

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2019

through

M M M / D D D / Y Y Y Y Y Y
04 30 2019

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 03 2019

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		341431.16
(b) Cash on Hand at Beginning of Reporting Period.....	324575.90	
(c) Total Receipts (from Line 19)	40913.67	244640.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	365489.57	586071.88
7. Total Disbursements (from Line 31).....	21395.50	241977.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	344094.07	344094.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	9		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	9		

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).....	20781.67	115498.68
(ii) Unitemized	20132.00	129142.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40913.67	244640.72
(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)	40913.67	244640.72
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40913.67	244640.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40913.67	244640.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	1213.50	6870.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1213.50	6870.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	234500.00
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	182.00	607.00
(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)).....	182.00	607.00
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)) ..	21395.50	241977.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21395.50	241977.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	40913.67	244640.72
34. Total Contribution Refunds (from Line 28(d))	182.00	607.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40731.67	244033.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1213.50	6870.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1213.50	6870.81

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

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

FOR LINE NUMBER: PAGE 6 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Murray, Martha, , ,

Mailing Address 2030 Parrish Dr

City
Santa Rosa

State
CA

Zip Code
95404-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
J & M Murray Insurance Services, Inc.

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2019

Transaction ID : 12936487

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. Kite, William, , ,

Mailing Address PO Box 629

City
Roanoke

State
VA

Zip Code
24004-0629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
D&S Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2019

Transaction ID : 12936499

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Sullivan, Brian, T., ,

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)
Humana

Occupation (for Individual)
Market Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2019

Transaction ID : 12936887

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1312.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Hoffman, Crystal, , ,

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2019

Transaction ID : 12936909

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Smith, Paul, E., ,

Mailing Address 100 Queen Street

City
Southington

State
CT

Zip Code
06489-2052

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2019

Transaction ID : 12936912

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Hogeland, Charlene, M., ,

Mailing Address 5516 W Lariat Lane

City
Phoenix

State
AZ

Zip Code
85083-1228

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2019

Transaction ID : 12936919

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

385.00

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

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

FOR LINE NUMBER: PAGE 8 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Fitzgerald, Robert, Mark, ,

Mailing Address 185 Fowler St

City
Woodstock

State
GA

Zip Code
30188-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Robert Fitzgerald Insurance Agency, In

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2019

Transaction ID : 12937303

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Vanduyn, Melissa, , ,

Mailing Address 32 Fox Chase Run

City
Hillsborough

State
NJ

Zip Code
08844-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FNA Insurance Services

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2019

Transaction ID : 12937305

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

C. Dinkel, Matthew, Kim, ,

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2019

Transaction ID : 12937306

Amount of Each Receipt this Period

85.00

☐ 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 9 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Warwick, John, L., ,

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 ▼

340.00

Date of Receipt

04 / 03 / 2019

Transaction ID : 12937311

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Schmidt, Kenneth, L., ,

Mailing Address 1332 Hunters Hollow Court

City
Eureka

State
MO

Zip Code
63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sonus Benefits

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 03 / 2019

Transaction ID : 12937496

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, David, C., ,

Mailing Address 110 N. Corcoran St. #1205

City
Durham

State
NC

Zip Code
27701-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ebenconcepts Company

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

04 / 03 / 2019

Transaction ID : 12937513

Amount of Each Receipt this Period

170.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

355.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Casinelli, Patrick, , ,

Mailing Address 450 B St # 1800

City
San Diego

State
CA

Zip Code
92101-8005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cavnagac & Associates

Occupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2019

Transaction ID : 12937549

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Kennedy, Tamara, P., ,

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2019

Transaction ID : 12937554

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Ober, Sue, M., ,

Mailing Address 3000 NW Stucki Pl.
Ste 230E

City
Hillsboro

State
OR

Zip Code
97124-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sue Ober & Associates, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2019

Transaction ID : 12937759

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

513.00

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

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

FOR LINE NUMBER: PAGE 11 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Hepscher, William, , ,

Mailing Address 38176 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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : 12937780

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Gussin, Craig, , ,

Mailing Address 701 Palomar Airport Road #260

City
Carlsbad

State
CA

Zip Code
92011-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auerbach & Gussin Insurance and Financ

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : 12937781

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Rianhard, Dane, , ,

Mailing Address 1 E. Pratt St., Unit 902

City
Baltimore

State
MD

Zip Code
21202-1193

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TriBridge Partners, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : 12937787

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 12 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Sklar, Erika, , ,

Mailing Address 1415 Walton Blvd

City
Rochester Hills

State
MI

Zip Code
48309-1775

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Crawford Insurance Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2019

Transaction ID : 12937865

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Webb, Charles, A., ,

Mailing Address 2670 Electric Rd

City
Roanoke

State
VA

Zip Code
24018-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Innovative Insurance Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2019

Transaction ID : 12937867

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Sokol, David, , ,

Mailing Address 901 Wilshire Drive
Suite 330

City
Troy

State
MI

Zip Code
48084-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wilshire Benefits Group Inc

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2019

Transaction ID : 12937870

Amount of Each Receipt this Period

170.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

483.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Pendorf, Paul, , ,

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2019

Transaction ID : 12937887

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Bremer, Emily, Black, ,

Mailing Address 8000 Bonhomme Ave., # 213

City

Saint Louis

State

MO

Zip Code

63105-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Bremer Group, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2019

Transaction ID : 12937889

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Deru, Scott, E., ,

Mailing Address PO Box 336

City

Layton

State

UT

Zip Code

84041-0336

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fringe Benefits Analysts

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2019

Transaction ID : 12937893

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

248.00

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

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

FOR LINE NUMBER: PAGE 14 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Galardini, Richard, F., ,

Mailing Address 7000 Stonewood Dr
Suite 251

City
Wexford

State
PA

Zip Code
15090-7376

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JRG Advisors, LLC

Occupation (for Individual)
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938332

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Rice, Russell, Lee, ,

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)
AVESIS, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938334

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Shores, Thomas, E., ,

Mailing Address 8596 W Bolsa Ct.

