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FEC FORM 3X

12/06/2018 15 : 44

PAGE 1 / 249

<b>REPORT OF RECEIPTS</b>
AND DISBURSEMENTS
For Other Than An Authorized Committee

						Office Use Only
1. NAME OF <b>TYP</b> COMMITTEE (in full)	e or print ▼		mple: If typin the lines.	g, type	12FE4M	5
Health Underwriters Politie	cal Action Co	mmittee				
	212 New York Ave					
ADDRESS (number and street)	uite 1100					
Check if different than previously reported. (ACC)	Vashington					20005
2. FEC IDENTIFICATION NUMB	ER ▼	CITY <b>A</b>		S		ZIP CODE
C C00283135		3. IS THIS REPORT	× (f	EW N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT ( (Choose One)	b) Monthly Report	Feb 20 (M2)	Ν	1ay 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15	(c) 12-Day PRE-Election		Primary (12P)		General (	(12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for	the:	Convention (1	2C)	Special (	12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Elec		General (30G	)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for	the: Election on	M = M / 11	D D / 06	2018	in the State of
5. Covering Period	D D / Y	2018	through	M M 11	/ D D / 26	Y Y Y Y 2018
I certify that I have examined this Re N Type or Print Name of Treasurer	eport and to the b lurphy, Jennifer, , ,	est of my know	vledge and b	elief it is true	e, correct and	t complete.
Type of Find Manle of Heasuler _						
Signature of Treasurer	ennifer, , ,		[Electronically	Filed] Da	ate 12	/ D D / Y Y Y Y 06 2018
NOTE: Submission of false, erroneous,	or incomplete info	rmation may su	bject the pers	on signing thi	is Report to th	e penalties of 52 U.S.C. § 30109.
Office Use Only						FEC FORM 3X Rev. 05/2016

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

## Health Underwriters Political Action Committee

R	eport Covering the Period: From:	M / D D / Y Y Y Y 18 2018 T	o: 11 / 26 / Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		340873.40
	(b) Cash on Hand at Beginning of Reporting Period	270709.20	
	(c) Total Receipts (from Line 19)	70555.00	587827.46
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	341264.20	928700.86
7.	Total Disbursements (from Line 31)	1891.62	589328.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	339372.58	339372.58
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

## Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	53515.00	350926.46
	17040.00	227901.00
(ii) Unitemized (iii) TOTAL (add	11040.00	
Lines 11(a)(i) and (ii)	70555.00	578827.46
(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	70555.00	578827.46
Totals to Line 33, page 5)▶ . Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Lean Denovmente Dessived	0.00	0.00
. Loan Repayments Received	0.00	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	9000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	70555.00	587827.46

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► 70555.00

587827.46

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page <b>4</b>			
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	1891.62	17509.32			
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li></ul>	1891.62	17509.32			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees		565500.00			
and Other Political Committees	0.00				
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	4318.96			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	4318.96			
Other Disbursements (Including Non-Federal Donations)	0.00	2000.00			
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))				
(i) Federal Share	0.00	0.00			
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00			
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			
Total Disbursements (add Lines 21(c), 22, $23$ , $24$ , $25$ , $26$ , $27$ , $28(d)$ , $29$ , and $30(c)$ )					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1891.62	589328.28			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	1891.62	589328.28			

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

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

#### III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36) .....

Γ.		-7-		-7	70555.00
	į.	-	i.	-	0.00
		-		-	70555.00
		-7		-	1891.62
		-7-		-7	0.00
		-7-		-7-	1891.62

570007.40				
578827.46	-7-	 	-7	 <u></u>
424.0.00				
4318.96	-7	 	-	 L
574508.50				
574508.50	-	 	-	 <u></u>
17509.32				
17509.52	-7	 	7	 L.
0.00				
0.00	7	 	-7	 <u></u>
17509.32				
17509.52		 		L

COLUMN B

Calendar Year-to-Date



## SCHEDULE A (FEC Form 3X)

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

FOR LINE NUMBER:

PAGE 6 OF

ITC	MIZED RECEIPTS		(che	(check only one)							
11 El			for each category of the Detailed Summary Page				11b	11c	12	<u> </u>	
	information copied from such Reports and S r commercial purposes, other than using the										
<u> </u>	AME OF COMMITTEE (In Full)	name and a	address of any political committe	e to sol	licit cor	מוזוו	utions fr	om suci	1 committe	ee.	
	lealth Underwriters Political Ac	tion Corr	nmittee								
<b>A</b>	ull Name of Individual (Last, First, Middle Init Cogdill, Barry, , ,	ial) or Full C	Drganization Name		Date of	Re	ceipt				
_	ailing Address 4710 4th Street Ste. 300				<sup>M</sup> 10	1	D D 18	/ Y	2018	Y	
	ity a Mesa	State CA	Zip Code 91941-5384	A				1249615 eceipt th	51 nis Period		
	EC ID number of contributing deral political committee.	С							30.0	00	
В	ame of Employer (for Individual) usiness Choice Insurance Services		cupation (for Individual) esident		Me	emo	Item				
	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00								
	ull Name of Individual (Last, First, Middle Init Scott, Nicole, , ,	ial) or Full C	Drganization Name		Date of	Re	ceipt				
	ailing Address 6200 Northwest Pkwy				м м 10	/	D D 18	/ Y	y y 2018	Y	
	ity an Antonio	State TX	Zip Code 78249-3348	A				1249615 eceipt th	<b>4</b> nis Period		
	EC ID number of contributing deral political committee.	С					<del>.</del>	- 7-	30.0	00	
	ame of Employer (for Individual) nited Healthcare		cupation (for Individual) oker		Me	emo	Item				
R	eceipt For:	Aggregate	e Year-to-Date ▼								
-	Primary General Other (specify) ▼		300.00								
	ull Name of Individual (Last, First, Middle Init Griffey, Don, R., ,	ial) or Full C	Drganization Name		Date of	Re	ceipt				
	ailing Address 56294 Prim Rose Circle				<sup>M</sup> 10	/	D D 18		2018	Y	
	ity Ikhart	State IN	Zip Code 46516-1509	A				1249615 eceipt th	57 nis Period		
	EC ID number of contributing deral political committee.	С					y	9	75.0	00	
н	ame of Employer (for Individual) ailey-Campbell, Inc	Occ Brol	cupation (for Individual) ker		M	emc	ltem				
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 850.00								
SUE	TOTAL of Receipts This Page (optional)						, .		135.0	00	
тот	TAL This Period (last page this line number of	only)		<b>,</b>							

## 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

				Detailed Summary Page	×	11	a		11	lb 🗌	1	l1c	12				
						13			14	1	1	15	16	17			
or	y information copied from such Reports and St for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	ımi	ttee													
۹.	Full Name of Individual (Last, First, Middle Init Kelley, Dianne, M., ,	ial) or Full O	)rgar	nization Name	Date of Receipt												
	Mailing Address 7320 N La Cholla Blvd. Suite 154-219	State		Zip Code		10 / 18 / 2018 Transaction ID : 12496163											
	City Tucson	AZ		85741-2309	_								s Period				
	FEC ID number of contributing federal political committee.	С	_						-		_	- <b>y</b>	63.	00			
	Name of Employer (for Individual) Sandbrook Benefits Group, LLC	Occi Brol	•	ion (for Individual)			Me	emo	) It	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 565.00													
	Full Name of Individual (Last, First, Middle Init Niederman, Tammy, Lyn, ,		Date	of	Re	ece	ipt										
	Mailing Address 10042 Silver Maple Circle					<sup>™</sup>		/	ľ	19	/	Y	y y 2018	Y			
	City Highlands Ranch	State CO		Zip Code 80129-5420		Transaction ID : 12497865 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.00													
	Name of Employer (for Individual) Niederman Insurance Agency	Occ Bro		tion (for Individual)	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 350.00	]												
с.	Full Name of Individual (Last, First, Middle Init McKittrick, Kristin, , ,	ial) or Full O	)rgar	nization Name		Date	of	Re	ece	ipt							
	Mailing Address 4020 Danley Drive					<sup>™</sup>	0	/	Γ	D D 19	/	Y	2018	Y			
	City Rapid City	State SD		Zip Code 57702-6893								9 <b>786</b> 7					
	FEC ID number of contributing federal political committee.	С	-		Amount of Each Receipt this Period 30.00								00				
	Name of Employer (for Individual) Mountain Plains Insurance	Occu Brok	Memo Item														
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 300.00													
s	UBTOTAL of Receipts This Page (optional)				•				y		_	y	123.0	00			
т	OTAL This Period (last page this line number of	only)			•				-		Ţ	40					

## SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS	<i>.</i>	Use separate schedule(s)	(check only	(check only one)									
II EIVIIZED RECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c 15	12	17						
Any information copied from such Report or for commercial purposes, other than u			erson for the	purpose of s	oliciting	contribut	ions						
NAME OF COMMITTEE (In Full) Health Underwriters Polition	cal Action Com	mittee											
Full Name of Individual (Last, First, M Brooks, Mark, , ,	iddle Initial) or Full O	rganization Name	Date of	Date of Receipt									
Mailing Address P.O. Box 10876			M M 10	/ D D 19	/ Y	ү ү 2018	Y						
City Lynchburg	State VA	Zip Code 24506-0876		Transaction ID : 12497869 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C					30.0	00						
Name of Employer (for Individual) Personal Design Financial Services, In	Occi Brol	upation (for Individual) ker	Me	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]										
Full Name of Individual (Last, First, M B. Ward, Michael, , ,	iddle Initial) or Full O	rganization Name	Date of	Receipt									
Mailing Address 3219 E. Camelback R #569			10 19 2018										
City Phoenix	State AZ	Zip Code 85018-2307		action ID : 12 of Each Re									
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) Emerging Benefits Consultants, LLC	Occ Bro	upation (for Individual) ker	Me	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]										
Full Name of Individual (Last, First, M C. Stewart, Rachel, , ,	iddle Initial) or Full O	rganization Name	Date of	Receipt									
Mailing Address 1119 E Blackhawk Dr			10	/ D D 19	/ Y	y y 2018	Y						
City Phoenix	State AZ	Zip Code 85024-4178		action ID : 1 of Each Re									
FEC ID number of contributing federal political committee.	C			, <u>,</u>	9	30.0	00						
Name of Employer (for Individual) RS Assurance	Occi Age	upation (for Individual) nt	Me										
Primary General Other (specify)													
SUBTOTAL of Receipts This Page (opti	onal)				,	102.0	00						
TOTAL This Period (last page this line	number only)												

#### SCHEDULE A (FEC Form 3X) ...

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Use separate schedule(s)	(check only one)
for each category of the	
Detailed Summary Page	<b>X</b> 11a 11

FOR LINE NUMBER:

PAGE 9 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14		1c 5	12 16	17			
	y information copied from such Reports and Si for commercial purposes, other than using the														
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	ımi	ittee											
Α.	Full Name of Individual (Last, First, Middle Init Matznick, Michael, E., , Mailing Address 3150 N. Elm Street	ial) or Full C	)rgai	nization Name		ate of	Re	ceipt			Y Y	- M			
	Suite 201	State		Zip Code	4	10 19 2018 Transaction ID : 12497873									
	Greensboro	NC		27408-3840				-			s Period	b			
	FEC ID number of contributing federal political committee.	С	_					<b>y</b>	_	-	42	.00			
	Name of Employer (for Individual) EbenConcepts Company	Occ Brol	•	tion (for Individual)	- [	Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 594.00	]										
В.	Full Name of Individual (Last, First, Middle Init Hughes, Rita, N., ,	D	ate of	Re	ceipt										
	Mailing Address 3342 Greystone Way		10 / D / Y Y Y Y 2018												
	City Valdosta	State GA		Zip Code 31605-1096				<b>on ID :</b> Each F			s Period	ł			
	FEC ID number of contributing federal political committee.	С	_			63.00									
	Name of Employer (for Individual) H&H Insurance Solutions, Inc.		cupa ker	tion (for Individual)		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 273.00											
C.	Full Name of Individual (Last, First, Middle Init Carmichael, Stacy, Anne, ,	ial) or Full C	)rgai	nization Name		ate of	Re	ceipt							
	Mailing Address 601 SW 2nd Ave					<sup>M</sup> 10	/	20		Y	2018	Y			
	City Portland	State OR		Zip Code 97204-3153	A			i <b>on ID</b> : Each F			<b>3</b> s Period	d			
	FEC ID number of contributing federal political committee.	С	_		] [			y .	_	9	_	.00			
	Name of Employer (for Individual) Moda Health, Inc		•	tion (for Individual) of Sales	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 300.00	1										
						-		y 1		5	135	.00			

## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mid Gadinas, Kathy, M., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 16325 Boones Ferry Ro	l., #204		10 / D D / Y Y Y Y 20 2018									
City Lake Oswego	State OR	Zip Code 97035-4297	Transaction ID : 12499344 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼											
Full Name of Individual (Last, First, Mid Raymond, Garrin, Mitchell, ,	Date of Receipt											
Mailing Address 13201 N.W. Fwy. Suite												
City Houston	State TX	Zip Code 77040-6165	Transaction ID : 12499345									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) Northwest General	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]									
Full Name of Individual (Last, First, Mid C. Jimison, Charles, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6185 Magnolia Ave Ste			10 / Y Y Y Y Y 20 2018									
City Riverside	State CA	Zip Code 92506-2524	Transaction ID : 12499348 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Jimison Insurance	Occi Age	upation (for Individual) nt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	]									
SUBTOTAL of Receipts This Page (option	' nal)		90.00									
TOTAL This Period (last page this line nu	mber only)											

## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middl <b>A.</b> Bartholomew, Rhonda, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address PO Box 5099	State	Zip Code	10 20 2018 Transaction ID : 12499356										
Twin Falls	ID	83303-5099	_ Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) HUB International		upation (for Individual) up Division Manager	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]										
Full Name of Individual (Last, First, Middl B. Mussiett, Astrid, C., ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address One Galleria Boulevard Suite 1510			10 / D D / Y Y Y Y Y 21 2018										
City Metairie	State LA	Zip Code 70001-7545	Transaction ID : 12499359 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		12.00										
Name of Employer (for Individual) Associated Benefits		upation (for Individual) ker Liaison	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 274.00	]										
Full Name of Individual (Last, First, Middl C. Combs, Susan, L., ,	e Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 234 Fifth Ave Ste 512	1		10 / 21 / Y Y Y Y										
City New York	State NY	Zip Code 10001-7607	Transaction ID : 12499361 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) Combs & Company, LLC	Occ Brok	upation (for Individual) ker	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		420.00	]										
SUBTOTAL of Receipts This Page (optiona	l)		84.00										
TOTAL This Period (last page this line num	ber only)												

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)											
ILIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17											
			person for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee												
Full Name of Individual (Last, First, Middle A. Farrell, Jennifer, Liane, ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3800 North Central Avenue 9th Floor			10 / 21 / 2018 Transaction ID : 12499363											
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 12499363 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Black, Gould & Associates Receipt For:	Brol	upation (for Individual) ker Year-to-Date ▼	Memo Item											
Primary General Other (specify) ▼		850.00	]											
Full Name of Individual (Last, First, Middle B. Pittman, Joseph, E., ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address P O Box 24133			10 21 2018											
City Omaha	State NE	Zip Code 68124-0133	Transaction ID : 12499365 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Creative Association Management	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]											
Full Name of Individual (Last, First, Middle . Singleton, Terry, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1773 Owasco Street			10 / Y Y Y Y 2018											
City Winter Springs	State FL	Zip Code 32708-5614	Transaction ID : 12499410 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) The Enterprise Team	Occi Part	upation (for Individual) ner	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	]											
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		,	255.00											

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

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	utions					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initi Leavitt, Scott, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 12988 W. Paint Dr.				M M / D D / Y Y Y Y Y 10 22 2018										
	City Boise	State ID	Zip Code 83713-1947		Transaction ID : 12499412 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Scott Leavitt Insurance	Occi Brol	upation (for Individual) ker		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	]													
в.	Full Name of Individual (Last, First, Middle Initi Bergsma, Lori, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address Balanced Rock Insurance 643 Canyon Drive	Ototo		10 / 22 / 2018 Transaction ID : 12499414											
	City Twin Falls	State ID	Zip Code 83301-3014					1249941 Receipt th		4					
	FEC ID number of contributing federal political committee.	С	30.00												
	Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc.	upation (for Individual) ker	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]											
С.	Full Name of Individual (Last, First, Middle Initi Cagliola, David, A.,	ial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 1550 Liberty Ridge Drive Suite 250 City	State	Zip Code		10	/	22		2018	Ŷ					
	Chesterbrook	PA	19087-5567					Receipt th		1					
	FEC ID number of contributing federal political committee.	С			<u> </u>		<b>,</b>	. ,	85	.00					
	Name of Employer (for Individual) Radnor Benefits Group	Occi Brok	upation (for Individual) ker		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1850.00	]											
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# SCHEDULE A (FEC Form 3X)

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$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Henry, Thomas, L., ,	ll) or Full Oi	rganization Name		Date of Receipt									
	Mailing Address 430 W NAPA ST. SUITE F				10 / D D / Y Y Y Y Y 22 / 2018									
	City SONOMA	State CA	Zip Code 95476-6545					: <b>124994</b> Receipt 1		eriod				
	FEC ID number of contributing federal political committee.	С					-y 1			85.0	0			
	Name of Employer (for Individual) RealCare Insurance Marketing, Inc.	Occu Brok	upation (for Individual) ker		M	lemo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]										
в.	Full Name of Individual (Last, First, Middle Initia Wild, Trei, , ,	ll) or Full Oi	rganization Name		Date o	of Re	eceipt							
	Mailing Address 3724 Hearst Castle Way			10 / Y Y Y Y Y 22 2018										
	City Plano	State TX	Zip Code 75025-3719	-				: <b>124994</b>	-	oriod				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 85.00									
	Name of Employer (for Individual) Protect Plans	Occu Brok	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]										
с.	Full Name of Individual (Last, First, Middle Initia Stair, B. Gene, , ,	l) or Full O	rganization Name		Date o	of Re	eceipt							
	Mailing Address 6626 Silvermine Dr. Suite 500				10 <sup>M</sup>		D 22	2	20	18 <sup>°</sup>	Y			
	City Austin	State TX	Zip Code 78736-1785					: 124994 Receipt 1		eriod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	. ,		12.0	0			
	Name of Employer (for Individual) Stair & Associates LLC	Occu Brok	upation (for Individual) ker		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1										
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a 13		] 11   14		11c		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pos	se of s	oliciting		ntribut	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee												
Α.	Full Name of Individual (Last, First, Middle Ini Cunningham, Jerilyn, B., , Mailing Address 6570 N 130th Lane	tial) or Full C	Drgai	nization Name	(	Date of	Re		•							
	City	State		Zip Code		10 Trans	) /	L	22 10 · 1	249942	2	018	Ŷ			
	Glendale	AZ		85307-4506		Period										
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) Humana		•	ion (for Individual) or of Engagement	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 300.00												
B.	Full Name of Individual (Last, First, Middle Ini Theesfeld, Angela, A., ,	tial) or Full C	Orgai													
	Mailing Address 403 Toyah Brk				10 22 2018											
	City San Antonio	State TX		Zip Code 78258-2564				-		249942 ceipt th	-	Period				
	FEC ID number of contributing federal political committee.	С				30.00 Memo Item										
	Name of Employer (for Individual) United HealthCare		•	tion (for Individual) t Executive												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 350.00												
	Full Name of Individual (Last, First, Middle Ini Eckard, Brenda, A., ,	tial) or Full C	Drgai	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 130 North 25th Street					<sup>M</sup> 10	/	ľ	D D D 22	/ Y		)18 <sup>°</sup>	Ŷ			
	City Fort Dodge	State IA		Zip Code 50501-4338				-		249942		) e vi e el				
	FEC ID number of contributing federal political committee.	С				Amouni		Ea		ceipt th		30.0	0			
	Name of Employer (for Individual) KHI Solutions	Occ Brok	•	ion (for Individual)	Memo Item											
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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PAGE 16 OF

			for each category Detailed Summary		×	11a		11b		11c	12				
Am: :	motion conied from each Departure	Ototomorto	whether and any	d by and the		13	<u> </u>	14		15	16	17			
	mation copied from such Reports and mmercial purposes, other than using the														
\	OF COMMITTEE (In Full)														
$\rangle$ Hea	Ith Underwriters Political A	ction Com	mittee												
	ame of Individual (Last, First, Middle I z, Daniel, J., ,	nitial) or Full O	rganization Name		Date of Receipt										
Mailing	g Address 5565 Roberts Drive				1 D	M M	/	D		/ Y	Y Y	Y			
City	Suite 100	State	Zip Code			10 <b>Trong</b>		22 ion ID		249942	2018				
Atlant	a	GA	30338-3350		A						nis Perior				
	D number of contributing I political committee.	С						-		-7	30	.00			
	of Employer (for Individual) Life Group, LLC	Occu Brok	upation (for Individual er	)		Me	emo	Item							
·	pt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼			300.00											
	ame of Individual (Last, First, Middle I urn, Richard, P., ,	nitial) or Full O	rganization Name			ate of	Re	ceipt							
Mailing	g Address 19 Minor Court				<sup>м</sup> М 10	/	22		/ Y	y y 2018	Y				
City		State	Zip Code			Transaction ID : 12499427 Amount of Each Receipt this Period									
San R	Rafael	CA	94903-3716		A										
	D number of contributing I political committee.	С		30.00											
	of Employer (for Individual) /ord and Brown	Occi Brol	Memo Item												
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00											
	ame of Individual (Last, First, Middle I altieri, Peter, L., ,	nitial) or Full O	rganization Name			Date of	Re	ceipt							
Mailing	g Address 1600 JFK Boulevard, Suite	1220			] [	<sup>M</sup> 10	/	22		/ Y	y y 2018	Y			
City Phila	delphia	State PA	Zip Code 19103-2810		$\left  \right $					249942					
	D number of contributing		13103 2010	_		mount	of	Each	Rec	ceipt th	nis Perioo	1			
	I political committee.	С					_	y	_	y		.00			
Savoy	of Employer (for Individual) Associates	Occu Brok	ipation (for Individual er	)	Memo Item										
	ot For: Primary	Aggregate	Year-to-Date 🔻												
	Other (specify)		1	100.00											
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#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

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			for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	<u> </u>		
	rmation copied from such Reports and Stat ommercial purposes, other than using the n											
	E OF COMMITTEE (In Full) alth Underwriters Political Actio											
A. McE	Name of Individual (Last, First, Middle Initia Dermott, H., Luke, ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
Mailin	ng Address 883 West Baxter Drive				<sup>M</sup> 10	/	D D 22	/ Y	2018	Y		
City Sout	h Jordan	State UT	Zip Code 84095-8506	_				1249943 eceipt th	is Period			
	ID number of contributing al political committee.	С			Ē				30.0	0		
McDe	e of Employer (for Individual) ermott Company & Associates	Occu Brok	pation (for Individual) er		Me	əmc	tem					
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00									
	Name of Individual (Last, First, Middle Initia dsay, Robert, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
	ng Address 220 Emerson Place				м м 10	1	D D D 22	/ Y	y y 2018	Y		
City	an ort	State IA	Zip Code					1249943				
Dave FFC	ID number of contributing	_	52801-1624		Amount	of	Each R	eceipt th	is Period			
	al political committee.	С			<u> </u>	-			85.0	10		
	e of Employer (for Individual) r J. Gallagher & Company	Occu Brok	ipation (for Individual) er		Me	emo	) Item					
Recei	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 850.00	]								
	Name of Individual (Last, First, Middle Initia dstrom, Betty, J., ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
Mailin	ng Address PO Box 4026				10 <sup>M</sup>	/	D D D 22	/ Y	2018	Y		
City Felto	n	State CA	Zip Code 95018-0349					1249943 eceipt th	is Period			
	ID number of contributing al political committee.	С			<u> </u>		,	. y	30.0	0		
Linds	e of Employer (for Individual) trom Insurance	Occu Brok	pation (for Individual) er		Me	emo	tem					
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
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## SCHEDULE A (FEC Form 3X) - . . . . . . .

