

# 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 REPORT



NEW (N)

OR



AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)

☐ 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

 /  / 

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

 /  / 

in the State of

5. Covering Period

 /  / 

through

 /  / 

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

 /  / 

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  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">166294.99</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">166294.99</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">46793.00</span>	<span style="border: 1px solid black; padding: 2px;">46793.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">213087.99</span>	<span style="border: 1px solid black; padding: 2px;">213087.99</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">41625.83</span>	<span style="border: 1px solid black; padding: 2px;">41625.83</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">171462.16</span>	<span style="border: 1px solid black; padding: 2px;">171462.16</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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
0	1		0	1		2	0	1	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	7

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).....	8540.00	8540.00
(ii) Unitemized .....	38253.00	38253.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46793.00	46793.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46793.00	46793.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	46793.00	46793.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46793.00	46793.00

**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 .....	1125.83	1125.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1125.83	1125.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	40500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41625.83	41625.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41625.83	41625.83

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46793.00	46793.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46793.00	46793.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1125.83	1125.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1125.83	1125.83

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Change Bill Johnson disbursement from Primary 2016 to Primary 2018

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 22

(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. 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&amp;S Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2017

Transaction ID : 10994988

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Schneider, Chad, P., ,

Mailing Address 111 W Illinois St  
5th Floor

City

Chicago

State

IL

Zip Code

60654-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Code SixFour

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 03 / 2017

Transaction ID : 10995014

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Davis, Brad, , ,

Mailing Address 622 Main St.

City

Woodland

State

CA

Zip Code

95695-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wraith, Scarlett, &amp; Randolph Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2017

Transaction ID : 10996783

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1385.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 22

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kaelin, Bobbi, , ,**

Mailing Address 6180 Quail Valley Court

City  
Riverside

State  
CA

Zip Code  
92507-0704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PayPro Administrators

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2017

**Transaction ID : 10997095**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Brown, Carey, H., ,**

Mailing Address Six Concourse Parkway  
Suite 2750

City  
Atlanta

State  
GA

Zip Code  
30328-6243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Benefit Company

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  
01 / 11 / 2017

**Transaction ID : 10997318**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Hearn, John, A., ,**

Mailing Address Six Concourse Parkway  
Suite 2750

City  
Atlanta

State  
GA

Zip Code  
30328-6243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Benefit Company

Occupation (for Individual)

Principal

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  
01 / 11 / 2017

**Transaction ID : 10997319**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1030.00



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

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

FOR LINE NUMBER: PAGE 9 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. 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 ▼

63.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2017

Transaction ID : 10997849

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. McMahon, Daniel, W., ,

Mailing Address 501 N. Riverpoint Blvd., Ste 125

City  
 Spokane

State  
 WA

Zip Code  
 99202-1649

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 PayneWest Insurance

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2017

Transaction ID : 10999065

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. 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 ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2017

Transaction ID : 10999292

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

233.00

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 10 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Brown, Carey, H., ,

Mailing Address Six Concourse Parkway  
Suite 2750

City  
Atlanta

State  
GA

Zip Code  
30328-6243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Benefit Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2017

Transaction ID : 10999318

Amount of Each Receipt this Period

50.00

☐ 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 ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2017

Transaction ID : 10999393

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

C. Reents, Joni, Robin, ,

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

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 ▼

42.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 25 / 2017

Transaction ID : 11029654

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

507.00

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 11 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. 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)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2017

Transaction ID : 11096969

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Kaelin, Bobbi, , ,**

Mailing Address 6180 Quail Valley Court

City  
Riverside

State  
CA

Zip Code  
92507-0704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PayPro Administrators

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  
01 / 31 / 2017

Transaction ID : 4331382

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Zendt, Rachel, L., ,**

Mailing Address 669 River Drive Center II, Suite 3

City  
Elmwood Park

State  
NJ

Zip Code  
7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerson Reid

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : 4334729

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

530.00

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

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

FOR LINE NUMBER: PAGE 12 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McMahon, Daniel, W., ,**

Mailing Address 501 N. Riverpoint Blvd., Ste 125

City  
Spokane

State  
WA

Zip Code  
99202-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PayneWest Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : 4371388

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Gadinas, Kathy, M., ,**

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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : 4376591

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Davis, Brad, , ,**

Mailing Address 622 Main St.