City

Boise

State

ID

Zip Code

83709-5196

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
T.A. Shores Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938337

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

252.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Deagle, Michael, P., ,

Mailing Address 935 National Parkway
Suite 93550

City
Schaumburg

State
IL

Zip Code
60173-5150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BenAxis Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938340

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

B. Pendergraft, Ross, W., ,

Mailing Address 21820 Burbank Blvd,
North Building, Suite 300

City
Woodland Hills

State
CA

Zip Code
91367-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Leavitt Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938341

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Schwartz, Matt, B., ,

Mailing Address 2950 Breckenridge Lane, Suite 8

City
Louisville

State
KY

Zip Code
40220-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schwartz Insurance Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938343

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

336.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Maxwell, Lisa, , ,

Mailing Address G3526 Miller Rd. Suite B

City
Flint

State
MI

Zip Code
48507-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Security First Benefits Corporation

Occupation (for Individual)
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938348

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Rose, Mark, , ,

Mailing Address 11225 SE 6 Th St
Suite 110

City

Bellevue

State

WA

Zip Code

98004-6478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Partners Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : 12938351

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Renkar, Christopher, J., ,

Mailing Address 8814 Fargo Road
Suite 125

City

Richmond

State

VA

Zip Code

23229-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent Benefits LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2019

Transaction ID : 12938393

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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

FOR LINE NUMBER: PAGE 17 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Scholz, Paul, Joseph, ,

Mailing Address 17445 Arbor St
Suite 310

City
Omaha

State
NE

Zip Code
68130-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCI

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2019

Transaction ID : 12938395

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Buffington, Tammy, , ,

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2019

Transaction ID : 12938396

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Sansevieri, Paul, F., ,

Mailing Address P O Box 641

City
Corona Del Mar

State
CA

Zip Code
92625-0641

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2019

Transaction ID : 12938405

Amount of Each Receipt this Period

250.00

☐ 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 18 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Haberman, Joshua, , ,

Mailing Address 9301 Bryant Ave S
Suite 105

City
Bloomington

State
MN

Zip Code
55420-3473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alexander & Haberman

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2019

Transaction ID : 12938491

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. O'Connell, Daniel, J., ,

Mailing Address 5080 Spectrum Dr
Suite 1200E

City
Addison

State
TX

Zip Code
75001-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Next Level Insurance Agency

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : 12939213

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Nigro, Samuel, , ,

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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : 12939214

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

FOR LINE NUMBER: PAGE 19 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. McLaughlin, Kenneth, , ,

Mailing Address 1001 Elm Street, Suite 301

City
Manchester

State
NH

Zip Code
03101-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Granite Group Benefits, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : 12939215

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Knight, Ronald David, , ,

Mailing Address PO Box 507

City
Carrollton

State
GA

Zip Code
30112-0009

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : 12939449

Amount of Each Receipt this Period

85.00

☐ Memo Item

Monthly Contribution

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

C. Journey, Gary, , ,

Mailing Address 16545 Village Drive, Bldg B

City
Jersey Village

State
TX

Zip Code
77040-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kainos Partners Inc

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2019

Transaction ID : 12939717

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

255.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Pierce, Mary, Jeannette, ,

Mailing Address 500 NE Multnomah St. #100

City
Portland

State
OR

Zip Code
97232-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

04 / 12 / 2019

Transaction ID : 12978176

Amount of Each Receipt this Period

49.00

☐ Memo Item

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

B. Gertz, Josh, , ,

Mailing Address 353 N Clark St

City
Chicago

State
IL

Zip Code
60654-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANT INSURANCE

Occupation (for Individual)
Compliance Project Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 12 / 2019

Transaction ID : 12978184

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Johnson, David, S., ,

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 ▼

400.00

Date of Receipt

04 / 12 / 2019

Transaction ID : 12978192

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

234.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Blakely, Russ, , ,

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2019

Transaction ID : 13023729

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Daugherty, Cathy, M., ,

Mailing Address 1122 East Lincoln Avenue
Suite 203

City
Orange

State
CA

Zip Code
92865-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bridge Port Benefits

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2019

Transaction ID : 13023730

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Schiebel, Al, C., ,

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2019

Transaction ID : 13023731

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

215.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Grava, A. Andra, , ,

Mailing Address 40 E. McDermott

City
Allen

State
TX

Zip Code
75002-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The DI Center

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2019

Transaction ID : 13023734

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Schroeder, Scott, R., ,

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

Occupation (for Individual)

President/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2019

Transaction ID : 13023741

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Durand, Tina, , ,

Mailing Address 4717 Gollihar Road

City

Corpus Christi

State

TX

Zip Code

78411-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Heavin, Otto & Leavitt Insurance Servi

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2019

Transaction ID : 13023752

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.00

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

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

FOR LINE NUMBER: PAGE 23 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Smith, Michael, David, ,

Mailing Address 233 West Main Street

City
Lewisville

State
TX

Zip Code
75057-3863

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 ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2019

Transaction ID : 13023754

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Hain, Erica, R., ,

Mailing Address MC 32-20

100 North Academy Avenue

City
Danville

State
PA

Zip Code
17822-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Health Plan

Occupation (for Individual)
Senior Director, Commercial Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : 13023769

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Manning, Richard, K., ,

Mailing Address 10315 Woodley Avenue, #131

City
Granada Hills

State
CA

Zip Code
91344-6953

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Accessible Health Insurance Services.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : 13023772

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

215.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Rider, Susan, M., ,

Mailing Address 803 Touralosa Dr

City
Westfield

State
IN

Zip Code
46074-7303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gregory & Appel Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : 13023777

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Ober, Sue, M., ,

Mailing Address 3000 NW Stucki Pl.
Ste 230E

City
Hillsboro

State
OR

Zip Code
97124-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sue Ober & Associates, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2019

Transaction ID : 13024218

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Owens, David, Patrick, ,

Mailing Address 101 Eisenhower Parkway
Second Floor

City
Roseland

State
NJ

Zip Code
07068-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

E.B. Cohen & Co., Inc.

