16881222

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mullin for America

Mailing Address PO Box 3681

City
Muskogee

State
OK

Zip Code
74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2022

 Primary
 General
 Other (specify) ▼

State: OK

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C C00498345

Transaction ID : 16882023

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. DIRIGO PAC

Mailing Address 1020 N. Fairfax Street, Suite 201

City
Alexandria

State
VA

Zip Code
22314

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
10			18			2022			

FEC Identification Number

C00391797

Transaction ID : 16882026

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

FEC Identification Number

C00445023

Transaction ID : 16882028

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Mailing Address 1020 North Fairfax Street, Suite 2

City
Alexandria

State
VA

Zip Code
22314

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
10			18			2022			

FEC Identification Number

C00387464

Transaction ID : 16882029

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7000.00

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

22000.00