City  
Woodland

State  
CA

Zip Code  
95695-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wraith, Scarlett, & Randolph Insurance

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  
01 / 31 / 2017

Transaction ID : 4376949

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

450.00

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 13 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Miles, Bradley, , ,**

Mailing Address 420 N 4th St

City

Coeur D Alene

State

ID

Zip Code

83814-2929

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Brad Miles Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : 5023374

Amount of Each Receipt this Period

1000.00

☐ 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 ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR433177415378

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. 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 InsuranceOccupation (for Individual)  
VP, Benefits Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR433425115378

Amount of Each Receipt this Period

230.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

1430.00

# **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 14 OF 22

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. 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)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

01 / 31 / 2017

**Transaction ID : PR433762515378**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$100.00 Weekly)

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

**B. Besselman, Thomas, , ,**

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City  
Baton Rouge

State  
LA

Zip Code  
70808-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2017

**Transaction ID : PR436824615378**

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. 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 ▼

210.00

Date of Receipt

01 / 31 / 2017

**Transaction ID : PR436824815378**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

675.00

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

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

FOR LINE NUMBER: PAGE 15 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. 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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR436829515378

Amount of Each Receipt this Period

350.00

☐ Memo Item

P/R Deduction (\$350.00 Monthly)

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

B. Seifert, Greg, , ,

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)

Biggs Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR436941615378

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$85.00 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 ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR437002315378

Amount of Each Receipt this Period

230.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

790.00

# **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 16 OF 22

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Koehler, Linda Rose, , ,**

Mailing Address 235 Main Street

City  
Pleasanton

State  
CA

Zip Code  
94566-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Herzog Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 31 / 2017

**Transaction ID : PR437090115378**

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$85.00 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 ▼

250.00

Date of Receipt

01 / 31 / 2017

**Transaction ID : PR437201915378**

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. 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 ▼

213.00

Date of Receipt

01 / 31 / 2017

**Transaction ID : PR437358815378**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

610.00



# **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 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Reents, Joni, Robin, ,

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

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 ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR437564415378

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Schneider, Chad, P., ,

Mailing Address 111 W Illinois St  
5th Floor

City  
Chicago

State  
IL

Zip Code  
60654-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Code SixFour

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR437566815378

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Bechtold, Annette, , ,

Mailing Address 200 Galleria Pkwy SE  
Ste 1950

City  
Atlanta

State  
GA

Zip Code  
30339-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OneDigital

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2017

Transaction ID : PR437671115378

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

600.00

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 18 OF 22  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rock, Deidre, Dover, ,**

Mailing Address P.O. Box 151

City  
Camilla

State  
GA

Zip Code  
31730-0151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dover Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2017

**Transaction ID : PR437715215378**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$10.00 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)..... ►

300.00

8540.00

**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 19 OF 22

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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	1			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 11108997

Amount of Each Disbursement this Period

301.14

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	1			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 11109001

Amount of Each Disbursement this Period

741.59

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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)..... ►

1042.73

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

1042.73

**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 20 OF 22

<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. McConnell for Majority Leader**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
1/12 Breakfast

011

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	1				2	3						2	0	1	7

FEC Identification Number

C

**Transaction ID : 11000077**

Amount of Each Disbursement this Period

1000.00

1/12 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City  
BallwinState  
MOZip Code  
63022Purpose of Disbursement  
1/11 Dinner

011

Category/  
Type

Candidate Name

**Wagner, Ann, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	3						2	0	1	7

FEC Identification Number

C C00495846

**Transaction ID : 11000080**

Amount of Each Disbursement this Period

1000.00

1/11 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise Leadership Fund**Mailing Address 317 15TH ST NE  
Suite 1100City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
1/24 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	Y		
0	1				2	3						2	0	1	7

FEC Identification Number

C

**Transaction ID : 11000081**

Amount of Each Disbursement this Period

2500.00

1/24 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**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 21 OF 22

<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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
2017 Membership Dues

011

Candidate Name

**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**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	1				2	5						2	0	1	7

FEC Identification Number

**C** C00075820**Transaction ID : 11029669**

Amount of Each Disbursement this Period

15000.00

2017 Membership Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MODERATE DEMOCRATS PAC**

Mailing Address 303 MASSACHUSETTS AVENUE, NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
2017 Membership Dues

011

Candidate Name

**MODERATE DEMOCRATS PAC**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	1				2	6						2	0	1	7

FEC Identification Number

**C** C00436022**Transaction ID : 11030324**

Amount of Each Disbursement this Period

5000.00

2017 Membership Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Johnson For Congress**

Mailing Address PO Box 906

City  
MariettaState  
OHZip Code  
45750Purpose of Disbursement  
1/31 Lunch

011

Candidate Name

**Johnson, Bill, , Rep.,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

**C** C00476820**Transaction ID : 11030325**

Amount of Each Disbursement this Period

1000.00

1/31 Lunch

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

21000.00

**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 22 OF 22

<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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
2017 Membership Dues

011

Category/  
Type

Candidate Name

**NATIONAL REPUBLICAN SENATORIAL COMMITTEE**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01	/	31	/	2017

FEC Identification Number

C C00027466

**Transaction ID : 11107280**

Amount of Each Disbursement this Period

15000.00

2017 Membership Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	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

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	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).....▶

15000.00

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

40500.00