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2019

Transaction ID : 13024230

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

513.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Wallace, Keith, , ,

Mailing Address 1400 Broadway

City
Bellingham

State
WA

Zip Code
98225-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wallace-Rice Benefits, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2019

Transaction ID : 13024237

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Douglas, James, F., ,

Mailing Address 17322 Whetmore Lane

City
Huntington Beach

State
CA

Zip Code
92647-5600

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2019

Transaction ID : 13024241

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. Tompkins, Daniel, R., ,

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2019

Transaction ID : 13024392

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

370.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Wolfe, Rosanne, , ,

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 ▼

295.00

Date of Receipt

04 / 17 / 2019

Transaction ID : 13024395

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Bailey, Andrea, , ,

Mailing Address 3800 N. Central 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 ▼

270.00

Date of Receipt

04 / 17 / 2019

Transaction ID : 13024645

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Perera, Kishan, , ,

Mailing Address 5015 Campuswood Dr. Suite 204 E

City
East Syracuse

State
NY

Zip Code
13057-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benefit Design Services Corp.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 17 / 2019

Transaction ID : 13024651

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

425.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Griffey, Don, R., ,

Mailing Address 56294 Prim Rose Circle

City
Elkhart

State
IN

Zip Code
46516-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hailey-Campbell, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2019

Transaction ID : 13024665

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Denz, Stephanie, , ,

Mailing Address 1100 Wild Ginger Lane

City

Fleming Island

State

FL

Zip Code

32003-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 13025384

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Powell, Rita, H., ,

Mailing Address 3342 Greystone Way

City

Valdosta

State

GA

Zip Code

31605-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

H&H Insurance Solutions, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 13025389

Amount of Each Receipt this Period

63.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

223.00

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

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

FOR LINE NUMBER: PAGE 28 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Raymond, Garrin, Mitchell, ,

Mailing Address 13201 N.W. Fwy. Suite 265

City
Houston

State
TX

Zip Code
77040-6165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest General

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2019

Transaction ID : 13026748

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Greene, Sean, C., ,

Mailing Address 6096 Innovation Way

City
Carlsbad

State
CA

Zip Code
92009-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morrison Insurance Services

Occupation (for Individual)
Employee Benefit Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2019

Transaction ID : 13026759

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Farrell, Jennifer, Liane, ,

Mailing Address 3800 North Central Avenue
9th Floor

City
Phoenix

State
AZ

Zip Code
85012-1979

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2019

Transaction ID : 13026763

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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

FOR LINE NUMBER: PAGE 29 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. **Pittman, Joseph, E., ,**

Mailing Address P O Box 24133

City
Omaha

State
NE

Zip Code
68124-0133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Creative Association Management

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2019

Transaction ID : 13026766

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. **Cheney, Jessica, R., ,**

Mailing Address 3033 N. Central Avenue
Suite 810

City
Phoenix

State
AZ

Zip Code
85012-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arcwood Consulting

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2019

Transaction ID : 13026774

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Cagliola, David, A., ,**

Mailing Address 1550 Liberty Ridge Drive
Suite 250

City
Chesterbrook

State
PA

Zip Code
19087-5567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radnor Benefits Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2019

Transaction ID : 13026776

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 30 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Henry, Thomas, L., ,

Mailing Address 430 W NAPA ST. SUITE F

City
SONOMA

State
CA

Zip Code
95476-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RealCare Insurance Marketing, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 22 / 2019

Transaction ID : 13026777

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Wild, Trei, , ,

Mailing Address 3724 Hearst Castle Way

City
Plano

State
TX

Zip Code
75025-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Protect Plans

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 22 / 2019

Transaction ID : 13026779

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Burns, Patrick, , ,

Mailing Address 5653 Maxwellton Road

City
Oakland

State
CA

Zip Code
94618-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Burns Employee Benefits Insurance Serv

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

760.00

Date of Receipt

04 / 22 / 2019

Transaction ID : 13026817

Amount of Each Receipt this Period

170.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

340.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Burns, Patrick, , ,

Mailing Address 5653 Maxwellton Road

City
Oakland

State
CA

Zip Code
94618-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Burns Employee Benefits Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

04 / 22 / 2019

Transaction ID : 13026819

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. Wilson, Thomas, R., ,

Mailing Address 701 Lamar

City

Wichita Falls

State

TX

Zip Code

76301-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boley Featherston Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

04 / 23 / 2019

Transaction ID : 13026822

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Kohlsdorf, Eric, , ,

Mailing Address 1501 Ingersoll Ave
Suite 200

City

Des Moines

State

IA

Zip Code

50309-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prisma Strategies

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

04 / 23 / 2019

Transaction ID : 13026823

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

425.00

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

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

FOR LINE NUMBER: PAGE 32 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Ackerman, Mark, K., ,

Mailing Address 3700 Forest Drive
Suite 300

City
Columbia

State
SC

Zip Code
29204-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Insurance Management Group, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026829

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Whang, Victor, , ,

Mailing Address 33970 23 Mile Rd.

City

Chesterfield

State

MI

Zip Code

48047-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Insurance Warehouse

Occupation (for Individual)
Broker/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026830

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Hebert, Hedy, S., ,

Mailing Address 390 Plaza Loop.