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1	COMMITTEE (In Full) Underwriters Political	Action Com	mittee												
A. Olson, C	of Individual (Last, First, Middle harles, , ,	Initial) or Full O	rganization Name		Date of Receipt										
Mailing Ad	dress 17445 Arbor St Ste 310	State	Zip Code		10 22 2018 Transaction ID : 12499435										
Omaha		NE	68130-4645						nis Period						
	mber of contributing itical committee.	C					7	-9-	15.	00					
Name of E OCI	mployer (for Individual)	Occ	upation (for Individual) ker		Me	emo	Item								
Receipt Fo		Aggregate	Year-to-Date ▼ 300.0	00											
B. Qualizza	of Individual (Last, First, Middle a, Jacqueline, , , dress 12877 W. 151st Street	Initial) or Full O	rganization Name		Date of	Re	ceipt	1 1	YYY	V					
	12077 W. 1315t Street				10 22 2018										
City Olathe		State KS	Zip Code 66062-9707	-			on ID : 1 Each Re		6 nis Period						
	mber of contributing itical committee.	С			25.00										
	Employer (for Individual) nsurance Services, Inc.	Occ Bro	upation (for Individual) ker		Me	emo	Item								
Receipt Fo		Aggregate	Year-to-Date ▼ 250.	00											
	of Individual (Last, First, Middle s, James, D., ,	Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Ad	dress 6830 Cochran Road				10 <sup>M</sup>	/	D D D 22	/ Y	2018	Y					
City Solon		State OH	Zip Code 44139-3966				<b>on ID : 1</b> Each Re		<b>)6</b> his Period						
	mber of contributing itical committee.	С			<u> </u>		y .	9	1000.	00					
Corporate	-		upation (for Individual) sident		Me	emo	Item								
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			not be sold or used by any per ress of any political committee		for the		pose of	soliciting	g contri	ibutio	ons		
NAME OF COMMITTEE Health Underwri	E (In Full) ters Political Action	n Comm	ittee										
Full Name of Individual A. Wilson, Thomas, R.,	(Last, First, Middle Initial) c	or Full Org	anization Name		Date of	f Re	ceipt						
Mailing Address 701 La	mar				10 23 / Y Y Y Y 2018								
City Wichita Falls		State TX	Zip Code 76301-6824					1249997 eceipt th		iod			
FEC ID number of cont federal political committ	ů.						т. I.		17	70.00	,		
Name of Employer (for Boley Featherston Insura	,	Occup Broker	ation (for Individual)		M	emc	Item						
Receipt For: Primary Other (specify) ▼	General Ag	ggregate Ye	ear-to-Date ▼ 2050.00										
B. Knight, Ronald Da		or Full Org	anization Name		Date of	f Re	ceipt						
Mailing Address PO Bo		2toto	Zin Codo		<sup>M</sup> 10	1	23	/ Y	2018		]		
City Carrollton		State GA	Zip Code 30112-0009					1249997 eceipt th		ind			
FEC ID number of cont federal political committ	ů.			85.00									
Name of Employer (for J. Smith Lanier & Co., In		Occup Broke	ation (for Individual) r		M	emc	Item						
Receipt For: Primary Other (specify) ▼	General Ag	gregate Ye	ear-to-Date ▼ 850.00	N	lonthly	Con	tribution	1					
Full Name of Individual <b>c. Kohlsdorf</b> , Eric, ,	(Last, First, Middle Initial) c	or Full Org	anization Name		Date of	f Re	ceipt						
Mailing Address 1501 I Suite 2	200	_			<sup>M</sup> 10		23		2018		]		
City Des Moines		State IA	Zip Code 50309-3102					1249997 eceipt th		iod			
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Name of Employer (for Prisma Strategies	Individual)	Occup: Broker	ation (for Individual)		M	emo	tem Item						
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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<u> </u>	NAME OF COMMITTEE (In Full)			0 10 0										
$\rangle$	Health Underwriters Political Act	ion Com	mittee											
	Full Name of Individual (Last, First, Middle Initia Opgenorth, Kevin, J., ,	al) or Full O	rganization Name		Date of Receipt									
-	Mailing Address 2008 Shea Cv.				10 / Y Y Y Y 23 2018									
-	City Cedar Park	State TX	Zip Code 78613-4124					1249997 Receipt th						
	FEC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Cigna Life and Health		upation (for Individual) es Executive		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.00	1										
	Full Name of Individual (Last, First, Middle Initia Todd, Richard, H., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
-	Mailing Address PO Box 56166				м м 10	/	23		2018	Y				
	City Little Rock	State AR	Zip Code 72215-6166					1249998						
-	FEC ID number of contributing rederal political committee.	С	Amount of Each Receipt this Period											
	Name of Employer (for Individual) The Todd Agency, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	o Item							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
	Full Name of Individual (Last, First, Middle Initia Todd, David, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address PO Box 56166				<sup>M</sup> 10	1	23		2018 Y	Y				
-	City Little Rock	State AR	Zip Code 72215-6166					: <b>1249998</b> Receipt th	32 nis Period					
	FEC ID number of contributing ederal political committee.	С			<u> </u>		y .	9	30.0	00				
	Name of Employer (for Individual) The Todd Agency, Inc.	Occu Brok	upation (for Individual) er		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]										
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12										
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			e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee											
Full Name of Individual (Last, First, Midd	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3700 Forest Drive Suite 300	1		10 / Y Y Y Y Y 23 / 2018										
City Columbia	State SC	Zip Code 29204-4010	Transaction ID : 12499983										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00										
Name of Employer (for Individual) Insurance Management Group, Inc.	Occu Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]										
Full Name of Individual (Last, First, Midd 3. Whang, Victor, , ,	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 33970 23 Mile Rd.			10 / Y Y Y Y 23 / 2018										
City Chesterfield	State MI	Zip Code 48047-4005	Transaction ID : 12499984										
FEC ID number of contributing federal political committee.	С	40047-4003	Amount of Each Receipt this Period										
Name of Employer (for Individual) Insurance Warehouse		upation (for Individual) ker/Agent	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
Full Name of Individual (Last, First, Midd C. Berger, Stephanie, , ,	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 79 Daily Dr #276			10 23 2018										
City Camarillo	State CA	Zip Code 93010-5807	Transaction ID : 12499987 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		40.00										
Name of Employer (for Individual) Collaborative Insurance Solutions	Occu Brok	ipation (for Individual) er	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼ 440.00	1										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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177			Use separate schedule(s)	(ch	(check only one)								
116			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c		2	_		
	/ information copied from such Reports and S for commercial purposes, other than using the								ng cont				
<u> </u>	NAME OF COMMITTEE (In Full)	name and a	doress of any political committe	e to s	Solicit Cor	TITIC	outions	from su	cn com	mittee			
\	Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Ini Blain, Bradford, H., ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 343 Waller Avenue Suite 101				10 23 2018								
	City Lexington	State KY	Zip Code 40504-2912		Trans Amount			: <b>124999</b> Receipt		riod			
	FEC ID number of contributing federal political committee.	С					-			30.00			
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1									
	Full Name of Individual (Last, First, Middle Ini Gennaro, Jeffrey, Wm., ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 3820 W Happy Valley Rd Ste 141, PMB 606				M M 10	1	D 23		y y 201	ү ү 8			
	City Glendale	State AZ	Zip Code 85310-3292		Trans Amount			<b>124999</b> Receipt		riod			
	FEC ID number of contributing federal political committee.	С						1.4		85.00			
	Name of Employer (for Individual) Capitol Insurance Brokers, Inc.	Occ Bro		Me	emc	tem							
	Receipt For: Primary General	Aggregate											
	Other (specify) ▼		, 850.00										
	Full Name of Individual (Last, First, Middle Ini Hebert, Hedy, S., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 390 Plaza Loop.				10 <sup>M</sup>	/	23		Y Y 201				
	City Bossier City	State LA	Zip Code 71111-4390		Trans Amount			: <b>12499</b> 9 Receipt		riod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	,		85.00			
	Name of Employer (for Individual) Benefit Consulting Services	Occu Brok	upation (for Individual) ter		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	1									
s	JBTOTAL of Receipts This Page (optional)			•		1	,	. ,	2	200.00			
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# SCHEDULE A (FEC Form 3X)

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111			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c	12	Γ	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		าร			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
	Full Name of Individual (Last, First, Middle Initi LaFay, Stacey, S., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 2444 East Hill Rd.				10 23 Y Y Y Y Y 2018									
	City Grand Blanc	State MI	Zip Code 48439-5098		Transaction ID : 12499992 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Franklin Benefit Solutions	Occi Broł	upation (for Individual) ker		M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
	Full Name of Individual (Last, First, Middle Initi McClaskey, Barbara, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1965 Pine Street				10 / D D / Y Y Y Y 2018									
	City Redding	State CA	Zip Code 96001-1921					<b>1249999</b> Receipt th		d				
	FEC ID number of contributing federal political committee.	С		42.00										
	Name of Employer (for Individual) Barbara McClaskey Insurance Services	Occ	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]										
	Full Name of Individual (Last, First, Middle Initi Ming, James, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address P.O. Box 621				10 <sup>M</sup>	1	23		2018	Y				
	City Union	State MO	Zip Code 63084-0621	_				: <b>1249999</b> Receipt th	-	d				
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	<b>5</b>	30	0.00				
	Name of Employer (for Individual) Ming Senior Services	Occi Brok	upation (for Individual) xer		М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	]											
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	172	2.00				
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#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

Use separate schedule(s) (check only one)

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PAGE 24 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than us	and Statements may not be sold or used by any pe ing the name and address of any political committee											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Committee											
Full Name of Individual (Last, First, Mid A. Rash, Susan, Maley, ,	ddle Initial) or Full Organization Name	Date of Receipt										
Mailing Address 460 Bel Bridge Circle		10 23 2018 Transaction ID : 12499995										
City Midlothian	StateZip CodeVA23113-6493	Transaction ID : 12499995           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	120.00										
Name of Employer (for Individual) Retired	Occupation (for Individual) Broker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00											
Full Name of Individual (Last, First, Mid Reeves, Valerie, , , Mailing Address 3702 Brownsboro Rd	ddle Initial) or Full Organization Name	Date of Receipt										
	State 7in Code	10     23     2018       Transaction ID : 12499996       Amount of Each Receipt this Period										
City Louisville	StateZip CodeKY40207-1820											
FEC ID number of contributing federal political committee.	С	42.00 Memo Item										
Name of Employer (for Individual) Preferred Benefits, LLC	Occupation (for Individual) Broker											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420,00											
Full Name of Individual (Last, First, Mid C. Tandrow, Tara, , ,	ddle Initial) or Full Organization Name	Date of Receipt										
Mailing Address 2600 Rose Hill, #101		10 23 2018										
City Boise	StateZip CodeID83705-5900	Transaction ID : 12499997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer (for Individual) HUB International	Occupation (for Individual) Broker	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00											
SUBTOTAL of Receipts This Page (option	nal)	192.00										
TOTAL This Period (last page this line n	umber 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)

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$\backslash$	NAME OF COMMITTEE (In Full)															
$\sum$	Health Underwriters Political Ac	ction Com	nmi	ttee												
Α.	Full Name of Individual (Last, First, Middle In Tellesbo-Kembel, Marsha, , ,	itial) or Full O	Orga	nization Name		Date of	Re	eceipt								
	Mailing Address 1001 4th Avenue, Suite 3200			1		<sup>M</sup> 10	/	D 2	р З	/ Y		)18	Y			
	City	State		Zip Code		Transaction ID : 12499998										
	Seattle	WA		98154-1003	/	Amount	of	Each	Re	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			170.00 Memo Item											
	Name of Employer (for Individual) Tellesbo & Company	Occi Brol	•	tion (for Individual)												
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify) ▼		-	1700.00												
	Full Name of Individual (Last, First, Middle In	itial) or Full O	)rga	nization Name	_											
	Todd, Helen, M., ,	,	54		1	Date of	Re	eceipt								
	Mailing Address PO Box 56166					м м 10	/	2	D 3	/ Y	ү 20	ү 18	Ŷ			
	City	State	_	Zip Code		Trans	acti	ion ID	: 1	250000	0					
	Little Rock	AR		72215-6166	/	Amount	of	Each	Re	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) The Todd Agency, Inc.	Occ Bro	•	tion (for Individual)		Memo Item										
	Receipt For:	Aggregate	Yea	ar-to-Date <b>V</b>												
	Primary General	55 5														
	Other (specify)		<b>,</b>	300.00												
c.	Full Name of Individual (Last, First, Middle In Thal, Harry, P., ,	itial) or Full O	Orga	nization Name	[	Date of	Re	eceipt								
	Mailing Address 11006 Kernville Rd. #1					<sup>M</sup> 10	1	D 2	23	/ Y		18 18	Y			
	City	State		Zip Code		Trans	act	ion ID	):1	250000	2					
	Kernville	CA		93238-9765	A	Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						,		9		85.0	0			
	Name of Employer (for Individual)	Осси	upa	tion (for Individual)		М	emc	b Item								
	Harry P. Thal Insurance Agency	Brok	•	· ·												
	Receipt For:	Aggregate	ar-to-Date 🔻													
	Primary General				11.											
	Other (specify)		-	850.00												
s	UBTOTAL of Receipts This Page (optional)			•••••	·			9		9		285.0	0			
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## SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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			Use separate schedule(s) for each category of the			(check only one)						
11	TEMIZED RECEIPTS		Detailed Summary Page				11b	11c	12			
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
$\rangle$	Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Munger, David, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 3312 W. Magistrate Loop				м м 10	1	D 23		ү ү 2018	Y		
	City Hayden	State ID	Zip Code 83835-5019					<b>1250000</b> Receipt th	<b>)6</b> nis Period			
	FEC ID number of contributing federal political committee.	С					 		100.	00		
	Name of Employer (for Individual) Munger Insurance	Occi Broł	upation (for Individual) Ker		Me	emo	tem Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00	]								
в.	Full Name of Individual (Last, First, Middle Initi Baskett, John, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2601C Blanding Ave #222				10 <sup>M</sup>	1	23		y y 2018	Y		
	City Alameda	State CA	Zip Code 94501-1507					1250000 Receipt th	<b>8</b> nis Period			
	FEC ID number of contributing federal political committee.	С				01			30.0	00		
	Name of Employer (for Individual) John Baskett Insurance Services	Occi Brol	upation (for Individual) ker		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Braner, Jodie, E., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5 Concourse Parkway 18th Floor				<sup>M</sup> 10	/	23	J L	2018	Y		
	City Atlanta	State GA	Zip Code 30328-5350				-	1250000 Receipt th	<b>)9</b> nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	30.	00		
	Name of Employer (for Individual) Willis	Occu Brok	upation (for Individual) er		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	160.0	00		
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 27 OF

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	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee												
A.	Full Name of Individual (Last, First, Middle Ini Copeland, Bob, , ,	itial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 700 Larkspur Landing Circle,	Suite			<sup>™</sup> 10		/	D	23	/ Y		018	Y		
	City	State	Zip Code		Tra	nsac	ctio	on I	D:1	125000 <sup>-</sup>	11				
	Larkspur	CA	94939-1755		Αmoι	int o	of E	Eac	h Re	eceipt t	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С					_	,	_	-	_	85.			
	Name of Employer (for Individual) Copeland Insurance Services	Occi Brol	upation (for Individual) ker			Merr	10	Iter	m						
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		850.00	]											
в.	Full Name of Individual (Last, First, Middle Ini Goodwin, Carolyn, L., ,	itial) or Full O	rganization Name		Date	of F	Rec	ceip	ot						
	Mailing Address 12740 Hillcrest Road Suite 275				<sup>™</sup> 10		/	D	23	/ Y		018	Y		
	City	State	Zip Code		Trai	nsac	tic	on I	D : 1	250001	14				
	Dallas	TX	75230-7129	/	Αmoι	int o	of E	Eac	h Re	eceipt t	nis F	Period			
	FEC ID number of contributing federal political committee.	С						,		- 45-	_	30.	00		
	Name of Employer (for Individual) Goodwin Benefits Group, LLC	Occ Bro	upation (for Individual) ker			Merr	10	Iter	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]											
<u> </u>	Full Name of Individual (Last, First, Middle Ini Griffey, Patricia, A., ,	itial) or Full O	rganization Name		Date	of F	Red	ceip	ot						
	Mailing Address 56294 Primrose Circle				<sup>™</sup> 10		/	D	23	/ Y		018 <sup>°</sup>	Y		
	City	State	Zip Code					-		125000	-				
	Elkhart	IN	46516-1509	'	Αmoι	int o	of E	Eac	h Re	eceipt t	nis F	'eriod			
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	Name of Employer (for Individual) Page 1 Medicare	Occi Brok	upation (for Individual) ter			Men	no	Ite	m						
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 28 OF

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	nmit	ttee												
A.	Full Name of Individual (Last, First, Middle In Howard, Michelle, S., ,	itial) or Full C	Organ	ization Name	Date of Receipt											
	Mailing Address 2850 West Grand Boulevard					10 / D D / Y Y Y Y 23 2018										
	City Detroit	State MI		Zip Code 48202-2643						250001 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С				_		-		- 49-	_	85.0	0			
	Name of Employer (for Individual) Health Alliance Plan	Occ Brol	•	ion (for Individual)		M	emc	o Ite	əm							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 925.00												
	Full Name of Individual (Last, First, Middle In Embry, Michael, A., ,	itial) or Full C	Organ	ization Name		Date of	Re	ecei	pt							
	Mailing Address 26555 Evergreen Road Suite 535					м м 10	1		23	/ Y	ү 20	ү 18	Y			
	City Southfield	State MI		Zip Code 48076-4213	A			-		250001 eceipt th		eriod				
	FEC ID number of contributing federal political committee.	С						-		- 95	_	415.0	0			
	Name of Employer (for Individual) Comprehensive Benefits	Occ Bro	•	ion (for Individual)		M	emc	o Ite	əm							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4150.00												
с.	Full Name of Individual (Last, First, Middle In	itial) or Full C	rgan	ization Name		Date of	Re	ecei	pt							
	Mailing Address 26240 Wacker Drive					<sup>M</sup> 10	1		23	/ Y		18	Y			
	City Chesterfield	State MI		Zip Code 48051-3306	A					250001		eriod				
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	Name of Employer (for Individual) Comprehensive Benefits	Occ Brok	•	ion (for Individual)		М	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 300.00												
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF

			Use separate schedule(s)				(check only one)					
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initia Thrash, Rachel, B., ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 214 Milam Street			IV	10 <sup>M</sup>	1	D 23		/ Y	y y 2018	Y	
	City Shreveport	State LA	Zip Code 71101-3226						500020 eipt thi	) s Period		
	FEC ID number of contributing federal political committee.	С					-		- <b>J</b> -	30.	00	
	Name of Employer (for Individual) Querbes & Nelson A Partnership	Occu Brok	upation (for Individual) er		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
в.	Full Name of Individual (Last, First, Middle Initia Perry, Jeff, , ,	al) or Full O	rganization Name	Da	ite of	f Re	ceipt					
	Mailing Address P O Box 51019			M	10	/	2:		/ Y	y y 2018	Y	
	City Idaho Falls	StateZip CodeID83405-1019							500022 eipt thi	s Period	_	
	FEC ID number of contributing federal political committee.	С					-		-	30.	00	
	Name of Employer (for Individual) The Hartwell Corporation	Occi Brol	upation (for Individual) ker		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
С.	Full Name of Individual (Last, First, Middle Initia Rock, Deidre, Dover, ,	al) or Full O	rganization Name	Da	ite of	f Re	ceipt					
	Mailing Address P.O. Box 151			IV	10 <sup>M</sup>	/	D 23		/ Y	y y 2018	Y	
	City Camilla	State GA	Zip Code 31730-0151						50002: eipt thi	<b>3</b> s Period		
	FEC ID number of contributing federal political committee.	С					<b>y</b>		y	10.	00	
	Name of Employer (for Individual) Dover Insurance Agency	Occu Brok	ipation (for Individual) er		М	emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o					-	, ,	-	5	70.	00	

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

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	ormation copied from such Reports and S ommercial purposes, other than using the										17 S
· · · · · · · · · · · · · · · · · · ·	IE OF COMMITTEE (In Full)			, 10 3							
\ \	alth Underwriters Political Ac	tion Com	mittee								
A. Sta	Name of Individual (Last, First, Middle Ini cy, Dustin, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt				
Maili	ng Address 1151 Red Mile Road				10 <sup>M</sup>	1	23		2018	Y	
City Lexi	ngton	State KY	Zip Code 40504-2649					<b>1250002</b> Receipt th		d	
	ID number of contributing ral political committee.	С			<u> </u>		-			0.00	
BIM	e of Employer (for Individual) Group	Occi Broł	upation (for Individual) ker		М	emo	o Item				
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
	Name of Individual (Last, First, Middle Ini erner, Heidi, J., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	ng Address 7881 W Charleston Blvd Suite				10 <sup>M</sup>	/	23		2018	Y	
City	Vegas	State NV	Zip Code 89117-8326					1250002		al	
FEC	ID number of contributing ral political committee.	С						Receipt th		u ).00	
	e of Employer (for Individual) itt Group Benefits Services		upation (for Individual) urance Consultant		М	emo	o Item				
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00								
	Name of Individual (Last, First, Middle Ini anke, Gary, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	ng Address 227 Bellevue Way NE Suite 715				<sup>M</sup> 10		23		2018 <sup>°</sup>	Y	
City Belle	evue	State WA	Zip Code 98004-5721	_				: <b>1250003</b> Receipt th		d	
	ID number of contributing ral political committee.	С			<u> </u>		y	7	30	0.00	
Achieve Alpha Insurance, LLC			upation (for Individual) Ith Insurance Broker		M	emo	o Item				
Receipt For:       Aggreg         Primary       General         Other (specify)			Year-to-Date ▼ 296.00								
SUBTO	DTAL of Receipts This Page (optional)		••••••	•			,	7	90	0.00	
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### SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)								
111			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<b>—</b>			
	y information copied from such Reports and Si for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)	name and a	duress of any pointear commute				Julions		1 commu				
	Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Mackin, Martin, John, ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address P O Box 29607				<sup>M</sup> 10	/	D 23		ү ү 2018	Y			
	City San Francisco	State CA	Zip Code 94129-0607					1250003 Receipt th					
	FEC ID number of contributing federal political committee.	С					-		63.0	00			
	Name of Employer (for Individual) Foresight Benefits, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 428.00	1									
	Full Name of Individual (Last, First, Middle Init Patton, Jesse, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1112 Maple Street				<sup>M</sup> 10	1	D 23		2018	Y			
	City	State IA	Zip Code					1250003					
	West Des Moines		50265-4420		Amount	of	Each F	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	C			Ľ.	_			415.0	00			
	Name of Employer (for Individual) Associations Marketing Group, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	tem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		2075.00	]									
	Full Name of Individual (Last, First, Middle Init Marsh, James, V., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 400 S McCaslin Blvd Suite 201				<sup>M</sup> 10	/	23		2018	Y			
	City Superior	State CO	Zip Code 80027-8700					: <b>1250003</b> Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	63.0	00			
Name of Employer (for Individual) HofgardBenefits			upation (for Individual) sident		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	1									
s	UBTOTAL of Receipts This Page (optional)						y .	. ,	541.0	0			
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	-	Use separate schedule(s)	(check only one)						
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NAME OF COMMITTEE (In Full)	using the name and a	duress of any political committee		CONU	IDULIONS	ITOITI SUCI	Commu		
Health Underwriters Poli	tical Action Com	mittee							
Full Name of Individual (Last, First, Siino, Thomas, , ,	,	rganization Name	Date	e of F	Receipt				
Mailing Address 1126 Clifton Avenue	)		1	о 0	/ D		2018	Y	
City Clifton	State NJ	Zip Code 07013-3622				: 1250003 Receipt th			
FEC ID number of contributing federal political committee.	C						30.0	00	
Name of Employer (for Individual) Executive Benefits Group, LLC	Occ Brol	upation (for Individual) ker		Merr	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, B. Pleasants, Jennifer, , ,	Middle Initial) or Full C	rganization Name	Date	e of F	Receipt				
Mailing Address 6366 Fitzhugh Dr.			M 1	о 0	/ D 23		Y Y 2018	Y	
City Corpus Christi	State TX	Zip Code 78414-3006				: 1250003			
FEC ID number of contributing federal political committee.	С			unt o		Receipt th	30.0	00	
Name of Employer (for Individual) UnitedHealthcare Employer & Individu	l	upation (for Individual) count Executive		Merr	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, <b>Tierney</b> , <b>Robert</b> , J., ,	Middle Initial) or Full C	rganization Name	Date	e of F	Receipt				
Mailing Address 830 N Main St STE 200	Ototo	Zin Oode	1	0	/ 2:	3	2018	Y	
City Meridian	State ID	Zip Code 83642-2611				: 1250004 Receipt th			
FEC ID number of contributing federal political committee.	C				<b>,</b>	, ,	85.0	00	
Name of Employer (for Individual) Compass Benefit Advisors	Occ Brok	upation (for Individual) ker		Men	no Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 599.00	]						
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TOTAL This Period (last page this line	e number only)		. []						

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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PAGE 33 OF

	RECEIPTS		for each cate Detailed Sur		×	11a 13		11b 14	11c	12	17					
or for commerce	n copied from such Reports and cial purposes, other than using t					or the		pose o	f solicitin	ig contribu	utions					
	COMMITTEE (In Full) Underwriters Political A	Action Com	mittee													
	of Individual (Last, First, Middle   Potter, Amanda, , ,	Initial) or Full O	rganization Nan	ne		Date of Receipt										
	ress 911 Midkiff					<sup>M</sup> 10	1	D 23		2018	Y					
City Midland		State TX	Zip Code 79701						: 125000							
FEC ID nur	nber of contributing ical committee.	C	13101		/	Amoun	t of	Each I	Receipt t	his Perioc 25	.00					
Name of Er Aflac	nployer (for Individual)	Occu Brol	upation (for Indi ker	vidual)		М	lemo	tem								
Receipt For Prima Other		Aggregate	Year-to-Date ▼	250.00												
Full Name of <b>B.</b> Langley,	of Individual (Last, First, Middle   Rufus, B., ,	Initial) or Full O	rganization Nan	ne		Date o	f Re	eceipt								
Mailing Add	ress 2720 Branston Way					м м 10	/	D 23		2018	Y					
City Apex		State NC	Zip Code 27539-62	13	/			-	: <b>125000</b> Receipt t	<b>43</b> his Perioc	1					
	nber of contributing ical committee.	С							-7-	10	.00					
	mployer (for Individual) urance Services, Inc.	Occ Bro	upation (for Indi ker	ividual)		М	lemo	ltem								
Receipt For Prima Other		Aggregate	Year-to-Date ▼	250.00												
Full Name of <b>C.</b> Brown,	of Individual (Last, First, Middle   Carey, H., ,	Initial) or Full O	rganization Nan	ne		Date o	f Re	ceipt								
	ress Six Concourse Parkway Suite 2750					<sup>M</sup> 10		D 24	1	2018	Y					
City Atlanta		State GA	Zip Code 30328-624	43					: <b>125002</b> Receipt t	46 his Period	1					
	nber of contributing ical committee.	С						, .	. ,		.00					
The Benefit		Occi Brok	upation (for Indi er	vidual)		M	lemc	tem Item								
Receipt For Prima Other		Aggregate	Year-to-Date ▼	500.00												
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#### SCHEDULE A (FEC Form 3X) ••