City

Bossier City

State

LA

Zip Code

71111-4390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benefit Consulting Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026837

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

FOR LINE NUMBER: PAGE 33 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Heemskerck, Cornelis, A., ,

Mailing Address 1901 Butterfield Road
Suite 120

City
Downers Grove

State
IL

Zip Code
60515-7928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Everlong Captive

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026838

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. LaFay, Stacey, S., ,

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026839

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. McClaskey, Barbara, A., ,

Mailing Address 1965 Pine Street

City
Redding

State
CA

Zip Code
96001-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Barbara McClaskey Insurance Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026840

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

157.00

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

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

FOR LINE NUMBER: PAGE 34 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Tellesbo-Kembel, Marsha, , ,

Mailing Address 1001 4th Avenue, Suite 3200

City
Seattle

State
WA

Zip Code
98154-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tellesbo & Company

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026842

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. Munger, David, , ,

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026848

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Copeland, Bob, , ,

Mailing Address 1299 4th Street Suite 208

City
San Rafael

State
CA

Zip Code
94901-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland Insurance Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026853

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

355.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Griffey, Patricia, A., ,

Mailing Address 56294 Primrose Circle

City
Elkhart

State
IN

Zip Code
46516-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Page 1 Medicare

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026857

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Embry, Michael, A., ,

Mailing Address 26555 Evergreen Road
Suite 535

City

Southfield

State

MI

Zip Code

48076-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026859

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

C. Embry, Jeanne, A., ,

Mailing Address 26240 Wacker Drive

City

Chesterfield

State

MI

Zip Code

48051-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026860

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

545.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Sterner, Heidi, J., ,

Mailing Address 7881 W Charleston Blvd Suite 140

City

Las Vegas

State

NV

Zip Code

89117-8326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Leavitt Group Benefits Services

Occupation (for Individual)

Insurance Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 23 / 2019

Transaction ID : 13026863

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Mackin, Martin, John, ,

Mailing Address P O Box 29607

City

San Francisco

State

CA

Zip Code

94129-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Foresight Benefits, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

04 / 23 / 2019

Transaction ID : 13026868

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Patton, Jesse, A., ,

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 ▼

1660.00

Date of Receipt

04 / 23 / 2019

Transaction ID : 13026871

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

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

508.00

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

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

FOR LINE NUMBER: PAGE 37 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Marsh, James, V., ,

Mailing Address 400 S McCaslin Blvd
Suite 201

City
Superior

State
CO

Zip Code
80027-8700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HofgardBenefits

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026872

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Tierney, Robert, J., ,

Mailing Address 830 N Main St
STE 200

City
Meridian

State
ID

Zip Code
83642-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Compass Benefit Advisors

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : 13026875

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Barrera, Rolando, G., ,

Mailing Address 101 N Shoreline Blvd
Suite 410

City
Corpus Christi

State
TX

Zip Code
78401-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roland Barrera Insurance

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2019

Transaction ID : 13027628

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

233.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Tobias, Michael, C., ,

Mailing Address 123 NW 13TH ST Suite 101

City
Boca Raton

State
FL

Zip Code
33432-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
getmehealthcare.com

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2019

Transaction ID : 13027652

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Trokey, Kevin, , ,

Mailing Address 215 S. Kirkwood Rd
Ste 201

City
Saint Louis

State
MO

Zip Code
63122-4359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Q4intelligence

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2019

Transaction ID : 13027725

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Gwin, David, R., ,

Mailing Address P.O. Box 1396

City
Irmo

State
SC

Zip Code
29063-1396

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeastern Insurance Consultants

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2019

Transaction ID : 13027726

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1135.00

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

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

FOR LINE NUMBER: PAGE 39 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Thal, Harry, P., ,

Mailing Address PO BOX 2137

City
KERNVILLE

State
CA

Zip Code
93238-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harry P. Thal Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2019

Transaction ID : 13027728

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Musser, Ray, M., ,

Mailing Address 880 Pebble Beach Dr.

City
Upland

State
CA

Zip Code
91784-9131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ray Musser & Associates Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2019

Transaction ID : 13027730

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Schneider, Chad, P., ,

Mailing Address 848 W. Eastman St.
STE 104

City
Chicago

State
IL

Zip Code
60642-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jellyvision

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2019

Transaction ID : 13027731

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

FOR LINE NUMBER: PAGE 40 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Morrison, James, M., ,

Mailing Address 6096 Innovation Way

City
Carlsbad

State
CA

Zip Code
92009-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morrison Insurance Services, Inc

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : 13027752

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Rivera, Michael, A., ,

Mailing Address 13201 N.W. Fwy. Suite 265

City
Houston

State
TX

Zip Code
77040-6165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest General Insurance

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : 13027757

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Niederman, Brad, , ,

Mailing Address 1745 Shea Center Dr
4th Floor

City
Highlands Ranch

State
CO

Zip Code
80129-1537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Niederman Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : 13027762

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

FOR LINE NUMBER: PAGE 41 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Sale, Raymer, M., ,

Mailing Address 2905 Premiere Parkway
Suite 285

City
Duluth

State
GA

Zip Code
30097-5246

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : 13027776

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Kite, Karen, D., ,

Mailing Address 1414 Franklin Road SW, Suite 2

City

Roanoke

State

VA

Zip Code

24016-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
D&S Agency

Occupation (for Individual)
Carrier Liaison Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : 13027781

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Furr, Kenneth, , ,

Mailing Address 333 Village Bl., Ste. 203

City

Incline Village

State

NV

Zip Code

89451-8293

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Menath Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2019

Transaction ID : 13027803

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

230.00

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

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

FOR LINE NUMBER: PAGE 42 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Singleton, Terry, , ,

Mailing Address 1021 Douglas Ave

City

Altamonte Springs

State

FL

Zip Code

32714-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Enterprise Team at Sihle Insurance

Occupation (for Individual)

Partner

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027926

Amount of Each Receipt this Period

85.00



Memo Item

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

B. Underhill, Elizabeth, J., ,

Mailing Address 5951 Canoga Avenue

City

Woodland Hills

State

CA

Zip Code

91367-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Underhill Insurance Agency, Inc.

Occupation (for Individual)

Insurance agent

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027931

Amount of Each Receipt this Period

85.00



Memo Item

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

C. Reddy, Michael, S., ,

Mailing Address 330 River Pointe Drive

City

Elkhart

State

IN

Zip Code

46514-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Keystone Ins. & Benefits Group, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027934

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 43 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Hill, Donna, D., ,

Mailing Address 2905 Premiere Parkway
Suite 285

City
Duluth

State
GA

Zip Code
30097-5246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
E2E Benefits Services Inc

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027941

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Mordo, David, , ,

Mailing Address 15 West Main St, Route 520

City

Holmdel

State

NJ

Zip Code

07733-2105

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 ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027942

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Jennings, Julie, A., ,

Mailing Address 500 Faunce Corner Rd
Bldg 100, Suite 120

City

Dartmouth

State

MA

Zip Code

02747-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sylvia & Co. Ins. Agency, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027947

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.00

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

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

FOR LINE NUMBER: PAGE 44 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Booth, Neil, A., ,

Mailing Address 23901 Calabasas Road, Suite 2014

City
Calabasas

State
CA

Zip Code
91302-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Marketing Administrators INC

Occupation (for Individual)
Broker & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

04 / 27 / 2019

Transaction ID : 13027948

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Johnson, Suzanne, K., ,

Mailing Address 5955 Carnegie Blvd Suite 150

City
Charlotte

State
NC

Zip Code
28209-4664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Employee Benefit Advisors of the Carol

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

04 / 27 / 2019

Transaction ID : 13027950

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Fisher, Erin, B., ,

Mailing Address 131-6 Courtland Avenue

City
Stamford

State
CT

Zip Code
06902-3443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Find Medicare Plans

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

04 / 27 / 2019

Transaction ID : 13027957

Amount of Each Receipt this Period

170.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

318.00

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

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

FOR LINE NUMBER: PAGE 45 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Cagliola, Victoria, , ,

Mailing Address 1550 Liberty Ridge Drive
Suite 250

City
Chesterbrook

State
PA

Zip Code
19087-5567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radnor Benefits Group

Occupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027958

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Starr, Gwyn, M., ,

Mailing Address 27777 Franklin Rd, Ste 1300

City

Southfield

State

MI

Zip Code

48034-8282

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PriorityHealth

Occupation (for Individual)
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027960

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Nezat, Ron, J., ,

Mailing Address PO Box 91180

City

Lafayette

State

LA

Zip Code

70509-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Global Financial Resources, Inc.

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2019

Transaction ID : 13027963

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Blasman, Wayne, , ,

Mailing Address 5210 Lewis Road, Suite 14

City

Agoura Hills

State

CA

Zip Code

91301-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bridgeport Benefits Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027977

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Ambro, Heather, , ,

Mailing Address 11704 Lackland Industrial Drive

City

Saint Louis

State

MO

Zip Code

63146-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The ECCHIC Group

Occupation (for Individual)

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027979

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Danzig, Howard, , ,

Mailing Address 11704 Lackland Industrial Drive

City

Saint Louis

State

MO

Zip Code

63146-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Employers Committed To Control Health

Occupation (for Individual)

Vice President of Administration

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027980

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: PAGE 47 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. West, Kimberly, J., ,

Mailing Address 3205 Valley Oaks

City
White Lake

State
MI

Zip Code
48383-3447

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027981

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Selinsky, Steven, , ,

Mailing Address 28638 Oak Point Drive

City
Farmington Hills

State
MI

Zip Code
48331-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Alliance Plan

Occupation (for Individual)
Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027985

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Stevenson, Kenneth, Thomas, ,

Mailing Address 3131 Lonnbladh Road

City
Tallahassee

State
FL

Zip Code
32308-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Earl Bacon Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027989

Amount of Each Receipt this Period

63.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

178.00

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

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

FOR LINE NUMBER: PAGE 48 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Underhill, Charles, E., ,

Mailing Address PO Box 626

City
Woodland Hills

State
CA

Zip Code
91365-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Underhill Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027991

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Crosby, Neil, R., ,

Mailing Address 32110 Agoura Road

City
Westlake Village

State
CA

Zip Code
91361-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Warner Pacific Insurance Services

Occupation (for Individual)
Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13027992

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Childers, Russell, B., ,

Mailing Address PO Box 1547

City
Americus

State
GA

Zip Code
31709-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Russ Childers, CLU

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13028004

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

260.00

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

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

FOR LINE NUMBER: PAGE 49 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Stearns, Candius, Michelle, ,

Mailing Address 3315 W Big Beaver Rd
Ste 125

City
Troy

State
MI

Zip Code
48084-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stearns HR & Compliance Consulting

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13028009

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Gant, Tom, , ,

Mailing Address 100 North Weinbach Avenue

City

Evansville

State

IN

Zip Code

47711-6006

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13028019

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Lubenow, Douglas, , ,

Mailing Address 214 West Main Street
Suite 101

City

Moorestown

State

NJ

Zip Code

08057-2345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lubenow Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13028022

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Christenson, Shawnee, , ,

Mailing Address PO Box 16394

City
Minneapolis

State
MN

Zip Code
55416-0394

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crosstown Insurance

Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : 13028025

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Pedersen, Jill, L., ,

Mailing Address 16325 Boones Ferry Rd #204

City
Lake Oswego

State
OR

Zip Code
97035-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Benefit Solutions, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2019