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PAGE 34 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11    14	-	11c	12	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	e of s	oliciting	g contribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mi	ttee								
A.	Full Name of Individual (Last, First, Middle Initial) McConnaughey, John, R., , Mailing Address PO Box 805	) or Full O	)rgar	nization Name		Date of	Re		pt 24	/ Y	ү ү 2018	Y
	City West Chester	State OH		Zip Code 45071-0805	A			-		<b>250024</b> ceipt th	18 nis Period	
	FEC ID number of contributing federal political committee.	С						7		- 19-	42.	00
	Name of Employer (for Individual)         JRM & Associates Agency, Inc         Receipt For:       /         Primary       General         Other (specify) ▼	Brok	ker	tion (for Individual) ar-to-Date ▼ 420.00		Me	emo	) Ite	em			
B.	Full Name of Individual (Last, First, Middle Initial) Helms, John, S., , Mailing Address 2940 Camino Diablo	) or Full O	Orgar	nization Name		Date of	Re		D D	/ Y	2018	Y
	# 205 City Walnut Creek FEC ID number of contributing	State CA	_	Zip Code 94597-3992	A					<b>250024</b> ceipt th	2018 9 nis Period 30.	00
	federal political committee. Name of Employer (for Individual) John Helms Associates		•	tion (for Individual)		Me	emo	) Ite	em	-7		
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00								
C.	Full Name of Individual (Last, First, Middle Initial) Wright, Dennis, E., , Mailing Address 1111 Chestnut Hills Pky	) or Full O	Orgar	nization Name		Date of	Re /		pt 24	/ Y	2018	Ŷ
	City Fort Wayne	State IN		Zip Code 46814-8934	A					250025 ceipt th	50 nis Period	
	FEC ID number of contributing federal political committee.	С						y			85.	00
	Name of Employer (for Individual) Employee Plans, LLC Receipt For:	Brok	ker	tion (for Individual)		M	emo	o Ite	em			
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 850.00								
s	UBTOTAL of Receipts This Page (optional)			•				,		,	157.	00
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## SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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			Use separate schedule(s) ( for each category of the			(check only one)						
	TEMIZED RECEIPTS		Detailed Summary Page				11b	11c	12			
	y information copied from such Reports and St											
or	for commercial purposes, other than using the	name and a	doress of any political committe	e to s	olicit cor	ITRID	outions t	rom suc	n committe	e.		
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Barrera, Rolando, G., ,	ial) or Full O	rganization Name		Date of Receipt							
	Mailing Address 2621 Camargo				<sup>M</sup> 10	1	D 24	) / Y	ү ү 2018	Y		
	City Corpus Christi	State TX	Zip Code 78415-5678					1250025 Receipt th	51 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_		-	50.0	0		
	Name of Employer (for Individual) Roland Barrera Insurance	Occi Age	upation (for Individual) nt		Me	∍mo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	]								
в.	Full Name of Individual (Last, First, Middle Init Hart, Daniel, R, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2137 E. 32nd Street				м м 10	1	D D D 24	) / Y	2018	Y		
	City Tulsa	State OK	Zip Code 74105-2213					<b>1250025</b> Receipt th	i <b>2</b> his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_		-7-	30.0	0		
	Name of Employer (for Individual) Guardian Life	Occ Bro	upation (for Individual) ker		Me	это	ltem					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		300.00	]								
с.	Full Name of Individual (Last, First, Middle Init Muckensturm, Mark, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1001 Highlands Plaza Drive W Ste. 500				10 <sup>M</sup>	1	24		2018	Y		
	City Saint Louis	State MO	Zip Code 63110-1337					125002	nis Period			
	FEC ID number of contributing federal political committee.	С			Ē	_	<b>,</b>	, ,	25.0	0		
The Daniel and Henry Company			upation (for Individual) er		Me	əma	ttem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]								
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	105.0	0		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	for commercial purposes, other than using the			person for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Ini Osborne, Mike, , ,	itial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 1308 Woodmanor Dr,			10 / Y Y Y Y 2018										
	City Raleigh	State NC	Zip Code 27614-9055	Transaction ID : 12500254           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer (for Individual) Osborne Insurance Services, Inc.	Occ Bro	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
В.	Full Name of Individual (Last, First, Middle Ini Weinstein, Joshua, , ,	itial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 3111 C St. Suite 500			10 / Y Y Y Y 10 24 2018										
	City Anchorage	State AK	Zip Code 99503-3973	Transaction ID : 12500256           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) RISQ Consulting		upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
с.	Full Name of Individual (Last, First, Middle Ini Fugitt-Hetrick, Pamela, Leigh, ,	itial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 1123 Soquel Avenue			10 / Y Y Y Y 10 24 2018										
	City Santa Cruz	State CA	Zip Code 95062-2105	Transaction ID : 12500257 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) DCD Financial & Insurance Services	Occ Brol	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]										
s	UBTOTAL of Receipts This Page (optional)			85.00										
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	y information copied from such Reports and State for commercial purposes, other than using the na																					
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	mi	ttee																		
Α.	Full Name of Individual (Last, First, Middle Initial) Diaz Del Valle, Daniel, G., ,		rga	nization Name		C	Date o	f Re	ec	ei	ot											
	Mailing Address People's United Insurance Agency <u>1 Financial Plaza 755 Main Street</u> City	State		Zip Code			10 <b>Tran</b>			L	24		/ Y	20	Y )18	Y						
	Hartford	CT		06103		Δ							eipt th	-	eriod							
	FEC ID number of contributing federal political committee.	С	l						_	,					30.	00						
	Name of Employer (for Individual)         People's United Insurance Agency         Receipt For:       A         Primary       General         Other (specify) ▼	Insu	iran	tion (for Individual) ce Consultant ar-to-Date ▼ 300.00			M	lemo	0	Ite	m											
В.	Full Name of Individual (Last, First, Middle Initial) Clark, Jonathan, S., ,	or Full O	rga				Date o	of Re	ec	ei	pt											
	Mailing Address 6084 South 900 East, Suite 102					[	<sup>M</sup> 10	/	'	D	24		/ Y	ү 20	ү 18	Y						
	City Murray										Transaction ID : 12500260 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С									_	-95-		20.	00							
	Name of Employer (for Individual) Fringe Benefits Analysts	Occu Broł		tion (for Individual)			Μ	lemo	0	lte	m											
	Receipt For:       A         Primary       General         Other (specify) ▼       I	ggregate	Yea	ar-to-Date ▼ 365.00																		
с.	Full Name of Individual (Last, First, Middle Initial) Hogeland, Charlene, Marie, ,	or Full O	rga	nization Name			Date o	of Re	ec	ei	pt											
	Mailing Address 5516 W Lariat Lane					ľ	<sup>M</sup> 10	/	'		24		/ Y	ү 20	18 <sup>°</sup>	Y						
	City Phoenix	State AZ		Zip Code 85083-1228	_	_							250026		oriod							
	FFC ID number of contributing	С					Inoun		5	-a0		iec	eipt th	S P	85.	00						
	Name of Employer (for Individual) Black, Gould & Associates	Occu Sale	•	tion (for Individual)			N	lemo	0	lt∈	۰m											
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Yea	ar-to-Date ▼ 295.00																		
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ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	y o	ne)				
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	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)						Julionio			
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initia Willard, Angelique, , ,		rganization Name		Date of	f Re	eceipt			
	Mailing Address 825 NE 20th Avenue, Suite 320	)			10 <sup>M</sup>	1	D 24		2018	Y
	City Portland	State OR	Zip Code 97232-2275					: <b>125002</b> Receipt t	<b>69</b> his Perioc	
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	42	00
	Name of Employer (for Individual) Kunrath & Willard Insurance Services,	Occu Part	upation (for Individual) ner		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	]						
в.	Full Name of Individual (Last, First, Middle Initia Chornak, Shelley, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 7251 Engle Rd. Suite 103				<sup>M</sup> 10	/	D 24		2018	Ŷ
	City Cleveland	State OH	Zip Code 44130-3400					125002		
	FEC ID number of contributing federal political committee.	С					Eacit		his Perioc 42	_
	Name of Employer (for Individual) Sage Partners, LLC	Occi Brol	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]						
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4150 International Plaza Suite 560	01-1-	7.0.0		10 <sup>M</sup>	/	24	1	2018	Y
	City Fort Worth	State TX	Zip Code 76109-4842					: <b>125002</b> Receipt t	<b>85</b> his Perioc	
	FEC ID number of contributing federal political committee.	С			Ľ.		,	. ,	250	00
	Name of Employer (for Individual) JKJ Benefits, LLC	Occu Brok	upation (for Individual) er		M	em	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11	_	11c		12												
	y information copied from such Reports and Sta for commercial purposes, other than using the							se of a															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act																						
A.	Linhart, Earl, E., ,										Date of Receipt												
	Mailing Address 515 Executive Campus Drive Suite 140 City	State	Zip Code	_ [	10	/ acti	L	24	/	2	018	Y											
	Westerville	OH	43082-8742	A	mount						Period												
	FEC ID number of contributing federal political committee.	С					- -				500.	00											
	Name of Employer (for Individual) Benchmark Insurance		upation (for Individual) sident	1	Me	∋mo	) Ite	em															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00																				
	Full Name of Individual (Last, First, Middle Initia Bear, Dale, F., ,	al) or Full O	rganization Name		ate of	Re	cei	ipt															
	Mailing Address 2550 NE Douglas St				<sup>M</sup> 10	1	Ľ	25			018	Y											
	City Lees Summit	State     Zip Code       MO     64064-2224								Transaction ID : 12501139 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		ļļ	_		,				85.	00											
	Name of Employer (for Individual) Expat Solutions International dba ESI	Occi Age	upation (for Individual) ent		Me	emo	) Ite	em															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00																				
	Full Name of Individual (Last, First, Middle Initia Andress, Carolyn, Marie, ,	al) or Full O	rganization Name		ate of	Re	cei	ipt															
	Mailing Address 1512 Highway 138				<sup>M</sup> 10	/	Ľ	D D D 25	1		018 <sup>°</sup>	Y											
	City Wall	State NJ	Zip Code 07719-3706	A	Trans mount				125011 eceipt		Period												
	FEC ID number of contributing federal political committee.	С			_		9		,		30.	00											
	Name of Employer (for Individual) HUB International	Occu Brok	upation (for Individual) er		Me	emo	o Ite	em															
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00																				
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ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	у о	ne)	L										
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	butio	ns						
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initia Winson, Shelly, K., ,	al) or Full O	organization Name		Date of	f Re	eceipt										
	Mailing Address PO Box 1914				<sup>M</sup> 10	/	D 25	) / Y	y y 2018		1						
	City Chandler	State AZ	Zip Code 85244-1914					<b>1250114</b> Receipt th		od	_						
	FEC ID number of contributing federal political committee.	С					-		3	0.00							
	Name of Employer (for Individual) True Choice Benefits LLC Receipt For:	Brok			M	emo	tem										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1													
в.	Full Name of Individual (Last, First, Middle Initia Pedersen, Jill, L., ,	al) or Full O	organization Name		Date of	f Re	eceipt										
	Mailing Address 16325 Boones Ferry Rd #204				<sup>M</sup> 10	/	D 10 25		2018	Ý							
	City Lake Oswego	State OR	Zip Code 97035-4297					1250115		Period							
	FEC ID number of contributing federal political committee.	C	31033-4231		Amoun			receipt th		2.00							
	Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occi Brol	upation (for Individual) ker		M	emo	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	]													
С.	Full Name of Individual (Last, First, Middle Initia Simpson, Anya, Y., ,	al) or Full O	Prganization Name		Date of	f Re	eceipt										
	Mailing Address 347 S Witchduck Road				10 <sup>M</sup>	1	25		2018		1						
	City Virginia Beach	State VA	Zip Code 23462-3645					1250115 Receipt th		od	_						
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	3	0.00							
	Name of Employer (for Individual) Benefit Plans, Inc.	Occu Brok	upation (for Individual) ker		М	emo	o Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1													
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	10	2.00							
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	NAME OF COMMITTEE (In Full)																
$\rangle$	Health Underwriters Political Act	ion Com	nmittee														
Α.	Full Name of Individual (Last, First, Middle Initia Reents, Joni, Robin, ,	al) or Full C	Drganization Name		Date of	f Re	eceipt										
	Mailing Address 10701 Melody Drive Suite 320				10 / Y Y Y Y 25 2018												
	City Northglenn	State CO	Zip Code 80234-4122					1250115 Receipt th		bd							
	FEC ID number of contributing federal political committee.	С			<u> </u>				8	5.00							
	Name of Employer (for Individual) Reents Insurance Agency	Occ Brol	cupation (for Individual) ker		Μ	emo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	]													
в.	Full Name of Individual (Last, First, Middle Initia Feldman, Jeremy, , ,	al) or Full C	Drganization Name		Date of	f Re	eceipt										
	Mailing Address 1803 Research Blvd Suite 400				м м 10	/	D 25		2018	Y							
	City Rockville	State MD	Zip Code 20850-6118				-	1250115 Receipt th									
	FEC ID number of contributing federal political committee.	С		42.00													
	Name of Employer (for Individual) Aflac		cupation (for Individual) oker Sales Manager		М	emo	o Item										
	Receipt For:	Aggregate	e Year-to-Date ▼														
	Other (specify) ▼		, 420.00														
с.	Full Name of Individual (Last, First, Middle Initia Sokol, David, , ,	al) or Full C	Drganization Name		Date of	f Re	eceipt										
	Mailing Address 901 Wilshire Drive Suite 330	Otata	Zin Oada		10 <sup>M</sup>		25		2018	Ý							
	City Troy	State MI	Zip Code 48084-5611					: <b>125011</b> Receipt th		bc							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	17	0.00							
	Name of Employer (for Individual) Wilshire Benefits Group Inc		cupation (for Individual) sident/CEO		M	emo	o Item										
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1700.00	1													
s	UBTOTAL of Receipts This Page (optional)			•			9	9	29	7.00							
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		Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	imittee	
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name	
Musser, Ray, M., ,			Date of Receipt
Mailing Address 880 Pebble Beach Dr.	State	Zip Code	10 / 25 / 2018
Upland	CA	91784-9131	Transaction ID : 12501158
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) Ray Musser & Associates Insurance Serv	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:		-	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	]
Full Name of Individual (Last, First, Middle Schneider, Chad, P., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 848 W. Eastman St. STE 104			10 25 2018
City	State	Zip Code	Transaction ID : 12501159
Chicago	IL	60642-2635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Jellyvision	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	]
Full Name of Individual (Last, First, Middle Beck, Carolyn, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 101 Plaza East Blvd			10 25 / Y Y Y Y 2018
City	State	Zip Code	Transaction ID : 12501160
Evansville	IN	47715-2870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
SIHO Insurance Services	Brok		
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		420.00	]
SUBTOTAL of Receipts This Page (optional)	)		212.00
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		Iddle Initial) or Full Organization Name       Date of Receipt         State       Zip Code         C       33922-0423         C       30         Occupation (for Individual) Broker       Memo Item         Aggregate Year-to-Date ▼       30         Occupation (for Individual) Broker       Date of Receipt         Aggregate Year-to-Date ▼       296.00         Iddle Initial) or Full Organization Name       Date of Receipt         Venue       21p Code         IN       47711-6006         C       418.00         Iddle Initial) or Full Organization Name       Date of Receipt         Occupation (for Individual) Agent       Memo Item         Aggregate Year-to-Date ▼       418.00         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Initial) or Full Organization Name       Date of Receipt         Iddle Ininitial) or Full Organization Name       Date o		17												
	for commercial purposes, other than using the nar															
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Com	nmi	ttee												
A.	Full Name of Individual (Last, First, Middle Initial) Goodacre, James, William, , Mailing Address PO Box 22423	or Full C	Drgar	nization Name	_	_	M N		ec		D	/	/ Y			Y
	5						Tran				D : 1			3		
	FEC ID number of contributing federal political committee.	C				l			-7						30.	00
	Name of Employer (for Individual) James W. Goodacre II RHU,REBC		•	tion (for Individual)			N	/lemo	0	ltei	n					
	Receipt For:     At       Primary     General       Other (specify) ▼	ggregate	Yea													
В.	Full Name of Individual (Last, First, Middle Initial) Gant, Tom, , ,	or Full C	Drgar	nization Name		D	ate c	of Re	ec	eip	t					
	Mailing Address 100 North Weinbach Avenue	State		Zin Code	_	l	10		′	L	25			20		Y
	Evansville				_										eriod	
	FEC ID number of contributing federal political committee.	C				ļ			-7	_	_				42.	00
	Name of Employer (for Individual) Schultheis Life & Health Agency			tion (for Individual)		ļ	N	/lemo	0	ltei	n					
	Receipt For:     At       Primary     General       Other (specify) ▼	ggregate	Yea													
с.	Full Name of Individual (Last, First, Middle Initial) Johnson, Aimee, , ,	or Full C	Drgar	nization Name		D	ate c	of Re	ec	eip	t					
	Mailing Address 3111 C St. Suite 500	Otata		7 in Orde		l	10		/		25			20		Y
	City Anchorage					A						-			eriod	
	FEC ID number of contributing federal political committee.	C				ļ			,	,			,		30.	
	Name of Employer (for Individual) RISQ Consulting		•	( )			N	/lem	0	Ite	m					
	Receipt For:     At       Primary     General       Other (specify)	ggregate	Yea	300.00												
s	UBTOTAL of Receipts This Page (optional)			•					7	,	-		9		102.	00
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than u	ts and Statements may not be sold or used by any pe ising the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Politic	cal Action Committee	
Full Name of Individual (Last, First, M Schmidt, Kenneth, L., , Mailing Address 1332 Hunters Hollow	iddle Initial) or Full Organization Name	Date of Receipt
City Eureka	State Zip Code MO 63025-1051	10 25 2018 Transaction ID : 12501336
FEC ID number of contributing federal political committee.	MO 63025-1051	Amount of Each Receipt this Period
Name of Employer (for Individual) Sonus Benefits	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
B. Age, Jill, Snead, ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 301 Bendix Road		10 / Y Y Y Y 2018
City Virginia Beach	StateZip CodeVA23452-1385	Transaction ID : 12502578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) TowneBenefits	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
<b>c.</b> Riedl, Alycia, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1600 Utica Ave S		10 / Y Y Y Y 26 / 2018
City Saint Louis Park	StateZip CodeMN55416-1443	Transaction ID : 12502579           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Willis Towers Watson Receipt For:	Occupation (for Individual) Broker	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (opti	ional)	210.00
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Any information copied from such Report or for commercial purposes, other than u											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	cal Action Com	mittee									
<ul> <li>Full Name of Individual (Last, First, M</li> <li>A. (Wooden) Lovincey, Rebecca, L.</li> </ul>		rganization Name	1	Date of	f Re	eceipt	t				
Mailing Address 201 NE Park Plaza D	r #293			м м 10	1		D 26	/ Y		018	Y
City Vancouver	State WA	Zip Code 98684-5881						<b>250258</b> ceipt th		'eriod	
FEC ID number of contributing federal political committee.	C					Ţ		-9-	_	30.0	0
Name of Employer (for Individual) AIMEA Insurance, Inc.	Occ Age	upation (for Individual) Int		M	emo	b Iten	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1								
Full Name of Individual (Last, First, M <b>B.</b> Morrison, James, M., ,	iddle Initial) or Full C	rganization Name		Date of	f Re	eceipt	t				
Mailing Address 6096 Innovation Way				<sup>M</sup> 10	1		D 26	/ Y		)18	Y
City Carlsbad	State CA	Zip Code 92009-1741						250258 ceipt th		'eriod	
FEC ID number of contributing federal political committee.	C					- <b>J</b> -		-9-	_	85.0	0
Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident		M	emo	b Iten	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]								
Full Name of Individual (Last, First, M C. Phillips, Stephanie, A., ,	iddle Initial) or Full C	rganization Name		Date of	f Re	eceipt	t				
Mailing Address 11100 Mead Rd, Ste				<sup>M</sup> 10	Ŀ.		26		20	)18 <sup>°</sup>	Y
City Baton Rouge	State LA	Zip Code 70816-2260						250258 ceipt th		'eriod	
FEC ID number of contributing federal political committee.	C					y		y	_	42.0	0
Name of Employer (for Individual) HUB International Receipt For:		upation (for Individual) efit Consultant		M	emc	o Iten	n				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 470.00	1								
SUBTOTAL of Receipts This Page (opti	onal)					,		9		157.0	0
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Dinkel, Matthew, Kim, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 13700 Six Mile Cypress				<sup>M</sup> 10	/	26	р / Y	ү ү 2018	Y
	City Fort Myers	State FL	Zip Code 33912-4324					1250258 Receipt th	38 nis Period	1
	FEC ID number of contributing federal political committee.	С					-y		85.	.00
	Name of Employer (for Individual) AWA Insurance Agency	Occu Broł	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00							
в.	Full Name of Individual (Last, First, Middle Init Washko, Carla, D., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 7251 Engle Rd. Suite 103				<sup>M</sup> 10	1	26		2018	Ŷ
	City Middlebrg Hts									
	FEC ID number of contributing federal political committee.	С							nis Period 42.	_
	Name of Employer (for Individual) Sage Partners, LLC	Occi Age	upation (for Individual) ent		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 376.00	]						
С.	Full Name of Individual (Last, First, Middle Init Niederman, Brad, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1745 Shea Center Dr 4th Floor				10 <sup>M</sup>		26		2018	Y
	City Highlands Ranch	State CO	Zip Code 80129-1537					eceipt th	91 nis Period	1
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	30	.00
	Name of Employer (for Individual) Niederman Insurance Agency	Occu Brok	upation (for Individual) er		М	em	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	]						
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	Full Name of Individual (Last, First, Middle Initia Wilson, Steven, L., ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 1151 Red Mile Road					/			ү ү 2018	Y					
	City Lexington									ł					
	FEC ID number of contributing rederal political committee.	С						-	85	.00					
	Name of Employer (for Individual) BIM Group				М	emo	o Item								
Ī		Aggregate		]											
	Full Name of Individual (Last, First, Middle Initia Wolff, DianaLou, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 70 Maiden Lane 2nd Floor					1			2018	Y					
	City Kingston						-		-	d					
	FEC ID number of contributing rederal political committee.	С								.00					
	Name of Employer (for Individual) Benefit Counseling Associates				М	emo	o Item								
		Aggregate		]											
	Full Name of Individual (Last, First, Middle Initia Mann, William, D., ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address PO Box 691967					1			2018	Y					
_	City Houston									ł					
	FEC ID number of contributing rederal political committee.	С			Ē		y	, , , , , , , , , , , , , , , , , , ,	42	.00					
	Name of Employer (for Individual) The Compliance Office		1 ( )		М	em	o Item								
	Primary General	Aggregate	420.00	1											
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<u></u>	JAME OF COMMITTEE (In Full)									
$\rangle$ I	Health Underwriters Political Ac	tion Com	mittee							
A	ull Name of Individual (Last, First, Middle Init Buffum, Ronald, S., ,	ial) or Full O	organization Name		Date of	f Re	eceipt			
_	Aailing Address 106 South Harris Street # 237				10 <sup>M</sup>	/	26		2018	Y
	City Round Rock	State TX	Zip Code 78664-6081					: 1250259 Receipt tl	96 his Period	
	EC ID number of contributing ederal political committee.	С					-		42.0	00
Г	lame of Employer (for Individual) The Buffum Group LLC	Occu Brok	upation (for Individual) ker		M	emo	ttem			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00							
	Full Name of Individual (Last, First, Middle Init Venditto, Michael, , ,	ial) or Full O	organization Name		Date of	f Re	eceipt			
_	Aailing Address 609 New Road, #D				10 <sup>M</sup>	/	26		y y 2018	Y
	City Linwood	State NJ	Zip Code 08221-1250					1250259 Receipt tl	98 his Period	
	EC ID number of contributing ederal political committee.	С							42.0	00
	Vame of Employer (for Individual) lafetz & Associates	Occi Brol	upation (for Individual) ker		M	emo	o Item			
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00							
	ull Name of Individual (Last, First, Middle Init Crouch, Deborah, A., ,	ial) or Full O	organization Name		Date of	f Re	eceipt			
N	Aailing Address 901 Lodi Street				10 <sup>M</sup>	1	D 26		2018	Y
	Dity Syracuse	State NY	Zip Code 13203-2826					: 125026 Receipt tl	<b>00</b> his Period	
	EC ID number of contributing ederal political committee.	С					,	, ,	30.0	00
F	lame of Employer (for Individual) Falcone Associates, Inc.	Occu Brok	upation (for Individual) ker		М	emo	o Item			
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00							
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Jurkus, Charles, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 823 Commerce Drive, Suite 350	0			<sup>M</sup> 10	1	26		ү 2018	Y	
	City Oak Brook	State IL	Zip Code 60523-8855					<b>1250260</b> Receipt th		d	_
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		3(	0.00	
	Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services	Occi Brol	upation (for Individual) ker		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
B.	Full Name of Individual (Last, First, Middle Initia Kahan, Stacy, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 8707 Skokie Blvd., Ste 206				10 <sup>M</sup>	/	26		2018	Y	
	City Skokie	State IL	Zip Code 60077-2272					1250260 Receipt th		d	
	FEC ID number of contributing federal political committee.	С								0.00	
	Name of Employer (for Individual) Lang Financial Group, Chicago LTD		upation (for Individual) sident		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	]							
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2786 Danbury Ct				<sup>M</sup> 10		26		2018	Y	]
	City Reno	State NV	Zip Code 89523-2259					: <b>1250260</b> Receipt th		d	
	FEC ID number of contributing federal political committee.	С			Ľ.		y	,	3(	0.00	
	Name of Employer (for Individual) Menath Insurance Agency	Occi Brok	upation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]							
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Sale, Raymer, M., ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2905 Premiere Parkway Suite 285			10 / D D / Y Y Y Y 2018
City Duluth	State GA	Zip Code 30097-5246	Transaction ID : 12502608           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) E2E Benefits Services, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	]
Full Name of Individual (Last, First, Middle 3. Ledgerwood, Michael, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 12022 FOREST MOON DF			10 26 Y Y Y Y Y
City CYPRESS	State TX	Zip Code 77433-3834	Transaction ID : 12502609 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Senior Health Plans of Texas	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle Hamilton, Brett, Michelle, ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address PO Box 6398			10 26 / Y Y Y Y Y 2018
City Charleston	State WV	Zip Code 25362-0398	Transaction ID : 12502610 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Black Horse Financial Advisors	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1
SUBTOTAL of Receipts This Page (optional)	)		160.00
TOTAL This Period (last page this line numb	per only)		

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

(check only one)

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ITEIWIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us				or the		oose of		g contrib	utions
NAME OF COMMITTEE (In Full) Health Underwriters Politic									
Full Name of Individual (Last, First, Mi Grant, Staci, R., ,	ddle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 74 Glendale Ave				<sup>M</sup> 10	/	26	J L	2018	Y
City Livingston	State NJ	Zip Code 07039-2310				-	1250261 leceipt th	11 his Peric	d
FEC ID number of contributing federal political committee.	C						- 7	3	0.00
Name of Employer (for Individual) Henry O. Baker Insurance Group		upation (for Individual) e President		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00							
Full Name of Individual (Last, First, Mi <b>B.</b> Davis, Kelly, , ,	ddle Initial) or Full C	organization Name		Date of	Re	ceipt			
Mailing Address 2638 Knoww St East				<sup>M</sup> 10	/	26		y y 2018	Y
City Palm Harbor	State FL	Zip Code 34683	/				1250261 leceipt th	12 his Peric	d
FEC ID number of contributing federal political committee.	C							6	3.00
Name of Employer (for Individual) Bouchard Insurance	Occ Bro	upation (for Individual) ker		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 567.00							
Full Name of Individual (Last, First, Mi C. Nielsen, Steven, , ,	ddle Initial) or Full C	organization Name		Date of	Re	ceipt			
Mailing Address 8899 S 700 E Suite 15	55			10 <sup>M</sup>	/	26		2018	Y
City Sandy	State UT	Zip Code 84070-1825				-	<b>125026</b>	<b>13</b> his Peric	d
FEC ID number of contributing federal political committee.	C					y -	. ,	2	5.00
Name of Employer (for Individual) Nielsen Insurance Group, Inc.	Occ Age	upation (for Individual) nt		M	emo	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00							
SUBTOTAL of Receipts This Page (optic	bnal)					, ,		118	3.00
TOTAL This Period (last page this line n	umber only)	•••••				, .			-

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 52 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
Any information copied from such Report	s and Statements m		13     14     15     16     -       erson for the purpose of soliciting contributions
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, M A. Hatfield, Matthew, F., ,	ddle Initial) or Full O	Prganization Name	Date of Receipt
Mailing Address 2207 Springfield Aver	ue		M M / D D / Y Y Y Y Y 10 26 2018
City Fort Wayne	State IN	Zip Code 46805-1541	Transaction ID : 12502614           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]
Full Name of Individual (Last, First, M B. Watson, Craig, , ,	ddle Initial) or Full O	organization Name	Date of Receipt
Mailing Address P O Box 879			10 / C D / Y Y Y Y Y 26 / 2018
City Gastonia	State NC	Zip Code 28053-0879	Transaction ID : 12502615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Watson Insurance Agency, Inc		upation (for Individual) urance	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	
Full Name of Individual (Last, First, M C. Kite, Karen, D., ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1414 Franklin Road S	W, Suite 2		10 26 / Y Y Y Y
City Roanoke	State VA	Zip Code 24016-5233	Transaction ID : 12502616           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) D&S Agency Receipt For:		upation (for Individual) rier Liaison Manager	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	1
SUBTOTAL of Receipts This Page (opti	 onal)		215.00
TOTAL This Period (last page this line i	umber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16       erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		duress of any political committee	
Health Underwriters Politi	cal Action Com	mittee	
Full Name of Individual (Last, First, N           A.         Barhorst, Timothy, N., ,		rganization Name	Date of Receipt
Mailing Address 5222 Double Eagle I			10 26 / Y Y Y Y Y 10 26 2018
City Westerville	State OH	Zip Code 43081-4821	Transaction ID : 12502617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Business Partners, Inc.	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	]
Full Name of Individual (Last, First, M B. Wright, Geoffrey, , ,	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 408 N Tioga Street			10 26 / Y Y Y Y
City Ithaca	State NY	Zip Code 14850-4275	Transaction ID : 12502621 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) New York Life	Occ Age	upation (for Individual) ent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
Full Name of Individual (Last, First, M C. Murphy, Kevin, R., ,	Aiddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1744 Victoria Way			10 26 / Y Y Y Y
City San Marcos	State CA	Zip Code 92069-9401	Transaction ID : 12502623 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Murphy Insurance Solutions		upation (for Individual) sident	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (op	tional)		122.00
TOTAL This Period (last page this line	number only)		

Use separate schedule(s)

FOR LINE NUMBER:

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IТ			Use separate schedule(s)	(ch	eck only	y or	ne)	L		
11			for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	
	y information copied from such Reports and SI for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)					ILI IL	Julions	ITOITI SUCI		ee.
	Health Underwriters Political Act	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Frisch, Jonathan, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6000 Poplar Ave Suite 300				<sup>M</sup> 10	1	D 26		y y 2018	Y
	City Memphis	State TN	Zip Code 38119-0928					: <b>1250262</b> Receipt th	24 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		12.0	00
	Name of Employer (for Individual) Regions Insurance	Occi Broł	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]						
в.	Full Name of Individual (Last, First, Middle Init Gilbert, Debra, E., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2331 Mustang Drive Suite 200				10 <sup>M</sup>	/	D 26		2018	Y
	City Grapevine	State TX	Zip Code 76051-1014	-				: <b>1250262</b> Receipt th	25 nis Period	
	FEC ID number of contributing federal political committee.	С					-		30.0	00
	Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) sident		M	emo	tem			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼	L	300.00							
C.	Full Name of Individual (Last, First, Middle Init Kunkle, Mark, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address P O Box 6243				10 <sup>M</sup>	/	26	6	2018 <sup>°</sup>	Y
	City Reading	State PA	Zip Code 19610-0243					: 1250279 Receipt th	90 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		7	9	150.0	00
	Name of Employer (for Individual) Power Kunkle Group, Inc.		upation (for Individual) sident		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1150.00	]						
s	UBTOTAL of Receipts This Page (optional)			 ►			,	. ,	192.0	00
т	OTAL This Period (last page this line number of	only)		•				1.40		

Use separate schedule(s)

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171		Use separate schedule(s)				(check only one)							
11			for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Cartier, Fred, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 11920 White River Drive				10 <sup>M</sup>	1	D D D 27	) / Y	ү ү 2018	Ŷ			
	City San Antonio	State TX	Zip Code 78254-6369					<b>1250279</b> Receipt th		d			
	FEC ID number of contributing federal political committee.	С					-y 1		42	.00			
	Name of Employer (for Individual) United Health Group		upation (for Individual) ount Executive		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	1									
в.	Full Name of Individual (Last, First, Middle Initi Underhill, Elizabeth, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 5951 Canoga Avenue				10 <sup>M</sup>	1	27	) / Y	2018	Y			
	City Woodland Hills	State CA	Zip Code 91367-5010					1250279					
	FEC ID number of contributing federal political committee.	С			Amoun			Receipt th		.00			
	Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) Irance agent		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 740.00	]									
C.	Full Name of Individual (Last, First, Middle Initi Stiller, Tiffany, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 6200 Canoga Avenue Suite 300 City	State	Zip Code		10 <b>T</b> rong	L.	27		2018	Y			
	Woodland Hills	CA	91367-7778					1250279 Receipt th		d			
	FEC ID number of contributing federal political committee.	С			Ē		9	, <u>,</u>	25	.00			
	Name of Employer (for Individual) BenefitMall	Occu Brok	upation (for Individual) .er		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			y	. ,	152	.00			
т	OTAL This Period (last page this line number of	only)	······	•			-	-					

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FOR LINE NUMBER:

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17			Use separate schedule(s)	(chec	k only	on	ne)			
11			for each category of the Detailed Summary Page	×			11b	11c	12	47
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initia Reddy, Michael, S., ,	al) or Full O	rganization Name	Da	ate of	Re	ceipt			
	Mailing Address 330 River Pointe Drive			ľ	10	/	D D 27	/ Y	2018	Y
	City Elkhart	State IN	Zip Code 46514-1457					1250279 eceipt th	9 nis Period	
	FEC ID number of contributing federal political committee.	С							85.0	00
	Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occu Brok	upation (for Individual) Ker		Me	mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]						
B.	Full Name of Individual (Last, First, Middle Initia Bechtold, Annette, , ,	al) or Full Oi	rganization Name	Da	ate of	Re	ceipt			
	Mailing Address 148 Stone Cliff Trace				10	/	27	/ Y	y y 2018	Y
	City Cleveland	State GA	Zip Code 30528-5397					<b>1250280</b> eceipt th	<b>0</b> nis Period	
	FEC ID number of contributing federal political committee.	С							47.0	00
	Name of Employer (for Individual) OneDigital	Occu Brok	upation (for Individual) ker		Me	mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 665.00							
с.	Full Name of Individual (Last, First, Middle Initia Hill, Donna, D., ,	al) or Full O	rganization Name	Da	ate of	Re	ceipt			
	Mailing Address 2905 Premiere Parkway Suite 285	State	Zin Onde	_ L	10	/	27		2018	Y
	City Duluth	GA	Zip Code 30097-5246					1250280 eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			_		,	,	85.0	00
	Name of Employer (for Individual) E2E Benefits Services Inc	Occu Brok	upation (for Individual) er		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 925.00							
	UBTOTAL of Receipts This Page (optional)						y .	9	217.0	00
T	OTAL This Period (last page this line number or	יייי)	••••••	· L		-	_	-	1.1.1.1	

Use separate schedule(s)

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ıт.			Use separate schedule(s)	(ch	neck only	y or	ne)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	3	<b>K</b> 11a		11b			12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r								ting		
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Mordo, David, , ,	l) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 15 West Main St, Route 520				10 <sup>M</sup>	/	D 27		Y	y y 2018	Y
	City Holmdel	State NJ	Zip Code 07733-2105				<b>ion ID</b> Each I			<b>3</b> s Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>					42.	00
	Name of Employer (for Individual) BenefitMall	Occu Brok	ipation (for Individual) er		M	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 870.00								
в.	Full Name of Individual (Last, First, Middle Initia Severo, Daniel, , ,	l) or Full Oi	rganization Name		Date of	Re	eceipt				
	Mailing Address 231 Chestnut St. #410				10 <sup>M</sup>	1	D 27		Y	y y 2018	Y
	City Meadville	State PA	Zip Code 16335-3458				<b>on ID</b> : Each I			s Period	
	FEC ID number of contributing federal political committee.	С					-			30.	00
	Name of Employer (for Individual) The DJB Group, Inc.	Occu Brok	upation (for Individual) Ker		M	emc	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00								
C.	Full Name of Individual (Last, First, Middle Initia Witt, Kelly, J., ,	l) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1017 Pine Hill Way				10 <sup>M</sup>	/	D 27		Y	y y 2018	Y
	City Carmel	State IN	Zip Code 46032-7701				<b>ion ID</b> Each I			6 s Period	
	FEC ID number of contributing federal political committee.	С			Ľ		9	,	,	30.	00
	Name of Employer (for Individual) American Health and Wellness Group		ipation (for Individual) f Operating Officer		M	emo	tem Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
	UBTOTAL of Receipts This Page (optional)		F			-	,			102.	00

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Midd Booth, Neil, A., ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 23901 Calabasas Road,	Suite 2014		M M / D D / Y Y Y Y 10 27 2018
City Calabasas	State CA	Zip Code 91302-3307	Transaction ID : 12502807 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		63.00
Name of Employer (for Individual) American Marketing Administrators INC		upation (for Individual) ker & CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 874.00	1
Full Name of Individual (Last, First, Midd B. Johnson, Suzanne, K., ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5955 Carnegie Blvd Suite	e 150		10 27 2018
City Charlotte	State NC	Zip Code 28209-4664	Transaction ID : 12502809 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	]
Full Name of Individual (Last, First, Midd C. Johnson, Judy, Anne, ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5581 N Barrasca Ave			10 27 2018
City Tucson	State AZ	Zip Code 85750-6495	Transaction ID : 12502810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) UnitedHealthcare	Occ Brok	upation (for Individual) ter	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	1
SUBTOTAL of Receipts This Page (optional	al)		178.00
TOTAL This Period (last page this line nur	nber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check d	only c	one)	P / Y Y Y Y from such committee. 7 2018 1 2018 2 12502814 Receipt this Period 42.00 42.00 30.00 9 / Y Y Y Y		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	a 🗌	11b			<u> </u>
Any information copied from such Reports or for commercial purposes, other than usi						soliciting	contribut	
NAME OF COMMITTEE (In Full) Health Underwriters Politica	-							
Full Name of Individual (Last, First, Mide A. Jackson, Jerry, D., ,	dle Initial) or Full C	Organization Name	Date	of R	eceipt			
Mailing Address 5113 N. Executive Drive Suite 102			M 1		/ D 1	D / Y		Y
City Peoria	State IL	Zip Code 61614-4893						
FEC ID number of contributing federal political committee.	С				-y 1		42.0	00
Name of Employer (for Individual) Jackson Financial Services	Occ Bro	upation (for Individual) ker		Mem	io Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]					
Full Name of Individual (Last, First, Mide <b>B.</b> Jaques, Kevin, K., ,	dle Initial) or Full C	Organization Name	Date	of R	eceipt			
Mailing Address 1250 S Capital of TX Hv Bldg. 1, Ste. 360		7.0.1	M 1		/ D 1			Y
City West Lake Hills	State TX	Zip Code 78746-6446						
FEC ID number of contributing federal political committee.	С							00
Name of Employer (for Individual) UHC		upation (for Individual) ker		Mem	io Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]					
Full Name of Individual (Last, First, Mide C. Fisher, Erin, B., ,	dle Initial) or Full C	Organization Name	Date	of R	eceipt			
Mailing Address 131-6 Courtland Avenue			M 1		/ 27			Y
City Stamford	State CT	Zip Code 06902-3443						
FEC ID number of contributing federal political committee.	C			_	,	. ,	170.0	00
Name of Employer (for Individual) Find Medicare Plans	Occ Brol	upation (for Individual) ker		Mem	io Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1910.00	1					
SUBTOTAL of Receipts This Page (option	al)				, .	. ,	242.0	00
TOTAL This Period (last page this line nu	mber only)							

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

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	EWIZED RECEIPTS			etailed Summary Page	×			-	l1b		11c		12	
	ny information copied from such Reports and S for commercial purposes, other than using the							rpo						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac													
A.	Full Name of Individual (Last, First, Middle Init Starr, Gwyn, M., ,	tial) or Full C	rgani	zation Name		Date c		ece	•					
	Mailing Address 27777 Franklin Rd, Ste 1300	04-4-		Zin Code		10 <sup>M</sup>			27		/ Y	20	018	Ŷ
	City Southfield	State MI		Zip Code 48034-8282	/						50282 eipt thi	-	eriod	
	FEC ID number of contributing federal political committee.	С						,			-		30.0	0
	Name of Employer (for Individual) PriorityHealth		•	on (for Individual) nager		N	lemo	οI	ltem					
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year	to-Date ▼ 450.00	]									
в.	Full Name of Individual (Last, First, Middle Ini Nezat, Ron, J., ,	tial) or Full C	Organi	zation Name		Date c	of Re	ece	eipt					
	Mailing Address PO Box 91180					<sup>™</sup> 10	/		D [		/ Y	ү 20	18	Y
	City Lafayette	State LA		Zip Code 70509-1180							<b>50282</b> 4 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С						-,			-7		85.0	0
	Name of Employer (for Individual) Global Financial Resources, Inc.	Occ Age	•	on (for Individual)		N	lemo	οI	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 850.00										
С.	Full Name of Individual (Last, First, Middle Ini Mosby, Vinara, , ,	tial) or Full C	Organi	zation Name		Date c	of Re	ece	eipt					
	Mailing Address 7049 Lake Caroline Dr					<sup>™</sup> 10	/		D 27		/ Y		)18 18	Y
	City Chesterfield	State VA		Zip Code 23832-8057							50282 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С						9			9		30.0	0
	Name of Employer (for Individual) MAXAMUS INSURANCE SERVICES Receipt For:	Pres	sident			N	/lemo	οI	ltem					
	Primary General Other (specify)	Aggregate	Year	to-Date ▼ 270.00	1									
s	UBTOTAL of Receipts This Page (optional)							,		-	7	_	145.0	0
т	OTAL This Period (last page this line number	only)						_			-	_		

Use separate schedule(s)

FOR LINE NUMBER:

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17			Use separate schedule(s)	(ch	eck only	у ог	ne)	of soliciting contributions s from such committee. 27 / 2018 27 / 2018 27 / 2018 30.00 1 27 / 2018 27 / 2018 20 /		
111			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14			17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	itions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Hairgrove, Andrew, E., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1501 S Lemay Ave Suite 200				<sup>M</sup> 10	/	D []	) / Y		Ŷ
	City Fort Collins	State CO	Zip Code 80524-4253							
	FEC ID number of contributing federal political committee.	С							30	.00
	Name of Employer (for Individual) Sage Benefit Avisors		upation (for Individual) Irance Producer		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]						
в.	Full Name of Individual (Last, First, Middle Initi Major-Bell, Victoria, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 8363 SW 84th Place Road				м м 10	1	27	) / Y		Y
	City Ocala	State FL	Zip Code 34481-5564							1
	FEC ID number of contributing federal political committee.	С								_
	Name of Employer (for Individual) VMB Solutions	Occ	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	]						
с.	Full Name of Individual (Last, First, Middle Initi Hagen, David, P., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1045 Wykoff Way				10 <sup>M</sup>	/	27			Y
	City Laguna Beach	State CA	Zip Code 92651-3036							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, ,	30	.00
	Name of Employer (for Individual) Hagen Insurance & Financial Services	Occi Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]						
s	UBTOTAL of Receipts This Page (optional)			•			, .	.,	90.	00
т	OTAL This Period (last page this line number o	nly)		_ ▶	<u> </u>					

Use separate schedule(s)

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PAGE 62 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, M A. Meyers, Sean, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2345 North Route 9			10 28 2018
City Cape May Court House	State NJ	Zip Code 08210-1170	Transaction ID : 12502843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Hafetz and Associates	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 408.00	Monthly Contribution
Full Name of Individual (Last, First, M Selinsky, Steven, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 28638 Oak Point Drive			10 / 28 2018
City Farmington Hills	State MI	Zip Code 48331-2706	Transaction ID : 12502844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) ector of Sales	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 925.00	]
Full Name of Individual (Last, First, M C. Martin, Ingrid, L., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3857 Grand Oak Drive			10 / 28 / Y Y Y Y 2018
City Brunswick	State OH	Zip Code 44212-3594	Transaction ID : 12502845           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Ameritas	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 396.00	]
SUBTOTAL of Receipts This Page (opti	, onal)		169.00
TOTAL This Period (last page this line r	number only)		

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 63 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mido A. Waren, M. Hughes, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address P.O. Box 7661			M = M         /         D = D         /         Y = Y = Y = Y         Y         10         28         2018         2
City Wilmington	State NC	Zip Code 28406-7661	Transaction ID : 12502846 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Ebenconcepts, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]
Full Name of Individual (Last, First, Mide <b>B.</b> Hazelbaker, Jay, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 5007 Pine Creek Drive			10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westerville	State OH	Zip Code 43081-4849	Transaction ID : 12502847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc.		upation (for Individual) sident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name of Individual (Last, First, Mide C. Stevenson, Kenneth, Thomas		organization Name	Date of Receipt
Mailing Address 3131 Lonnbladh Road			10 / D D / Y Y Y Y Y 28 2018
City Tallahassee	State FL	Zip Code 32308-4255	Transaction ID : 12502848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.00
Name of Employer (for Individual) Earl Bacon Agency	Occ Broł	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 296.00	1
SUBTOTAL of Receipts This Page (option	al)		135.00
TOTAL This Period (last page this line nut	nber only)		

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

FOR LINE NUMBER:

PAGE 64 OF

ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       version for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ng the name and a	duress of any pointear commute	
Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Lawson, Tonda, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6611 Orion Drive Suite 201			10 / Y Y Y Y 28 2018
City Fort Myers	State FL	Zip Code 33912-4329	Transaction ID : 12502850 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		63.00
Name of Employer (for Individual) Brown & Brown, Inc.		upation (for Individual) Employee Benefits	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00	1
Full Name of Individual (Last, First, Mide B. Chubet, Julie, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 386 Main St.			10 28 2018
City Middletown	State CT	Zip Code 06457-3360	Transaction ID : 12502851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) NFP	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]
Full Name of Individual (Last, First, Mide C. Underhill, Charles, E., ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address PO Box 626			M M / D D / Y Y Y Y 10 28 2018
City Woodland Hills	State CA	Zip Code 91365-0626	Transaction ID : 12502852 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Underhill Insurance Agency	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	1
SUBTOTAL of Receipts This Page (option	al)		178.00
TOTAL This Period (last page this line nu	mber only)		

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

(check only one)

PAGE 65 OF

				Detailed Summary Page	X	11a		11b		11c		12	
				Detailed Sullimary Page		13		14		15		16	17
	information copied from such Reports and Station commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	m	ittee									
A.	Full Name of Individual (Last, First, Middle Initia Childers, Russell, B., ,	al) or Full O	)rga	nization Name		Date of	Re	ceipt					
	Mailing Address PO Box 1547					10 <sup>M</sup>	/		28	/ Y		) 018	Y
	City	State		Zip Code		Trans	acti	ion IC	):1	250285	4		
	Americus	GA		31709-1547		Amount	of	Each	Re	ceipt th	is F	eriod	
	FEC ID number of contributing federal political committee.	С						<b>,</b>		- 45-	_	90.0	00
	Name of Employer (for Individual) Russ Childers, CLU	Occi Brol	•	tion (for Individual)		M	emo	Item	I				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General Other (specify) ▼		-	900.00									
	Full Name of Individual (Last, First, Middle Initia Hoffman, Crystal, , ,	al) or Full O	rga	nization Name		Date of	Re	ceipt					
	Mailing Address P.O. Box 709					<sup>M</sup> M	/		28	/ Y		)18	Y
	City	State		Zip Code		Trans	acti	on ID	):1	250285	5		
	Sugar Land	ТХ		77487-0709		Amount	of	Each	Re	ceipt th	is F	eriod	
	FEC ID number of contributing federal political committee.	С						- <b>J</b> -		- 49-	_	100.0	00
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occ Bro	•	tion (for Individual)		M	emo	Item	1				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General Other (specify) ▼		Ļ	, 1035.00									
	Full Name of Individual (Last, First, Middle Initia Scopp, Kenneth, N, ,	al) or Full O	rga	nization Name		Date of	Re	ceipt					
	Mailing Address 12121 Wilshire Blvd Ste 1100					<sup>M</sup> 10	1		28	/ Y		)18 <sup>°</sup>	Y
	City	State CA		Zip Code						250285			
	Los Angeles	CA		90025-1166	_	Amount	of	Each	Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		, ,	_	25.0	00
	Name of Employer (for Individual)	Occi	upa	tion (for Individual)		M	emc	Item	ı				
	First Financial Resources	Brok	ker										
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Other (specify)		-	250.00									
	JBTOTAL of Receipts This Page (optional)				•			5		<u> </u>		215.0	0

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PAGE 66 OF

IT.			Use separate schedule(s)	(ch	eck only	у о	ne)	pt pt 28 / 2018 ID : 12502859 ch Receipt this Period 30.00 em pt 28 / 2018 ID : 12502860 ch Receipt this Period 85.00 em pt 28 / 2018 ID : 12502860 ch Receipt this Period 85.00 em		
			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14			17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Shively, Kevin, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 4055 Hogan Dr				<sup>M</sup> 10	/				Y
	City Tyler	State TX	Zip Code 75709-6930							
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual) Blue Cross Blue Shield		upation (for Individual) rier Sales Rep		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
в.	Full Name of Individual (Last, First, Middle Initi Stearns, Candius, Michelle, ,	al) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 3290 W Big Beaver Rd Ste 503				10 <sup>M</sup>	1				Y
	City Troy	State MI	Zip Code 48084-2917				-		-	ł
	FEC ID number of contributing federal political committee.	С								_
	Name of Employer (for Individual) Mason-McBride/DFB	Occi Brol	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850,00							
C.	Full Name of Individual (Last, First, Middle Initi Hall, Dwight, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address 6107 Hazelwood Ave.				<sup>M</sup> 10	1				Ŷ
	City Indianapolis	State IN	Zip Code 46228-1316							ł
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	7	30	.00
	Name of Employer (for Individual) D Hall & Associates	Occu Brok	upation (for Individual) ker		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00							
s	UBTOTAL of Receipts This Page (optional)						7	. ,	145.	.00
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IT.			Use separate schedule(s)	(ch	eck only	/ or	ne)	pt 28 / 2018 ID : 12502862 ch Receipt this Period 30.00 em pt 28 / 2018 ID : 12502864 ch Receipt this Period 30.00 em			
	EIVILLED RECEIPIS		for each category of the Detailed Summary Page	×	11a		11b			Г	
	y information copied from such Reports and Sta for commercial purposes, other than using the							f solicitir	ng contr	ributio	
	NAME OF COMMITTEE (In Full)	name and a	address of any political committee	10 50			outions	ITOTTI SUG	ch com	millee	
$\rangle$	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Kirk, Stephanie, S., ,	al) or Full O	Organization Name		Date of	Re	eceipt				
	Mailing Address 18887 State Highway 305 Suite 300				<sup>M</sup> 10	1					]
	City Poulsbo	State WA	Zip Code 98370-7461							riod	
	FEC ID number of contributing federal political committee.	С					-	1 15			
	Name of Employer (for Individual) J.C. Madison Inc		upation (for Individual) ency President & Licensed Produce	er	Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name		Date of	Re	eceipt				
	Mailing Address 400 Sunrise Avenue, #150	1-			10 <sup>M</sup>	1					
	City Roseville	State CA	Zip Code 95661-4106	-						riod	
	FEC ID number of contributing federal political committee.	С				UI	7				
	Name of Employer (for Individual) Shepler & Fear General Agency	Occi Brol	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
	Full Name of Individual (Last, First, Middle Initia	al) or Full O									
C.	Keneipp, Wendy, , ,			_	Date of	Re	eceipt				
	Mailing Address 2738 Cody Circle #101	State	Zip Code		10 Trans	/	28		2018		
	Bellingham	WA	98225-8283					Receipt 1		iod	
	FEC ID number of contributing federal political committee.	С					7	, , , , , , , , , , , , , , , , , , ,		30.00	
	Name of Employer (for Individual) Q4intelligence, LLC	Occu Parti	upation (for Individual) mer		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,		90.00	
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			Detailed Summary Page	×	11a		11	1b	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpo	se of s	soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle In Paxton, Pauline, , ,	itial) or Full C	Organization Name		Date	of Re	ece	eipt			
	Mailing Address 194 S Grandean Way				<sup>M</sup> 10		/	D D 28	/ Y	ү ү 2018	Y
	City Eagle	State ID	Zip Code 83616-4993	-					250286	56 nis Perio	d
	FEC ID number of contributing federal political committee.	С					Ţ				0.00
	Name of Employer (for Individual) Blue Cross of Idaho		upation (for Individual) count Leader		N	/lem	o It	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
в.	Full Name of Individual (Last, First, Middle In Smith, Kelly, M., ,	itial) or Full C	Organization Name		Date	of Re	ece	eipt			
	Mailing Address 386 Main St. 2nd Floor				м 10	VI /	′	D D D 28	/ Y	2018	Y
	City Middletown	State CT	Zip Code 06457-3360						250287 ceipt th	<b>'1</b> nis Perio	d
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		-	50	0.00
	Name of Employer (for Individual) NFP Corporate Benefits		upation (for Individual) ker		N	/lem	o It	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
С.	Full Name of Individual (Last, First, Middle In Lubenow, Douglas, , ,	itial) or Full C	Organization Name		Date	of Re	ece	eipt			
	Mailing Address 214 West Main Street Suite 203				<sup>™</sup> 10		′	D D D 28	ΙL	2018	Y
	City Moorestown	State NJ	Zip Code 08057-2345						250287	73 nis Perio	d
	FEC ID number of contributing federal political committee.	С					,			42	2.00
	Name of Employer (for Individual) Lubenow Agency	Occi Brok	upation (for Individual) ker		r	Nem	io It	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		•	-		-	7	-	,	122	2.00

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

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(cł	(check only one)									
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b	11c	12	Г	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		าร			
	NAME OF COMMITTEE (In Full)													
	Health Underwriters Political Act	tion Com	imittee											
Α.	Full Name of Individual (Last, First, Middle Initi Christenson, Shawnee, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt							
	Mailing Address PO Box 16394		10 / Y Y Y Y 28 2018											
	City Minneapolis	State MN	Zip Code 55416-0394					1250287 Receipt th		bd				
	FEC ID number of contributing federal political committee.	C							12	0.00				
	Name of Employer (for Individual)Occupation (for Individual)Crosstown InsuranceInsurance Agent						o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.00	]										
в.	Full Name of Individual (Last, First, Middle Initi Fox, Margarite, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt							
	Mailing Address 5175 E Pacific Coast Hwy Ste 304						10 / <sup>28</sup> / <sup>Y</sup> Y Y Y Y 2018							
	City Long Beach	State CA	Zip Code 90804-3316	-				1250287		nd				
	FEC ID number of contributing federal political committee.	C					Amount of Each Receipt this Period							
	Name of Employer (for Individual) Fox Benefits Insurance Agency		M	emo	o Item									
	Receipt For:	Aggregate Year-to-Date ▼												
	Primary     General       Other (specify) ▼		400.00	1										
С.	Full Name of Individual (Last, First, Middle Initi Barta, James, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt							
	Mailing Address 331 TownePark Circle Suite 200				10 / 28 / 2018 Transaction ID : 12502880									
	City LOUISVILLE	State KY	Zip Code 40243-2351					Receipt th		bd				
	FEC ID number of contributing federal political committee.	С			Ľ.		y		3	0.00				
	Name of Employer (for Individual) The Legacy Benefits Group	upation (for Individual) es		M	em	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]										
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	16	5.00				
Т	OTAL This Period (last page this line number of	only)		•		Ţ				-				