Transaction ID : 13028067

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

C. Reents, Joni, Robin, ,

Mailing Address 10701 Melody Drive
Suite 320

City
Northglenn

State
CO

Zip Code
80234-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Reents Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2019

Transaction ID : 13028070

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.00

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

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

FOR LINE NUMBER: PAGE 51 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Burns, Patrick, , ,

Mailing Address 5653 Maxwellton Road

City
Oakland

State
CA

Zip Code
94618-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Burns Employee Benefits Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

04 / 22 / 2019

Transaction ID : 13028834

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$170.00 This changes the YTD Total to \$760.00

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

B. Johnson, Julie, M, ,

Mailing Address 1736 S Gary Ave

City
Tulsa

State
OK

Zip Code
74104-6114

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 ▼

0.00

Date of Receipt

04 / 11 / 2019

Transaction ID : 13028835

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$12.00 This changes the YTD Total to \$0.00

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

C. Schreder, Lynn, M., ,

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 ▼

400.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR433076120601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 76
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Brown, Madeleine, , ,

Mailing Address 140 Township Avenue Suite 202

City
RidgelandState
MSZip Code
39157-2094FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stephens Insurance, LLCOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04	/	30	/	2019

Transaction ID : PR433118920601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. McFerrin, Dwane, C., ,Mailing Address 8420 West Dodge Road
Suite 510City
OmahaState
NEZip Code
68114-3432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Market Sales, Inc.Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04	/	30	/	2019

Transaction ID : PR433168120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Thams, Todd, , ,

Mailing Address 1209 Broadway

City
DenisonState
IAZip Code
51442-2632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thams AgencyOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04	/	30	/	2019

Transaction ID : PR433308320601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

255.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Spleet, Michael, , ,

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Soutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR433316620601

Amount of Each Receipt this Period

110.00

☐ Memo Item

P/R Deduction (\$110.00 Monthly)

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

B. Watts, Jessica, J., ,

Mailing Address 401 Congress Ave

City

Austin

State

TX

Zip Code

78701-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Frost Insurance

Occupation (for Individual)

VP, Benefits Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR433425120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Willison, Clover, Denise, ,

Mailing Address 355 Sprowel Creek Rd

City

Garberville

State

CA

Zip Code

95542-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Clover Willison Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR433468620601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

295.00

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

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

FOR LINE NUMBER: PAGE 54 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Trautwein, Janet, , ,

Mailing Address 1212 New York Ave. NW, Ste 1100

City
Washington

State
DC

Zip Code
20005-3987

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAHU

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436821420601

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

B. Berman, David, A, ,

Mailing Address 8805 Sawleaf Road

City
Indianapolis

State
IN

Zip Code
46260-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neace Lukens Holding Company, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436829720601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Ashmore, Elizabeth, , ,

Mailing Address 6102 82nd St, Bldg #6

City
Lubbock

State
TX

Zip Code
79424-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashmore/Arthur J. Gallagher, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436830320601

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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: PAGE 55 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Cociu, Dorothy, M., ,

Mailing Address P.O. Box 6677

City
Fullerton

State
CA

Zip Code
92834-6677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Benefit Consulting & Insuranc

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436844620601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Wilson, Paula, L., ,

Mailing Address 31930 Daniel Way

City
Temecula

State
CA

Zip Code
92591-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Paula Wilson, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436873520601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Booth, Tonya, S., ,

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

City
Richardson

State
TX

Zip Code
75080-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upshaw Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436911020601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

FOR LINE NUMBER: PAGE 56 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Cason, Louie, L., ,

Mailing Address PO Box 11229

City
Columbia

State
SC

Zip Code
29211-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Cason Group, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436934820601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Stenger, James, R., ,

Mailing Address 8926 Crown Colony Boulevard

City
Fort Myers

State
FL

Zip Code
33908-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MVS Consulting

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436939920601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Seifert, Gregory, J., ,

Mailing Address P.O. Box 189
916 Main Street

City
Vancouver

State
WA

Zip Code
98666-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Coast Ins Services dba Biggs Ins

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR436941620601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

FOR LINE NUMBER: PAGE 57 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Parker, John, C., ,

Mailing Address 38 Hope St
 Unit 1312

City
 Niantic

State
 CT

Zip Code
 06357-2454

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Parker Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2019

Transaction ID : PR436986820601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

B. Phillips, Paige, W., ,

Mailing Address 1434 Hwy 301

City

Calera

State

AL

Zip Code

35040-5466

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2019

Transaction ID : PR436993020601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

C. Fristoe, Kelly, Don, ,

Mailing Address 807 8th Street, Suite 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Financial Partners

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2019

Transaction ID : PR437002320601

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

230.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Gray, Michael, D., ,

Mailing Address 233 South 13th Street, Suite 1650

City
LincolnState
NEZip Code
68508-2036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Harry A. Koch CoOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437016720601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

B. Olson, Terri, M., ,

Mailing Address P. O. Box 21479

City
KeizerState
ORZip Code
97307-1479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Olson InsuranceOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437070220601

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

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

C. Alberts, Suzetta, E., ,

Mailing Address 26555 Evergreen Drive
Ste 535City
SouthfieldState
MIZip Code
48076-4213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive BenefitsOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437076120601

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

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

249.00

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

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

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

FOR LINE NUMBER: PAGE 59 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Lopez, Juan, R., ,

Mailing Address 22431 Antonio Pkwy
Suite B160-420

City Rancho Santa Margarita State CA Zip Code 92688-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437079020601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Koehler, Linda Rose, , ,

Mailing Address 2 Treeble Ct

City Greensboro State NC Zip Code 27406-5375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437090120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Henehan, Joseph, E., ,

Mailing Address 685 Carnegie Dr., Ste. #205

City San Bernardino State CA Zip Code 92408-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Henehan Company

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437097920601

Amount of Each Receipt this Period

255.00

☐ Memo Item

P/R Deduction (\$255.00 Monthly)

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: PAGE 60 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. MCEVILLY, BRIAN, J., ,

Mailing Address 4455 S. Pecos Rd.

City
Las Vegas

State
NV

Zip Code
89121-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLB Insurance Group of Nevada

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437117720601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Roberts, Joseph, K., ,

Mailing Address 1128 Lincoln Mall
Suite 200

City
Lincoln

State
NE

Zip Code
68508-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNICO

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437118020601

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

C. Benton, Bruce, D., ,

Mailing Address 17200 Ventura Blvd
Suite 312

City
Encino

State
CA

Zip Code
91316-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genesis Financial & Insurance Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437123020601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

340.00

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 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Allard, Terry, , ,

Mailing Address 3000 A Street, Suite 400

City
Anchorage

State
AK

Zip Code
99503-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Wilson Agency, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437182320601

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

B. Braden, Victoria, J., ,

Mailing Address 3875 Johns Creek Parkway, Suite C

City
Suwanee

State
GA

Zip Code
30024-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Braden Benefit Strategies, Inc

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437201920601

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

C. Wilson, Lon, G., ,

Mailing Address 3000 A Street, Suite 400

City
Anchorage

State
AK

Zip Code
99503-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Wilson Agency, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437204320601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

585.00

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

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

FOR LINE NUMBER: PAGE 62 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Garbina, James, S., ,

Mailing Address 14010 FNB Pkwy Ste 300

City
Omaha

State
NE

Zip Code
68154-5235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437212220601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Cooper, Catherine, L., ,

Mailing Address 39500 High Pointe Blvd., Suite 400

City
Novi

State
MI

Zip Code
48375-5517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Alliance Administrators

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437218320601

Amount of Each Receipt this Period

112.00

☐ Memo Item

P/R Deduction (\$112.00 Monthly)

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

C. Daubert, Jim, , ,

Mailing Address P.O. Box 67220

City
Lincoln

State
NE

Zip Code
68506-7220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Daubert and Butler Associates

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437219620601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

282.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Gardner, Joy, K., ,

Mailing Address 9424 Double R Blvd

City
Reno

State
NV

Zip Code
89521-5977

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comstock Insurance Agencies, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR437231220601

Amount of Each Receipt this Period

47.00

☐ Memo Item

P/R Deduction (\$47.00 Monthly)

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

B. Rowe, Peter, L., ,

Mailing Address 3033 N. Central Ave
Suite 810

City
Phoenix

State
AZ

Zip Code
85012-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arcwood Benefits Consulting, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR437236920601

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

C. Toups, Jennifer, L., ,

Mailing Address #1 Galleria Blvd, Suite 1122

City
Metairie

State
LA

Zip Code
70001-2092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Humana

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR437270520601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

302.00

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

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

FOR LINE NUMBER: PAGE 64 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Summers, James, F., ,

Mailing Address 8420 West Dodge Road, 5th Floor

City
Omaha

State
NE

Zip Code
68114-3443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Market Sales, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437281020601

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

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

B. Mihalyi-Stiffler, Patricia, , ,

Mailing Address 155 N. Riverview Drive

City
Anaheim

State
CA

Zip Code
92808-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Options in Insurance

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437326120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Jensen, Cerrina, , ,

Mailing Address 2520 Venture Oaks Way #240

City
Sacramento

State
CA

Zip Code
95833-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CoreMark Insurance Services Inc

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437391220601

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

260.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Cramer, Valerie, Lynn, ,

Mailing Address 588 - 3 Mile Road, NW
Suite 101

City
Grand Rapids

State
MI

Zip Code
49544-8221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TGG Solutions

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR437416420601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

B. Carlson, Daryl, , ,

Mailing Address 200 W Vine Street
Ste 300

City
Lexington

State
KY

Zip Code
40507-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BB&T Insurance Services, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR437442120601

Amount of Each Receipt this Period

15.00

☐ Memo Item

P/R Deduction (\$15.00 Monthly)

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

C. Mutter, Amy, D., ,

Mailing Address 2670 Electric Road

City
Roanoke

State
VA

Zip Code
24018-3511

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

04 / 30 / 2019

Transaction ID : PR437454920601

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

157.00

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

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

FOR LINE NUMBER: PAGE 66 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Smith, David, C., ,

Mailing Address 110 N. Corcoran St. #1205

City
Durham

State
NC

Zip Code
27701-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ebenconcepts Company

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437474520601

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

B. Stedt, Margaret, Evelyn, ,

Mailing Address 486 Calle Amigo

City

San Clemente

State

CA

Zip Code

92673-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stedt Insurance Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437529920601

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

C. Contorno, David, , ,

Mailing Address 106 Colborne dr

City

Mooresville

State

NC

Zip Code

28115-8051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
E Powered Benefits

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437566620601

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 76
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Waller, Doris, , ,Mailing Address 1778 N. Plano Rd.
Suite 310City
RichardsonState
TXZip Code
75081-1958FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pan-American Life Insurance GroupOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04		30		2019

Transaction ID : PR437591520601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Robinson, Judith, L., ,

Mailing Address P O Box 10071

City
TylerState
TXZip Code
75711-0071FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CFG InsuranceOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04		30		2019

Transaction ID : PR437594120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Swinton, Ryan, R., ,Mailing Address 1128 Lincoln Mall
Suite 200City
LincolnState
NEZip Code
68508-2878FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNICO Group, Inc.Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04		30		2019