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)											
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		Г	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n							soliciting			ns				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initial Blackford, Stephen, I, ,	) or Full O	Organization Name	[	Date of	f Re	ceipt								
	Mailing Address 11481 Old St. Augustine Rd., # 2			10 / Y Y Y Y 10 28 2018											
	City Jacksonville	State FL	Zip Code 32258-1475	Transaction ID : 12502887 Amount of Each Receipt this Per						riod					
	FEC ID number of contributing federal political committee.	C				30.00									
	Name of Employer (for Individual) The Blackford Group		upation (for Individual) Jrance Agent	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00												
в.	Full Name of Individual (Last, First, Middle Initial Corson, William, C., ,	) or Full O	Organization Name		Date of	f Re	ceipt								
	Mailing Address 120 Governor Drive						29	/ Y	2018		1				
	City Basking Ridge	State NJ	Zip Code 07920-3601	Transaction ID : 12502893 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	10.00												
	Name of Employer (for Individual) American Benefits Planning Group	upation (for Individual) Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00													
С.	Full Name of Individual (Last, First, Middle Initia Flowers, Jeannette, , ,	) or Full O	Organization Name		Date of	f Re	ceipt								
	Mailing Address 601 Hickory Street				м м 10	/	D D 29	/ Y	2018		1				
	City Liverpool	State NY	Zip Code 13088-4416	Transaction ID : 12502901 Amount of Each Receipt this Perio						riod	_				
	FEC ID number of contributing federal political committee.	C					y 1	, ,		30.00					
	Name of Employer (for Individual) Pomco	Occu Brok		М	emc	tem									
	Receipt For: Primary General Other (specify)	Aggregate													
s	UBTOTAL of Receipts This Page (optional)									70.00					
т	OTAL This Period (last page this line number on	ly)	· · · · · · · · · · · · · · · · · · ·	j			- -			-10-					

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

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			Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	2	<b>1</b> 1a		11b	11c		12					
	nformation copied from such Reports and Sta														
· · · · · ·	AME OF COMMITTEE (In Full)		duress of any political committee	0 10 3		TUTIC.	Julions	110111 30							
	lealth Underwriters Political Acti	on Com	mittee												
<b>A</b> . S	ll Name of Individual (Last, First, Middle Initia Stubbs, Guy, , ,	l) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address PO Box 337						10 / Y Y Y Y Y 2018								
Cit Je	ty prome	State ID	Zip Code 83338-0337		Trans Amount			: <b>12502</b> Receipt		Period					
	EC ID number of contributing deral political committee.	C								30.0	0				
Ha	Name of Employer (for Individual)Occupation (for Individual)Hall and AssociatesAgent						o Item								
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]											
	II Name of Individual (Last, First, Middle Initia abin, Michael, L., ,	l) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 16257 S. Lennox St						10 / Y Y Y Y Y 10 31 2018								
Cit	ty lathe	State KS	Zip Code 66062-4042		Transaction ID : 12503053 Amount of Each Receipt this Period					Period					
	EC ID number of contributing deral political committee.	C					85.00								
	ame of Employer (for Individual) e Sabin Agency	upation (for Individual) ner		Me	emo	o Item									
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00													
	III Name of Individual (Last, First, Middle Initia Vebb, Yolanda, Marie, ,	l) or Full O	rganization Name		Date of	Re	eceipt								
	ailing Address 6117 Clover Ct.	g Address 6117 Clover Ct.						10 / D D / Y Y Y Y Y 2018							
Cit	ty hino	State CA	Zip Code 91710-5337		Trans Amount			: <b>12503</b> Receipt		Period					
	EC ID number of contributing deral political committee.	С		Ē		,	9		25.0	0					
W	ame of Employer (for Individual) ebb Insurance Solutions	Occu Brok	upation (for Individual) er		M	emo	o Item								
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]											
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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Any information copied from such Reports or for commercial purposes, other than usin			erson for the purpose of sol								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Smith, Nathaniel, M., ,		rganization Name	Date of Receipt								
Mailing Address 5200 77 Center Drive, S	Suite 125		10 30 Y Y Y Y Y 10 30 2018								
City Charlotte	State NC	Zip Code 28217-0712	Transaction ID : 125 Amount of Each Rece								
FEC ID number of contributing federal political committee.	С			100.00							
Name of Employer (for Individual) Rogers Benefit Group											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 465.00									
Full Name of Individual (Last, First, Mide B. Muckensturm, Mark, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1001 Highlands Plaza D Ste. 500	10 30 / Y Y Y Y 2018										
City Saint Louis	State MO	Zip Code 63110-1337	Transaction ID : 125								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) The Daniel and Henry Company	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00									
Full Name of Individual (Last, First, Mide C. Frisch, Jonathan, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6000 Poplar Ave Suite 300 City	State	10 / D D 10	2018								
Memphis	TN	Zip Code 38119-0928	Transaction ID : 125 Amount of Each Rece								
FEC ID number of contributing federal political committee.	С	,	25.00								
Name of Employer (for Individual) Regions Insurance	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 295.00	]								
SUBTOTAL of Receipts This Page (option	al)		,	150.00							
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Use separate schedule(s)

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		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee									
Full Name of Individual (Last, First, Middle Way, Steven, H., ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 204 Clyde Drive	04-44	7.0.00	10 / D D / Y Y Y Y 2018								
City Walnut Creek	State CA	Zip Code 94598-3425	Transaction ID : 12503403 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) Way Financial	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]								
Full Name of Individual (Last, First, Middle B. Walker, Donald, Haase, ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2815 Beacon HIII Dr.			10 / Y Y Y Y 2018								
City Rockwall	State TX	Zip Code 75087-7123	Transaction ID : 12503411 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) The Walker Group	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 258.00	]								
Full Name of Individual (Last, First, Middle <b>C. Freeman, Joann</b> , , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 625 Oak Street			10 30 2018								
City Laguna Beach	State CA	Zip Code 92651-2920	Transaction ID : 12503413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) Freeman Laguna Insurance Services	Occ Brok	upation (for Individual) ser	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	1								
Name of Employer (for Individual) Freeman Laguna Insurance Services Receipt For:	Aggregate	Year-to-Date ▼ 275.00									

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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171			Use separate schedule(s)	(ch	(check only one)					
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the									
<u> </u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Act									-
A.	Full Name of Individual (Last, First, Middle Initia Grant, Julie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1810 15th Place NW Suite 203				<sup>M</sup> 10	1	30		y y 2018	Y
	City Issaquah	State WA	Zip Code 98027-5373					1250341 Receipt th	18 nis Period	
	FEC ID number of contributing federal political committee.	С						-	500.	00
	Name of Employer (for Individual) Insurance Research Associates, Inc.		upation (for Individual) ducer		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
	Full Name of Individual (Last, First, Middle Initia Rodriguez, James, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4315 Guadalupe Ste 303	State	7in Code		<sup>M</sup> 10	/	30		2018	Y
	City Austin	TX	Zip Code 78751-3795					1250342 Receipt th	2 nis Period	
	FEC ID number of contributing federal political committee.	С							150.0	00
	Name of Employer (for Individual) Texhealth Central Texas	Occi Brol	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
	Full Name of Individual (Last, First, Middle Initia Thorn, Ryan, P., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 10342 South Springcrest Lane				<sup>M</sup> 10	1	30		ү ү 2018	Y
	City South Jordan	State UT	Zip Code 84095-4538				-	: <b>1250343</b> Receipt th	34 nis Period	
	FEC ID number of contributing federal political committee.	С			Ľ.		, .	9	50.	00
	Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Receipt For:	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 410.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			, .	9	700.0	00
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## SCHEDULE A (FEC Form 3X)

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	MIZED RECEIPTS		for each category of the Detailed Summary Page				11c	12 16	17			
	r information copied from such Reports and Stat or commercial purposes, other than using the n				for the		pose o	f soliciting	g contribu	tions		
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comi	nittee									
	Full Name of Individual (Last, First, Middle Initial Jetton, Kim, , ,	) or Full Or	ganization Name		Date of	Re	eceipt					
ſ	Mailing Address P O Box 1200				10 / Y Y Y Y 2018							
	City Rancho Cucamonga	State CA	Zip Code 91729-1200					: <b>125034</b> 3 Receipt th				
	FEC ID number of contributing ederal political committee.	С					-		500.	00		
ł	Name of Employer (for Individual) K. V. Jetton Insurance Services, Inc Receipt For:	Occu Ager	pation (for Individual) nt		M	emo	tem					
ľ	Primary General Other (specify) V	Aggregate `	Year-to-Date ▼ 500.00									
<b>B</b>	Full Name of Individual (Last, First, Middle Initial <b>Johnson, Sandra, , ,</b> Mailing Address 12500 Network Blvd, # 403	) or Full Or	ganization Name		Date of	Re	· .		V			
-	Dity	State	Zip Code	_	10 Trans	acti	30 ion ID :		2018	Y		
_	San Antonio	ТХ	78249-3310					Receipt th				
	FEC ID number of contributing ederal political committee.	С			[.		-		25.	00		
	Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occu Brok	pation (for Individual) er		M	emo	tem					
F	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 295.00									
	Full Name of Individual (Last, First, Middle Initial Rodriguez, James, , ,	) or Full Or	ganization Name		Date of	Re	eceipt					
-	Mailing Address 4315 Guadalupe Ste 303	1			<sup>M</sup> 10		30	)	2018 Y	Ŷ		
	City Austin	State TX	Zip Code 78751-3795	_				: 1250344 Receipt th				
	FEC ID number of contributing ederal political committee.	С			Ľ.		<b>9</b>	,	150.	00		
-	Name of Employer (for Individual) Texhealth Central Texas	Occu Broke	pation (for Individual) er		M	emo	o Item					
F	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 450.00									
su	BTOTAL of Receipts This Page (optional)			•			, .	.,	675.	00		
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#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a 13		1 <sup>-</sup>	1b 4	11c 15	12 16	17					
	y information copied from such Reports and St for commercial purposes, other than using the										utions					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Initi Koerner, Clayton, M., ,							Date of Receipt								
	Mailing Address P.O. Box 10985				10 30 2018 Transaction ID : 12503456											
	City Bakersfield	State CA	Zip Code 93389-0985							56 nis Perioc	b					
	FEC ID number of contributing federal political committee.	С					,		- 1	113	.00					
	Name of Employer (for Individual) Insurica Insurance Management Network		upation (for Individual) nsultant			Merr	no It	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1126.00	]												
в.	Full Name of Individual (Last, First, Middle Initi Buza, Raymond, F., ,	al) or Full C	organization Name		Date	of R	lece	eipt								
	Mailing Address 214 East Lakewood Road				<sup>™</sup> 10	M )	′	о о 30	/ Y	y y 2018	Y					
	City West Palm Beach	State FL	Zip Code 33405-3316		Transaction ID : 12503459 Amount of Each Receipt this Period 42.						ł					
	FEC ID number of contributing federal political committee.	С			Ē		-		-1	42	.00					
	Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occ Bro	upation (for Individual) ker		Ц	Mem	no It	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 342.00	]												
C.	Full Name of Individual (Last, First, Middle Initi Hayes, Judith, A., ,	al) or Full C	organization Name		Date	of R	lece	eipt								
	Mailing Address 17 Hialeah Circle				<sup>™</sup> 10	)	1	D D D 30	/ Y	2018 <sup>°</sup>	Y					
	City Odessa	State TX	Zip Code 79761-3527						250346 ceipt th	66 nis Period	d					
	FEC ID number of contributing federal political committee.	С			Ē		y		,	100	.00					
	Name of Employer (for Individual) Hayes Insurance Services Receipt For:	Occ Brok	upation (for Individual) ker		Ц	Merr	no li	tem								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	1												
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PAGE 77 OF

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	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)					TU IL	Julionis			
$\rangle$	Health Underwriters Political Act	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Reeves, Valerie, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 3702 Brownsboro Rd				<sup>M</sup> 10	1	D 30		ү ү 2018	Y
	City Louisville	State KY	Zip Code 40207-1820					1250347 Receipt th	76 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				25.0	00
	Name of Employer (for Individual) Preferred Benefits, LLC	Occi Brol	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.00	]						
в.	Full Name of Individual (Last, First, Middle Initi Michaletz, Scott, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 802 South Front Street PO Box 576				<sup>M</sup> 10	/	D 10 30		y y 2018	Y
	City Mankato	State MN	Zip Code 56001-2401					1250348	30 nis Period	
	FEC ID number of contributing federal political committee.	С				. 01			25.0	00
	Name of Employer (for Individual) Kato Insurance Agency Inc.		upation (for Individual) sident		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]						
C.	Full Name of Individual (Last, First, Middle Initi Thomas, Lyndon, B., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address P O Box 207				10 <sup>M</sup>	/	30		2018 <sup>°</sup>	Y
	City Ojai	State CA	Zip Code 93024-0207					: <b>125034</b> Receipt th	88 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,	250.0	00
	Name of Employer (for Individual) Lyndon Thomas Insurance		upation (for Individual) rance Agent		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]						
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# SCHEDULE A (FEC Form 3X)

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	MIZED RECEIPTS		Use separate schedule(s)	(ch	eck onl	у о	ne)	L			
	IVILLED RECEIPIO		for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c	12	Г	17
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	IAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
	ull Name of Individual (Last, First, Middle Initi Reyes, Deborah, A., ,	al) or Full O	rganization Name		Date o	f Re	eceipt				
N	lailing Address 1065 Bonita Ave.				м м 10	/	D 30		ү ү 2018	Y	
	City La Verne	State CA	Zip Code 91750-5109	_				: <b>1250349</b> Receipt th		d	
	EC ID number of contributing ederal political committee.	С					-y 1		25	5.00	
C	lame of Employer (for Individual) Deborah Reyes Ins. Services	Occu Broł	upation (for Individual) ker		М	emo	o Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]							
	ull Name of Individual (Last, First, Middle Initi Rowe, Kathleen, Doyle, ,	al) or Full O	rganization Name		Date o	f Re	eceipt				
_	Iailing Address Doyle Rowe LTD 1301 W 22nd St				м м 10	1	30		2018	Y	
	City Dak Brook	State IL	Zip Code 60523-2006					<b>1250349</b> Receipt th		d	
	EC ID number of contributing ederal political committee.	С								0.00	
	Name of Employer (for Individual) Noyle Rowe LTD	Occi Brol	upation (for Individual) ker		М	emo	o Item				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
	<sup></sup>	al) or Full O	rganization Name		Date o	f Re	eceipt				
_	Aailing Address 1122 East Lincoln Avenue Suite 203				10 <sup>M</sup>		30		2018	Y	
	City Orange	State CA	Zip Code 92865-1908					: <b>1250350</b> Receipt th		d	
	EC ID number of contributing ederal political committee.	С			<u> </u>		y 1	5	25	5.00	
E	lame of Employer (for Individual) Bridge Port Benefits	Occu Parti	upation (for Individual) ner		М	emo	o Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 875.00	]							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         □
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Stuart, Rodney, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 484 E Carmel Dr Suite 358			10 / Y Y Y Y 10 30 2018
City Carmel	State IN	Zip Code 46032-2812	Transaction ID : 12503505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Strategic Insurance Inc.	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	]
Full Name of Individual (Last, First, Mido B. Gwin, David, R., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P.O. Box 1396			10 30 2018
City Irmo	State SC	Zip Code 29063-1396	Transaction ID : 12503507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Southeastern Insurance Consultants	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		440.00	]
Full Name of Individual (Last, First, Mide Collura, Salvadore, , ,		rganization Name	Date of Receipt
Mailing Address 1126 Gateway Loop, St			10 / D D / Y Y Y Y 2018
City Springfield	State OR	Zip Code 97477-7723	Transaction ID : 12503513           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Collura Benefits Consulting	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	]
SUBTOTAL of Receipts This Page (option	al)		150.00
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#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

Use separate schedule(s) (check only one)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		<b>×</b> 11			] 11   14	1b 4	$\neg$	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r											liciting		utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	imi	ttee										
Α.		l) or Full O	rgar	nization Name		Date	e of	Re	ece	ipt				
	Mailing Address 2125 Wyoming Blvd. NE	Ototo		Zin Oode		1	0 <sup>M</sup>	/	L	30		/ Y	y y 2018	Y
	City Albuquerque	State NM		Zip Code 87112-2617					-			50351 eipt thi	r s Perio	d
	FEC ID number of contributing federal political committee.	С	_						-		_	-	100	.00
	Name of Employer (for Individual) Grosjean Insurance Agency, Inc.	Occi Broł	•	tion (for Individual)			Me	emo	o It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 400.00	]									
в.	Full Name of Individual (Last, First, Middle Initia Freeman, Michael, J., ,	ll) or Full O	rgar	nization Name		Date	e of	Re	ece	ipt				
	Mailing Address 2333 Camino Del Rio South Suite 200	01-1-		7:- 0		M 1	0 <sup>™</sup>	/	l	30		/ Y	y y 2018	Ý
	City San Diego	State CA		Zip Code 92108-3600					-			503538 eipt thi	<b>5</b> s Perio	d
	FEC ID number of contributing federal political committee.	С							-		-	-	25	.00
	Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occ Age		tion (for Individual)			Me	emo	b It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 295.00	]									
С.	Full Name of Individual (Last, First, Middle Initia Potter, Terri, , ,	l) or Full O	rgar	nization Name		Date	e of	Re	ece	ipt				
	Mailing Address 4514 Chamblee Dunwoody Roa Suite 279					1	<b>0</b> <sup>™</sup>	/	L	30		/ Y	2018 <sup>°</sup>	Y
	City Atlanta	State GA		Zip Code 30338-6272								250355 eipt thi	1 s Perio	b
	FEC ID number of contributing federal political committee.	С	_						y		_	9	150	.00
	Name of Employer (for Individual) Georgia Health Insurance, Inc.	Occi Agei	•	tion (for Individual)			Me	emo	o It	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 300.00	]									
s	UBTOTAL of Receipts This Page (optional)				•				9			7	275	.00
т	OTAL This Period (last page this line number or	ıly)			•				-			-		

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17							
or for commercial purposes, othe	r than using the name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Fi	,	mittee								
Full Name of Individual (Last, <b>A.</b> Buie, Scott, T., ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4525 S 2300 Ste 201	I		10 / Y Y Y Y Y 2018							
City Salt Lake City	State UT	Zip Code 84117-4639	Transaction ID : 12503553 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		75.00							
Name of Employer (for Individe Buie Insurance Services	ual) Occu Brok	upation (for Individual) ser	Memo Item							
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 525.00	]							
Full Name of Individual (Last, B. McClaskey, Barbara, A.	•, ,	rganization Name	Date of Receipt							
Mailing Address 1965 Pine Str	eet		M M / D D / Y Y Y Y 10 30 2018							
City Redding	State CA	Zip Code 96001-1921	Transaction ID : 12503555 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individ Barbara McClaskey Insurance S	ual) Occu Services Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 445.00	]							
Full Name of Individual (Last, C	First, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 736 Old Gree	nville Rd		10 31 2018							
City Fayetteville	State GA	Zip Code 30215-5935	Transaction ID : 12503858 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individe Benevestco, Inc. Receipt For:	Brok		Memo Item							
Primary Genera Other (specify)		Year-to-Date ▼ 250.00	1							
SUBTOTAL of Receipts This Pa	ge (optional)		125.00							
TOTAL This Period (last page th	nis line number only)									

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

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check c	only o	one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	ı	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than using								
· · ·	ng the name and a	doress of any political committe		contri	butions	from sucr	n committe	<del>.</del>
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Mide Dadvand, Tina, April, ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address PO Box 7001			M 1(		/ D 1	D / Y	2018	Y
City Pasadena	State CA	Zip Code 91109-7001				1250386 Receipt th		
FEC ID number of contributing federal political committee.	С						25.0	0
Name of Employer (for Individual) Penniall & Associates, Inc.	Occ Brol	upation (for Individual) ker		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	1					
Full Name of Individual (Last, First, Mide B. Wham, Scott, , ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address 145 E 5th Avenue			1		01	D / Y	2018	Y
City Conshohocken	State PA	Zip Code 19428-1789				1250388 Receipt th		
FEC ID number of contributing federal political committee.	С					-	42.0	0
Name of Employer (for Individual) Kistler Tiffany Benefits		upation (for Individual) actor of Compliance Services		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	]					
Full Name of Individual (Last, First, Mide C. Kite, William, , ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address PO Box 629			M 1		/ D 1		2018	Y
City Roanoke	State VA	Zip Code 24004-0629				: <b>1250389</b> Receipt th	94 his Period	
FEC ID number of contributing federal political committee.	C			_	y		300.0	0
Name of Employer (for Individual) D&S Agency	Occ Brok	upation (for Individual) ker		Mem	io Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3300.00	]					
SUBTOTAL of Receipts This Page (option	al)				, .	. ,	367.0	0
TOTAL This Period (last page this line nu	mber only)							

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

Use separate schedule(s)

FOR LINE NUMBER:

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171			Use separate schedule(s)	(cł	neck only	y or	ne)			
			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	
	y information copied from such Reports and S									
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrib	utions t	rom suc	h committe	90.
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Olson, Trenton, M., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 9980 S. 300 W. Suite 140				M M 11	1	D D D D D D D D D D D D D D D D D D D	) / Y	ү ү 2018	Y
	City Sandy	State UT	Zip Code 84070-3641					1250415 leceipt th	52 his Period	
	FEC ID number of contributing federal political committee.	С							30.0	00
	Name of Employer (for Individual) Senior Benefits Insurance Services	Occi Broł	upation (for Individual) ker		Me	emc	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1						
в.	Full Name of Individual (Last, First, Middle Init Ortolani, Elizabeth, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 67 Eastview Ave				M M	/	01	/ Y	2018	Y
	City Rochester	State NY	Zip Code 14609-4331					<b>1250415</b> Receipt th	<b>4</b> nis Period	
	FEC ID number of contributing federal political committee.	С			<b>—</b>			-	150.0	00
	Name of Employer (for Individual) Ortolani Services Inc.		upation (for Individual) sident		Me	emc	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]						
<u></u> с.	Full Name of Individual (Last, First, Middle Init Banchy, Kate, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 4233 Southtowne Drive				M M	1	02		2018 Y	Y
	City Eau Claire	State WI	Zip Code 54701-2652					1250415 leceipt th	56 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	,	42.(	00
	Name of Employer (for Individual) Spectrum Insurance Group	Occi Brok	upation (for Individual) er		Me	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	222.0	0
Т	OTAL This Period (last page this line number of	only)		•						

Use separate schedule(s)

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Any i or for NA H A. M Gi E fee Na	MIZED RECEIPTS Information copied from such Reports and Stat r commercial purposes, other than using the n AME OF COMMITTEE (In Full) Idealth Underwriters Political Action III Name of Individual (Last, First, Middle Initia Moore, David, R., , ailing Address PO Box 1006	ame and add	dress of any political committee		ne pui				
A. Ma Fu Gir B FE fee Na	r commercial purposes, other than using the n AME OF COMMITTEE (In Full) Iealth Underwriters Political Action II Name of Individual (Last, First, Middle Initia Moore, David, R., ,	ame and add	dress of any political committee	erson for th		rpose of	f soliciting	g contributi	ions
A. M H Gir B FE fee Na	AME OF COMMITTEE (In Full) Iealth Underwriters Political Actional II Name of Individual (Last, First, Middle Initia Moore, David, R., ,	on Comn		e to solicit	contril	outions	Irom Suc	n committe	ж.
H A. M M Cir B FE fee Na	lealth Underwriters Political Actional Name of Individual (Last, First, Middle Initia Noore, David, R., ,		nittee						
A. M Ma Cir B FE fee Na	Noore, David, R., ,	l) or Full Org							
Ci B FE fee	ailing Address PO Box 1006		anization Name	Date	of R	eceipt			
B FE feo Na				M 1		D 02		2018	Y
feo Na	ty urlington	State NC	Zip Code 27216-1006				: 1250415 Receipt th	57 nis Period	
	EC ID number of contributing deral political committee.	С				ар. I		30.0	0
	ame of Employer (for Individual) avid R. Moore, CLU & Associates	Occup Broke	ation (for Individual) r		Mem	o Item			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 330.00						
	II Name of Individual (Last, First, Middle Initia Iaville, Jason, A., ,	l) or Full Org	anization Name	Date	of R	eceipt			
	ailing Address 5511 Moser Know Road	-		M 1		02		2018	Y
Ci <sup>.</sup> Fl	ty loyds Knobs	State IN	Zip Code 47119-8932				1250415	i <b>8</b> nis Period	
FE	EC ID number of contributing deral political committee.	С						20.0	0
	ame of Employer (for Individual) FLAC		ation (for Individual) ance Agent		Mem	o Item			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 220.00						
	III Name of Individual (Last, First, Middle Initia Bellman, Mark, , ,	l) or Full Org	anization Name	Date	of R	eceipt			
	ailing Address 1250 Capitol of Texas Hwy S Bldg 1, Suite 400			м 1		02		2018 Y	Y
Ci <sup>-</sup> M	ty /est Lake Hills	State TX	Zip Code 78746-6428				: 1250410 Receipt th	50 nis Period	
	EC ID number of contributing deral political committee.	С				,	9	50.0	0
Ur	ame of Employer (for Individual) nitedHealthcare	Occup Broker	ation (for Individual)		Mem	o Item			
Re	eceipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 550.00						
SUB	BTOTAL of Receipts This Page (optional)							100.0	0

## SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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171			Use separate schedule(s)	(ch	eck only	/ or	ne)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the												
or		name and a	doress of any political committe	e to sc	DIICIT COL		utions	from suci	n committe	ee.			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Brannon, William, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2 Terrace Way, Suite B				M M 11	1	02	D / Y	y y 2018	Y			
	City Greensboro	State NC	Zip Code 27403-3663	_				1250416 Receipt th	<b>51</b> nis Period				
	FEC ID number of contributing federal political committee.	С							30.0	00			
	Name of Employer (for Individual) Group US, Inc.	Occu Brok	upation (for Individual) Ker		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]									
в.	Full Name of Individual (Last, First, Middle Initia Harder, David, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2241 E Skelly Drive Suite 107	State	Zie Oode		11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Tulsa	OK	Zip Code 74105-5941					1250416	i3 nis Period				
	FEC ID number of contributing federal political committee.	C				U			30.0	00			
	Name of Employer (for Individual) Spirit Financial Concepts, Inc	Occi Owr	upation (for Individual) ner		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Enders, Shannon, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 5797 Harvey Street - Suite A				<sup>M</sup> 11	1	02		2018	Y			
	City Norton Shores	State MI	Zip Code 49444-6727					: <b>1250416</b> Receipt th	64 nis Period				
	FEC ID number of contributing federal political committee.	С			Ľ.		, .		85.0	00			
	Name of Employer (for Individual) Lakeshore Employee Benefits	Occu Brok	upation (for Individual) er		M	emo	b Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 815.00	]									
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	145.0	00			
Т	OTAL This Period (last page this line number o	nly)		•									

Use separate schedule(s)

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ידו			Use separate schedule(s)	(ch	neck only	0	ne)			
			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	
	y information copied from such Reports and Sta									
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	e to s	olicit cor	ntric	outions	from suc	n committ	ee.
$\rangle$	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initian Shaw, Wanda, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 212 South 10 Street				M M 11	/	02		y y 2018	Y
	City Griffin	State GA	Zip Code 30224-2804					: 125041 Receipt ti	67 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.0	00
	Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Occu Brok	upation (for Individual) ser		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]						
в.	Full Name of Individual (Last, First, Middle Initia Hemb, Jack, L., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2801 Coho St Ste 200				M M 11	/	D 02		y y 2018	Y
	City Madison	State Zip Code WI 53713-4531						1250466	<b>51</b> his Period	
	FEC ID number of contributing federal political committee.	С							50.0	00
	Name of Employer (for Individual) Hemb Insurance Group		upation (for Individual) sident		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]						
С.	Full Name of Individual (Last, First, Middle Initi Smith, Paul, E., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 100 Queen Street				M M 11	/	02		2018	Y
	City Southington	State CT	Zip Code 06489-2052				-	: 125046 Receipt ti	64 his Period	
	FEC ID number of contributing federal political committee.	С					y		200.	00
	Name of Employer (for Individual) Paul E Smith Insurance, LLC	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]						
s	UBTOTAL of Receipts This Page (optional)			•			7	,	280.0	00
т	OTAL This Period (last page this line number o	nly)		•						

Use separate schedule(s)

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			Use separate schedule(s)	(ch	neck only	у ог	ne)							
	ZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12					
	rmation copied from such Reports and mmercial purposes, other than using t													
· · · · · · · · · · · · · · · · · · ·	E OF COMMITTEE (In Full)		active of any political commute	0.00		Tur II.	,							
	alth Underwriters Political A	Action Com	mittee											
A. Hab	lame of Individual (Last, First, Middle erman, Joshua, , ,	Initial) or Full O	rganization Name		Date of Receipt									
Mailin	g Address 9301 Bryant Ave S Suite 105				M M 11	/	D 102	D / Y	ү ү 2018	Y				
City Bloor	nington	State MN	Zip Code 55420-3473					1250466 Receipt th		d				
	ID number of contributing al political committee.	С			<u> </u>		-		50	.00				
Alexa	of Employer (for Individual) nder & Haberman	Occu Broł	upation (for Individual) ker		M	emo	o Item							
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 389.00	1										
	lame of Individual (Last, First, Middle son, Thomas, R., ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt							
	g Address 701 Lamar	1-			M M 11	/	02		2018	Y				
City		State TX	Zip Code					1250466						
VVICNI	ta Falls		76301-6824		Amount	t of	Each F	Receipt th	nis Perio	d				
	ID number of contributing al political committee.	С			<u> </u>	_	-y		200	.00				
	e of Employer (for Individual) Featherston Insurance Agency	Occi Brol	upation (for Individual) ker		M	emo	o Item							
	pt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		2250.00	1										
C. Fitz	lame of Individual (Last, First, Middle gerald, Robert, Mark, ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt							
	g Address 185 Fowler St		1		M M 11	/	03		2018 <sup>Y</sup>	Ŷ				
City Wood	dstock	State GA	Zip Code 30188-5023					: <b>1250466</b> Receipt th		d				
	ID number of contributing al political committee.	C			<u> </u>		y	7	85	.00				
Robei	of Employer (for Individual) rt Fitzgerald Insurance Agency, In	Occu Brok	upation (for Individual) er		M	emo	o Item							
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1010.00	1										
SUBTO	TAL of Receipts This Page (optional).						,	7	335	.00				
TOTAL	This Period (last page this line number	er only)		•			49.1							

#### SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s) (check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_	11a 13		] 11   14		11c 15	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				n fo	r the		pos	e of s	oliciting	g contrib	outions		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmittee											
A.	Full Name of Individual (Last, First, Middle Initia Frizen, Bruce, , ,	ll) or Full C	Drganization Name		D	ate of	Re	ecei	pt					
	Mailing Address 8058 Corporate Center Dr. Suite 200				C	<sup>M</sup> 11	/		03	/ Y	2018	Y		
	City Charlotte	State NC	Zip Code 28226-4359					-		250467 ceipt th	73 nis Peric	od		
	FEC ID number of contributing federal political committee.	С			C			- -			4	5.00		
	Name of Employer (for Individual) L.E. Goodgame & Associates	Occ Brol	cupation (for Individual) oker		C	Me	emo	o Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00	]										
В.	Full Name of Individual (Last, First, Middle Initia King, Carolyn, J., ,	ll) or Full C	Drganization Name		D	ate of	Re	ecei	pt					
	Mailing Address 6 Country Lane				Γ	м м 11	/		03	/ Y	2018	Y		
	City Sussex	State NJ	Zip Code 07461-4630		Transaction ID : 12504674 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		30.00										
	Name of Employer (for Individual) Carolyn J King Insurance		cupation (for Individual) oker		ŀ	Me	emo	) Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
С.	Full Name of Individual (Last, First, Middle Initia Shores, Thomas, E., ,	ll) or Full C	Drganization Name		D	ate of	Re	ecei	pt					
	Mailing Address 8596 W Bolsa Ct.				Γ	<sup>M</sup> 11	/		03	/ Y	2018	Y		
	City Boise	State ID	Zip Code 83709-5196							<b>250467</b> ceipt th	<b>75</b> his Peric	od		
	FEC ID number of contributing federal political committee.	С			ļ	_		<b>y</b>		g	4	2.00		
	Name of Employer (for Individual) T.A. Shores Inc. Receipt For:	Brok			ľ	M	emc	o Ite	əm					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	]										
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	ļ	-	-	,	-	,	11	7.00		
Т	OTAL This Period (last page this line number or	nly)						_			_			

Use separate schedule(s)

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ידו			Use separate schedule(s)	(ch	neck only	/ or	ne)			
111	EWIZED RECEIPIS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			0 10 3				Tom Suc		
$\rangle$	Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1907 B Mangrove Ave.				м м 11	/	03	) / Y	ү ү 2018	Y
	City Chico	State CA	Zip Code 95926-2381					1250467 Receipt th	77 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y		85.0	00
	Name of Employer (for Individual) John Warwick Insurance Services	Occu Brok	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	]						
B.	Full Name of Individual (Last, First, Middle Initi Haberman, Joshua, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 9301 Bryant Ave S Suite 105				м м 11	/	03	) / Y	y y 2018	Y
	City Bloomington	State Zip Code MN 55420-3473						1250467		
	FEC ID number of contributing federal political committee.	MN 55420-3473							nis Period 85.0	00
	Name of Employer (for Individual) Alexander & Haberman	Occi Bro	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 474.00	]						
с.	Full Name of Individual (Last, First, Middle Initi Liechty, Brian, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 120 East Washington Street				11 <sup>M</sup>	/	03		2018	Y
	City Plymouth	State IN	Zip Code 46563-1744				-	1250468 Receipt th	<b>30</b> nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	30.0	00
	Name of Employer (for Individual) TCU Insurance	Occu Brok	upation (for Individual) er		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]						
s	UBTOTAL of Receipts This Page (optional)			•			,	9	200.0	0
т	OTAL This Period (last page this line number of	only)		•			-	1 <b>1</b>		

Use separate schedule(s)

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TTEMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		-	11b		11c		12	<u> </u>	
	y information copied from such Reports and Stat for commercial purposes, other than using the n							рс						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action													
۹.	Full Name of Individual (Last, First, Middle Initial Kennedy, Tamara, P., ,	l) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 7310 N. 16th Street, Suite 226			7: 0 1		<sup>M</sup> 11			(	)3	/		y y 2018	Y
	City Phoenix	State AZ		Zip Code 85020-8212							2504		Period	
	FEC ID number of contributing federal political committee.	С	1			oul		-		16		GIID	85.	00
	Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occu Brok	•	ion (for Individual)		N	lemc	οI	Item	1				
	Dessint For:	Aggregate	Yea	r-to-Date ▼ 595.00										
	Full Name of Individual (Last, First, Middle Initial Cochran, L. Briggs, , ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 1151 Red Mile Rd					™ 11	/			D3	1		y y 2018	Y
	City Lexington	State KY		Zip Code 40504-2649	A						<b>25046</b> eceipt		Period	
	FEC ID number of contributing federal political committee.	С	500.00											
	Name of Employer (for Individual) BIM Group	Occu Brok	•	tion (for Individual)		N	lemc	οI	lterr	I				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00										
	Full Name of Individual (Last, First, Middle Initial Susie, John, D., ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 8682 Hawick Ct N					<sup>M</sup> 11	/			D4	/		y y 2018	Y
	City Dublin	State OH		Zip Code 43017-9618	A						<b>2504</b> ceipt		Period	
	FEC ID number of contributing federal political committee.	С						,					20.	00
	Name of Employer (for Individual) National United Brokers, Inc	Occu Brok	•	ion (for Individual)		N	lemo	0	lterr	ı				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 220.00										
s	UBTOTAL of Receipts This Page (optional)			•				,			,		605.	00
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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17										
			e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee											
Full Name of Individual (Last, First, Mido A. Rice, Patty, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 8921 51st St W			11 04 Y Y Y Y Y 2018										
City University Place	State WA	Zip Code 98467-1703	Transaction ID : 12504689										
·		30407 1703	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		20.00										
Name of Employer (for Individual) Cascade Valley Insurance		upation (for Individual) ior Account Manager	Memo Item										
Receipt For:		Year-to-Date ▼											
Primary   General     Other (specify) ▼		220.00	1										
Full Name of Individual (Last, First, Mide B. Lord, Justin, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 935 East 36th Place			11 04 2018										
City	State	Zip Code	Transaction ID : 12504691										
Tulsa	OK	74105-3001	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) HUB International	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]										
Full Name of Individual (Last, First, Mido C. Casinelli, Patrick, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 450 B St # 1800			11 04 2018										
City	State	Zip Code	Transaction ID : 12504693										
San Diego	CA	92101-8005	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		63.00										
Name of Employer (for Individual) Cavignac & Associates	Occi Prin	upation (for Individual) cipal	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 693.00	1										
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		113.00										

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PAGE 92 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check c	only o	one)							
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or for commercial purposes, other than us	sing the name and a	ddress of any political committee	e to solicit o	contri	butions	from sucl	1 committe	e.				
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee										
Full Name of Individual (Last, First, Mi A. Ashby, Thomas, F., ,	ddle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address P. O. Box 70			M 11		/ D 04		Y Y 2018	Y				
City Zirconia	State NC	Zip Code 28790-0070				1250469 Receipt th	<b>95</b> his Period					
FEC ID number of contributing federal political committee.	C		Ē	_		-	42.0	0				
Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occ Bro	upation (for Individual) ker		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 438.00	1									
Full Name of Individual (Last, First, Mi B. Viola, Robert, , ,	ddle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address One West First Avenue	e Ste 305		11 04 Y Y Y Y 2018									
City Conshohocken	State PA	Zip Code 19428-6801				1250469	<b>7</b> nis Period					
FEC ID number of contributing federal political committee.	C						50.0	0				
Name of Employer (for Individual) The Megro Corporation	Occ Ow	upation (for Individual) ner		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]									
Full Name of Individual (Last, First, Mi C. Mochan, Damian, , ,	ddle Initial) or Full C	Prganization Name	Date	of R	eceipt							
Mailing Address 100 Radnor Rd Ste 20	2		1		/ 04		2018	Ŷ				
City State College	State PA	Zip Code 16801-7986				: <b>1250469</b> Receipt th	98 nis Period					
FEC ID number of contributing federal political committee.	C			_	, . ,	9	50.0	0				
Name of Employer (for Individual) Central PA Benefit Solutions	Occ Brol	upation (for Individual) ker		Mem	io Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]									
SUBTOTAL of Receipts This Page (option	nal)			_	, .		142.0	0				
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#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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11			for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Freeman, Joann, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 625 Oak Street				м м 11	1	D 05		2018	Y			
	City Laguna Beach	State CA	Zip Code 92651-2920					: <b>125047</b> Receipt t	<b>04</b> his Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>				10.	00			
	Name of Employer (for Individual) Freeman Laguna Insurance Services	Occu Broł	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]									
в.	Full Name of Individual (Last, First, Middle Initia Hepscher, William, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 38176 Medical Center Avenue				11 05 / Y Y Y Y 2018								
	City Zephyrhills	State FL					: <b>125047</b> Receipt t	<b>05</b> his Period					
	FEC ID number of contributing federal political committee.	С			85.0								
	Name of Employer (for Individual) The Canadian Drugstore	Occi Brol	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00	]									
C.	Full Name of Individual (Last, First, Middle Initia Gussin, Craig, , ,		rganization Name		Date of	Re	eceipt						
	Mailing Address 701 Palomar Airport Road #260		7. 0.4		11 <sup>M</sup>	1	0	5	2018	Y			
	City Carlsbad	State CA	Zip Code 92011-1047					: 125047 Receipt t	06 his Period				
	FEC ID number of contributing federal political committee.	С			Ľ.		y .	9	100.	00			
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occu Brok	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1940.00	]									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			<b>y</b>	. ,	195.	00			
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PAGE 94 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	y one)							
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c 15	12	17				
Any information copied from such or for commercial purposes, other			erson for the	purpose of s	soliciting	contribut	ions				
NAME OF COMMITTEE (In Fu Health Underwriters I	,	mittee									
Full Name of Individual (Last, I A. Allumbaugh, Joel, C., ,	First, Middle Initial) or Full O	rganization Name	Date of	Receipt							
Mailing Address 6 E. Chestnut	St., Suite 520		M M	/ D D 05	/ Y	ү ү 2018	Y				
City Augusta	State ME	Zip Code 04330-5759		action ID : 1 of Each Re							
FEC ID number of contributing federal political committee.	C					30.0					
Name of Employer (for Individu National Worksite Benefit Group	,	upation (for Individual) ker	Me	emo Item							
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 330.00	1								
Full Name of Individual (Last, I B. Whaley, Cynthia, , ,	First, Middle Initial) or Full O	rganization Name	Date of	Receipt							
Mailing Address 408 N. Washin Suite A			11 05 / Y Y Y Y 2018								
City Easton	MD	StateZip CodeMD21601-3704			2504712 ceipt this	2 s Period					
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individu Avery Hall Benefit Solutions, Inc		Occupation (for Individual) Broker									
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 330.00	1								
Full Name of Individual (Last, I C. Moore, Robert, L., ,	First, Middle Initial) or Full O	rganization Name	Date of	Receipt							
Mailing Address 1644 Plank Ro	1		M M 11	/ D D 05	/ Y	ү 2018	Y				
City Duncansville	State PA	Zip Code 16635-8376		of Each Re							
FEC ID number of contributing federal political committee.	C			, ,		42.0	00				
Name of Employer (for Individu L.R. Webber Associates, Inc.	al) Occu Brok	upation (for Individual) ker	Me	emo Item							
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 462.00	1								
SUBTOTAL of Receipts This Pag	ge (optional)					102.0	00				
TOTAL This Period (last page th	is line number only)										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED REGEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle A. Rianhard, Dane, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1 E. Pratt St., Unit 902			M M / D D / Y Y Y Y 11 05 2018
City Baltimore	State MD	Zip Code 21202-1193	Transaction ID : 12504714 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) TriBridge Partners, LLC	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 985.00	]
Full Name of Individual (Last, First, Middle B. Michaels, Norman, Joseph, ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 75 NO CENTREAL AVE			11 05 2018
City Elmsford	State NY	Zip Code 10523	Transaction ID : 12504716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) 2014	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]
Full Name of Individual (Last, First, Middle C. Henning, Kristy, S., ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 806B A Street			11 / D D / Y Y Y Y 11 05 2018
City Springfield	State OR	Zip Code 97477-4771	Transaction ID : 12504717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) The Insurance Place	Occ Age	upation (for Individual) nt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	]
SUBTOTAL of Receipts This Page (optiona			145.00
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### SCHEDULE A (FEC Form 3X) - . . . . . .