Transaction ID : PR437594920601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

255.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Starks, Eugene, , ,

Mailing Address 613 Crescent Circle
Suite 201

City
Ridgeland

State
MS

Zip Code
39157-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benefit Administration Services, Ltd.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437603120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Strouse, Marcie, , ,

Mailing Address 9854 Colby Ave

City
Clive

State
IA

Zip Code
50325-6422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KHI Solutions

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437683120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Granado, Arthur, , ,

Mailing Address 418 Peoples, # 505

City
Corpus Christi

State
TX

Zip Code
78401-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Granado Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437693220601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Kirsch, Cara, , ,

Mailing Address 720 Grenoble Drive

City
Bellevue

State
NE

Zip Code
68123-4158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSGI

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437731120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Cade, Kareim, R., ,

Mailing Address 28411 Northwestern Hwy., Ste 950

City
Southfield

State
MI

Zip Code
48034-5515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great Lakes Benefit Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437778620601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Schell, Gregory, J., ,

Mailing Address 545 South Third Street
Suite 300

City
Louisville

State
KY

Zip Code
40202-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sterling G. Thompson Company

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437797620601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Purcilly, Amy, , ,

Mailing Address PO Box 7028

City
Troy

State
MI

Zip Code
48007-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mason-McBride, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR437814920601

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Waltman, Jessica, Fulginiti, ,

Mailing Address 10 Doyle Road

City
Wayne

State
PA

Zip Code
19087-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Forward Health Consulting

Occupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR470100120601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Stevens, Kenneth, W., ,

Mailing Address 4916 Bellemeade Ave

City
Evansville

State
IN

Zip Code
47715-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stevens Insurance Advisors

Occupation (for Individual)
Independent Agent & Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR496323820601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Sabin, Michael, L., ,

Mailing Address 16257 S. Lennox St

City
Olathe

State
KS

Zip Code
66062-4042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Sabin Agency

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : PR499279420601

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B.

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

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

C.

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)..... ►

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

85.00

20781.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 76

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Way

City
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : 13028262

Amount of Each Disbursement this Period

190.91

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	9		

FEC Identification Number

C

Transaction ID : 13028703

Amount of Each Disbursement this Period

975.70

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1166.61

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

1166.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 76

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
4/3 Breakfast Sponsor

011

Category/
Type

Candidate Name

Eshoo, Anna, G., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2019

FEC Identification Number

C C00258475

Transaction ID : 12937240

Amount of Each Disbursement this Period

2500.00

4/3 Breakfast Sponsor

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Conservative Roundtable

Mailing Address PO BOX 97275

City
RALEIGHState
NCZip Code
27624Purpose of Disbursement
4/8 Dinner Series

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2019

FEC Identification Number

C C00549725

Transaction ID : 12938369

Amount of Each Disbursement this Period

5000.00

4/8 Dinner Series

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City
CarrolltonState
TXZip Code
75011Purpose of Disbursement
4/10 Dinner

011

Category/
Type

Candidate Name

Marchant, Kenny, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2019

FEC Identification Number

C C00393348

Transaction ID : 12938370

Amount of Each Disbursement this Period

1000.00

4/10 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 76

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rounds For Senate

Mailing Address PO Box 250

City
PierreState
SDZip Code
57501Purpose of Disbursement
4/10 Sponsor

011

Category/
Type

Candidate Name

Rounds, Mike, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	1	9		

FEC Identification Number

C C00532465

Transaction ID : 12938376

Amount of Each Disbursement this Period

2000.00

4/10 Sponsor

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Getting Stuff Done PAC

Mailing Address PO Box 7586

City
PhoenixState
AZZip Code
85011Purpose of Disbursement
Feb 2019 Trip

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	9		

FEC Identification Number

C C00571182

Transaction ID : 13027917

Amount of Each Disbursement this Period

5000.00

Feb 2019 Trip

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jaime For Congress

Mailing Address PO Box 1614

City
RidgefieldState
WAZip Code
98642Purpose of Disbursement
4/19 Local Breakfast

011

Category/
Type

Candidate Name

Herrera-Beutler, Jaime, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	9		

FEC Identification Number

C C00472704

Transaction ID : 13027918

Amount of Each Disbursement this Period

1000.00

4/19 Local Breakfast

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 76

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Duncan For Congress

Mailing Address PO Box 845

City
LaurensState
SCZip Code
29360Purpose of Disbursement
4/24 Event

011

Category/
Type

Candidate Name

Duncan, Jeff, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

FEC Identification Number

C C00460550**Transaction ID : 13027919**

Amount of Each Disbursement this Period

1500.00

4/24 Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Susan BrooksMailing Address 9425 N Meridian St
237City
IndianapolisState
INZip Code
46260Purpose of Disbursement
5/1 Lunch

011

Category/
Type

Candidate Name

Brooks, Susan, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

FEC Identification Number

C C00500207**Transaction ID : 13027920**

Amount of Each Disbursement this Period

1000.00

5/1 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First in Freedom PACMailing Address 611 Pennsylvania Ave, SE
#396City
WashingtonState
DCZip Code
20003Purpose of Disbursement
5/1 Dinner

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

FEC Identification Number

C C00540146**Transaction ID : 13027922**

Amount of Each Disbursement this Period

1000.00

5/1 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3500.00

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

20000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 76

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

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

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Burns, Patrick, , ,

Mailing Address 5653 Maxwellton Road

City
OaklandState
CAZip Code
94618-2654Purpose of Disbursement
Refund, mistaken contribution

Candidate Name

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

010

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2019

FEC Identification Number

C

Transaction ID : 13026821

Amount of Each Disbursement this Period

170.00

Refund, mistaken contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

170.00