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	у о	ne)	L					
			for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c 15	12	Г	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		าร		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Eberley, R. Michael, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 1296 Sinnissippi Park Rd.				11 M	1	05	) / Y	ү ү 2018	Y	]		
	City Sterling	State IL	Zip Code 61081-4125					1250471 Receipt th		d	_		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-g-		42	2.00			
	Name of Employer (for Individual) Self Employed	Occi Brol	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 342.00										
в.	Full Name of Individual (Last, First, Middle Init Sweatt, Shelly, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 14 Commerce Road			11 05 / Y Y Y Y 2018									
	City Newtown	State CT	Zip Code 06470-1607					1250472		d			
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period							
	Name of Employer (for Individual) TR Paul, Inc.	Occ Bro	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]									
<u></u> С.	Full Name of Individual (Last, First, Middle Init DeBruin, Teresa, F., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 45 Technology Pkwy South Suite 225 City	State	Zip Code		M M 11	J.	06		2018	Y	]		
	Peachtree Corners	GA	30092-3456					1250901 Receipt th	-	d			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y a	. ,	5(	0.00			
	Name of Employer (for Individual) DeBruin Benefit Services, Inc.	Occu Brok	upation (for Individual) ker		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	1									
s	UBTOTAL of Receipts This Page (optional)			•		I	,	. ,	122	2.00			
т	OTAL This Period (last page this line number of	only)		•	Γ.			1 40		-			

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16       erson for the purpose of soliciting contributions       a to collicit contributions from such committee								
	ing the name and a	ddress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Corr	mittee									
Full Name of Individual (Last, First, Mic A. Sklar, Erika, , ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1415 Walton Blvd			11 06 / Y Y Y Y Y 2018								
City Rochester Hills	State MI	Zip Code 48309-1775	Transaction ID : 12509020           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		63.00								
Name of Employer (for Individual) The Crawford Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 793.00	]								
Full Name of Individual (Last, First, Mic B. Webb, Charles, A., ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 2670 Electric Rd			11 06 / Y Y Y Y Y 11 06 2018								
City Roanoke	State VA	Zip Code 24018-3511	Transaction ID : 12509022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individual) Innovative Insurance Group	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	]								
Full Name of Individual (Last, First, Mic C. Odegard, James, , ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 21308 John Milless Dri Suite 102	1		11 / D D / Y Y Y Y Y 2018								
City Rogers	State MN	Zip Code 55374-4875	Transaction ID : 12509023           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) Odegard Benefit Services, LLC	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	1								
SUBTOTAL of Receipts This Page (option	nal)		355.00								
TOTAL This Period (last page this line nu	Imber only)										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	·	Use separate schedule(s)	(check o	nly o	ne)							
Mailing Address 801 B Street         Suite #505A         City         Anchorage         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Gina Bosnakis & Associates         Receipt For:         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle)		for each category of the Detailed Summary Page	<b>×</b> 11a		11b 14	11c 15	12	17				
			erson for th		rpose of	soliciting	contribut	tions				
	an using the name and a	duress of any pointear commute		,onun		10111 3001	1 commu					
	litical Action Com	mittee										
A. Bosnakis, Gina, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt									
-				11 06 2018								
City	State AK	Zip Code 99501-3657				1250902						
			Amou	int of	Each H	eceipt th	is Period					
•	С				-		20.0	00				
1 5 ( )	Occu Brok	upation (for Individual) ser		Mem	o Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Primary General	7.99109410		1									
Other (specify) <b>v</b>		220.00										
Full Name of Individual (Last, First B. Brachlow, Michael, , ,	, Middle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 1133 Westchester	Ave, Suite S229		11		06	) / Y	2018	Y				
City	State	Zip Code	Trar	nsact	tion ID :	1250902	6					
White Plains	NY	10604-3546	Amou	int of	Each F	Receipt th	is Period					
FEC ID number of contributing federal political committee.	° I							00				
Name of Employer (for Individual) BenefitMall		upation (for Individual) cutive Sales Director		Mem	o Item							
Receipt For:												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	1									
Full Name of Individual (Last, First C. Sautter, Robert, E., ,	, Middle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 36 South 400 Wes Suite 201	st		11		07		y y 2018	Y				
City Vineyard	State UT	Zip Code 84058-5370				1250915 Receipt th	is Period					
FEC ID number of contributing federal political committee.	С				<u> </u>	J.	42.0	00				
Name of Employer (for Individual) Paylogics		upation (for Individual) nt Adviser		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00										
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	EIVIZED RECEIPTS			Detailed Summary Page	×	11a		11	1b	11c		12		
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee										
Α.	Full Name of Individual (Last, First, Middle Init Johnson, Sandra, , ,	ial) or Full O	)rgar	nization Name										
	Mailing Address 12500 Network Blvd, # 403				11 07 2018									
	City San Antonio	State TX		Zip Code 78249-3310								eriod		
	FEC ID number of contributing federal political committee.	С						-				30.0	0	
	Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occi Brol	•	ion (for Individual)		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 325.00										
в.	Full Name of Individual (Last, First, Middle Init Pendorf, Paul, , ,	ial) or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 31666 W. Nine Dr.						/	Г		/ Y			ŕ	
	City Laguna Niguel	State CA		Zip Code 92677-2955										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Independent Financial Group LLC	Occ Age	•	ion (for Individual)		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 935.00										
<b>)</b> .	Full Name of Individual (Last, First, Middle Init Bremer, Emily, Black, ,	ial) or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 8000 Bonhomme Ave., # 213						/			/ Y			Ý	
	City Saint Louis	State MO		Zip Code 63105-3515								eriod	_	
	FEC ID number of contributing federal political committee.	С						y		,		63.0	0	
	Name of Employer (for Individual) The Bremer Group, LLC	Occi Brok	•	ion (for Individual)		M	emc	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 693.00										
s	UBTOTAL of Receipts This Page (optional)			····· •				y	_		_	178.00	)	
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### SCHEDULE A (FEC Form 3X) - . . . . . .

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17		
Ar	y information copied from such Reports and Si for commercial purposes, other than using the	tatements managements	l ay not be sold or used by any p address of any political committee	erson	for the	pur ntrik	pose of	f soliciting	g contri	ibutio	ns		
	NAME OF COMMITTEE (In Full)									muoc			
$\left \right\rangle$	Health Underwriters Political Ac	tion Com	imittee										
Α.	Full Name of Individual (Last, First, Middle Init Deru, Scott, E., ,	ial) or Full C	Organization Name		Date of Receipt								
	Mailing Address PO Box 336				M M 11								
	City Layton	State UT	Zip Code 84041-0336					: 12509160 Receipt this Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>				1(	00.00			
	Name of Employer (for Individual) Fringe Benefits Analysts		upation (for Individual) sident		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1900.00										
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Proanization Name	_									
Β.	Sheehan, Norman, , ,				Date of	f Re							
	Mailing Address 808 Beaver St		11 <sup>M</sup>	/	07		2018						
	City Santa Rosa	State CA	Zip Code 95404-3731	Transaction ID : 1250916 Amount of Each Receipt th					iod				
	FEC ID number of contributing federal political committee.	С								20.00			
	Name of Employer (for Individual) Norman Sheehan Insurance Agency	Occ Age	upation (for Individual) ent		M	emo	o Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 220.00										
с.	Full Name of Individual (Last, First, Middle Init Ringer, John, , ,	ial) or Full C	Organization Name		Date of	f Re	eceipt						
	Mailing Address 905 12th Street				<sup>M</sup> 11	/	D 07		2018				
	City Huntington Beach	State CA	Zip Code 92648-3412					: 125091 Receipt th		iod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	J	2	20.00			
	Name of Employer (for Individual) Ringer Insurance Services	Occu Brok	upation (for Individual) ker		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]									
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	14	40.00			
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<u> </u>	JAME OF COMMITTEE (In Full)										
∕ I	Health Underwriters Political Ac	ction Com	mittee								
<b>A</b>	Full Name of Individual (Last, First, Middle In Stephens, Michael, R., ,	itial) or Full O	rganization Name	Date of Receipt							
N	Aailing Address 329 S Elm St Suite 207				м м 11	/	D 07	D / Y	2018	Y	
	Dity Jenks	State OK	Zip Code 74037-3765					<b>1250918</b> Receipt th		d	
	EC ID number of contributing ederal political committee.	С						1.45		0.00	
Т	Name of Employer (for Individual)	Occi Brol	upation (for Individual) ker		М	emo	o Item				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	1							
	ull Name of Individual (Last, First, Middle In Galardini, Richard, F., ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
_	Aailing Address 7000 Stonewood Dr Suite 251	Otata	Zin Onde		M M 11	/	08		2018	Y	]
	City Wexford	State PA	Zip Code 15090-7376					1250922 Receipt th		d	
F	EC ID number of contributing ederal political committee.	С							5.00	_	
	Name of Employer (for Individual) RG Advisors, LLC		upation (for Individual) airman & CEO		M	emo	o Item				
F	Receipt For: Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼									
	Full Name of Individual (Last, First, Middle In Balla, Donald, L., ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
N	Aailing Address 371 Steeplechase Drive				M M 11	/	08		2018	Y	]
	Dity Cranberry Twp	State PA	Zip Code 16066-2239					: <b>1250922</b> Receipt th		d	
	EC ID number of contributing ederal political committee.	С			<u> </u>		y	, ,	30	0.00	
C	Name of Employer (for Individual) CHS Alera Group	Occi Brok	upation (for Individual) ker		М	emo	o Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00								
su	BTOTAL of Receipts This Page (optional)			<u> </u>			y	9	405	5.00	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	v information copied from such Reports and St or commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full)			be of any political committee	, 10 00			Juli						
	Health Underwriters Political Act	ion Com	nmi	ttee										
	Full Name of Individual (Last, First, Middle Initi Rice, Russell, Lee, ,	al) or Full C	Orgar	nization Name		Date of Receipt								
I	Mailing Address 8000 IH-10 West, # 715													
	City	State		Zip Code		Trans	acti	ior	n ID : ′	25092	23			
-	San Antonio	ТХ		78230-3880	/	Amount	of	Ea	ach Re	eceipt t	his F	Period		
	FEC ID number of contributing rederal political committee.	С						,				85.0	00	
	Name of Employer (for Individual) AVESIS, Inc.	Occ Bro	•	ion (for Individual)		M	emo	o It	tem					
Ī	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary     General       Other (specify) ▼		-	1010.00										
		al) or Full C	Orgar	nization Name		Date of	Re	ece	eipt					
I	Mailing Address PO Box 99565					11 / D D / Y Y Y Y 2018								
(	City	State		Zip Code		Trans	acti	ior	n ID : 1	25092	24			
-	Louisville	KY		40269-0565	/	Amount	of	Ea	ach Re	eceipt t	his F	Period		
	FEC ID number of contributing rederal political committee.	С				,				42.0	00			
	Name of Employer (for Individual) /an Zandt Emrich and Cary	Occ Bro		M	emo	o It	tem							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 462.00										
	Full Name of Individual (Last, First, Middle Initi Jennings, Julie, A., ,	al) or Full C	Drgar	nization Name		Date of	Re	ece	eipt					
_	Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120					11 <sup>M</sup>	1	l	D D 08			)18 <sup>°</sup>	Y	
(	City Dartmouth	State MA		Zip Code 02747-1255						125092				
	FEC ID number of contributing rederal political committee.	С			/	Amount	OT	Ea	ach Re	eceipt t	nis f	85.0	00	
	Name of Employer (for Individual) Sylvia & Co. Ins. Agency, Inc.	Occ Broł		ion (for Individual)		M	emc	o li	tem					
I	Receipt For: Primary General Other (specify)	Aggregate	egate Year-to-Date ▼ 935.00											
	UBTOTAL of Receipts This Page (optional)			·····				,		5	-	212.0	0	

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or	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee										
۹.	Full Name of Individual (Last, First, Middle Ini Matsushita, David, , ,	itial) or Full C	Drgai	nization Name	C	Date of	Re	ece	ipt					
	Mailing Address 25B Hanover Road Suite 220			1	11 08 2018 Transaction ID : 12509226									
	City Florham Park	State NJ		Zip Code 07932-1443	A							s Period		
	FEC ID number of contributing federal political committee.	С						7			,	50.0	0	
	Name of Employer (for Individual) Savoy Associates		•	tion (for Individual) Account Executive		M	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 550.00										
3.	Full Name of Individual (Last, First, Middle Ini Kinley-Lawrence, Jennifer, E., ,	tial) or Full C	Orgai	nization Name		Date of	Re	ece	ipt					
	Mailing Address 1900 Winston Road Suite 100			_		м м 11	/	ľ	08	/	Y	y y 2018	Y	
	City Knoxville	State TN		Zip Code 37919-3605		Trans						s Period	_	
	FEC ID number of contributing federal political committee.	С						-			,	365.0	0	
	Name of Employer (for Individual) TIS Insurance Services, Inc.	Occ Bro	•	tion (for Individual)		M	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.00										
	Full Name of Individual (Last, First, Middle Ini Patrician, James, P., ,		Drgai	nization Name		Date of	Re	ece	ipt					
	Mailing Address 923 N. Plum Grove Road, Su	ite C				M M 11	/	E	08	/	Y	2018 <sup>°</sup>	Y	
	City Schaumburg	State IL		Zip Code 60173-5152	A	Trans						) s Period		
	FEC ID number of contributing federal political committee.	С				_		y			y	25.0	0	
	Name of Employer (for Individual) Coordinated Benefits Company	Occ Pres	•	tion (for Individual) nt		M	ema	o It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 275.00										
s	UBTOTAL of Receipts This Page (optional)			•••••				9			9	440.0	0	
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			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions								
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Deagle, Michael, P., ,	ll) or Full C	organization Name	Date of Receipt								
	Mailing Address 935 National Parkway Suite 93550 City	State	Zip Code	11 08 / Y Y Y Y 10 08 2018								
	Schaumburg	IL	60173-5150	Transaction ID : 12509231 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		200.00								
	Name of Employer (for Individual) BenAxis Inc.	Occ Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00									
в.	Full Name of Individual (Last, First, Middle Initia Schwartz, Matt, B., ,	ll) or Full C	organization Name	Date of Receipt								
	Mailing Address 2950 Breckenridge Lane, Suite			M M / D D / Y Y Y Y 11 08 2018								
	City Louisville	State KY	Zip Code 40220-1462	Transaction ID : 12509235 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Schwartz Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Fairbairn, Nicole, , ,	l) or Full C	Prganization Name	Date of Receipt								
	Mailing Address 8069 Little Circle Road			11 08 / Y Y Y Y 2018								
	City Noblesville	State IN	Zip Code 46060-1071	Transaction ID : 12509236         Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occ Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00									
s	UBTOTAL of Receipts This Page (optional)		•	315.00								
т	OTAL This Period (last page this line number or	ıly)										

Use separate schedule(s)
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170			Use separate schedule(s)	(ch	eck only	/ or	ne)					
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				for the		oose of	soliciting	g contribu	utions		
	Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Redmon, Bridget, L., ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2684 Charlestown Road				<sup>M</sup> <sup>M</sup>	/	08	) / Y	2018	Y		
	City New Albany	State IN	Zip Code 47150-2537					1250923 Receipt th	37 his Period	ł		
	FEC ID number of contributing federal political committee.	С			<u> </u>			1 41	20	.00		
	Name of Employer (for Individual) ISU Insurance & Investment Group	Occi Brol	upation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	1								
в.	Full Name of Individual (Last, First, Middle Initi Burgess, Robbi, M., ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1250 S Capital of Texas Hwy Building 1		M M 11	/	08		2018	Y				
	City West Lake Hills	State TX	Zip Code 78746-6446	Amount of Each Receipt this Per						ł		
	FEC ID number of contributing federal political committee.									.00		
	Name of Employer (for Individual) UnitedHealthcare	Occ	upation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 232.00	]								
с.	Full Name of Individual (Last, First, Middle Initi Garcia, J., Michael, ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 820 Jordan Street Suite 400 City	State	Zip Code		11 <b>T</b> rans	/	08	JL	2018	Y		
	Shreveport	LA	71101-4522				-	1250924 Receipt th	his Period	ł		
	FEC ID number of contributing federal political committee.	Ŭ ( <sup>-</sup>					y .	. ,	25	.00		
	Name of Employer (for Individual) Moreman,Moore & Co. Inc.		upation (for Individual) s Manager		M	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	57	.00		
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# SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting	contribut	ions
$\overline{\}$	NAME OF COMMITTEE (In Full)									
	Health Underwriters Political Act	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Pendergraft, Ross, W., ,	ial) or Full O	rganization Name	D	ate of	Re	ceipt			
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300				м м 11	/	08	) / Y	y y 2018	Y
	City Woodland Hills	State CA	Zip Code 91367-6476					1250924 Receipt th		
	FEC ID number of contributing federal political committee.	С					7		85.0	00
	Name of Employer (for Individual) Leavitt Group	Occu Brok	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1060.00	]						
R	Full Name of Individual (Last, First, Middle Init Braun, Perry, S., ,	ial) or Full O	rganization Name		ate of	Re	ceint			
υ.	Mailing Address 6830 Cochran Road				M M	/	08		2018	Ŷ
	City	State	Zip Code		Trans	actio	on ID :	1250936	8	
	Solon	OH	44139-3966	A	mount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С		00						
	Name of Employer (for Individual) Benefit Advisors Network		upation (for Individual) cutive Director		Me	emo	Item			
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	]						
с.	Full Name of Individual (Last, First, Middle Init Buechler, Anthony, C, ,	ial) or Full O	rganization Name	D	ate of	Re	ceipt			
	Mailing Address 1203 Colonial Circle				<sup>M</sup> 11	1	09		y y 2018	Y
	City Papillion	State NE	Zip Code 68046-6109					1250937 Receipt th	<b>'9</b> iis Period	
	FEC ID number of contributing federal political committee.	С		ļ			9	,	30.0	00
	Name of Employer (for Individual) Buechler Insurance Services	Occu Brok	upation (for Individual) er		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	]							
s	UBTOTAL of Receipts This Page (optional)						, .	,	480.0	00
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or for commerc	ial purposes, other than using		ay not be sold or used by any p ddress of any political committe												
	COMMITTEE (In Full) Inderwriters Political	Action Com	mittee												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Renkar, Christopher, J., ,					Date of Receipt									
	Mailing Address 8814 Fargo Road Suite 125 City State Zip Code						M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City Richmond		State VA		Transaction ID : 12509381 Amount of Each Receipt this Period											
	ber of contributing cal committee.	С													
	ployer (for Individual) Benefits LLC	Occu Brol		Memo Item											
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 294.00	]											
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Eserman, Clifton, W., ,					f Re	eceip	pt							
Mailing Addr	Mailing Address 2435 N Dixie Hwy					M M / D D / Y Y Y Y 11 09 2018									
City Wilton Mano	rs	State FL	Zip Code 33305-2239	<i>F</i>	Transaction ID : 12509382 Amount of Each Receipt this Period										
	ber of contributing cal committee.	С		42.00											
Name of En Incompas Fir	nployer (for Individual) nancal, Inc.	upation (for Individual) sident		М	emo	o Ite	m								
Receipt For: Primar Other		Year-to-Date ▼ 462.00	]												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scholz, Paul, Joseph, ,						Date of Receipt								
	Mailing Address 17445 Arbor St Suite 310					M M / D D / Y Y Y Y 11 09 2018									
City Omaha		State NE	Zip Code 68130-4645	4	Transaction ID : 12509383 Amount of Each Receipt this Period										
	ber of contributing cal committee.	С		85.00											
OCI	ployer (for Individual)	ation (for Individual) Memo Item													
Receipt For: Primar Other		Aggregate	]												
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### SCHEDULE A (FEC Form 3X) - . . . . . .

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17			Use separate schedule(s)	(check only one)									
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	y information copied from such Reports and S												
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	licit cor	ntrip	outions t	from suc		ee.			
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Buffington, Tammy, , ,	ial) or Full O		Date of Receipt									
	Mailing Address 3112 South 13th				M M / D D / Y Y Y Y 11 09 2018								
	City Lincoln	State NE	Zip Code 68502-4514	Transaction ID : 1250938 Amount of Each Receipt th									
	FEC ID number of contributing federal political committee.	C							85.0	00			
	Name of Employer (for Individual) A+ Brokerage	Occupation (for Individual) Agent				emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Snowden, Scott, D., ,				Date of	Re	eceipt						
	Mailing Address 812 Lyndon Lane, Suite 101				M M 11	1	09		2018	Y			
	City Louisville	State KY	Zip Code 40222-3844	Transaction ID : 12509386 Amount of Each Receipt this Pe									
	FEC ID number of contributing federal political committee.	C							30.0	00			
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occupation (for Individual) Broker				emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00											
— С.	Full Name of Individual (Last, First, Middle Init Blomgren, Laura, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 935 National Parkway Suite 93550				11 09 2018								
	City Schaumburg	State IL	Zip Code 60173-5150				-	<b>1250938</b> Receipt th	<b>87</b> nis Period				
	FEC ID number of contributing federal political committee.	С					,	. ,	30.0	00			
	Name of Employer (for Individual) BenAxis Inc.	upation (for Individual) ker		Me	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00											
s	UBTOTAL of Receipts This Page (optional)			►			, .	. ,	145.0	00			
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for each category of the													
Detailed Summary Page													

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>									
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Pc	litical Action Com	mittee										
Full Name of Individual (Last, Firs <b>A</b> . Rice, Lori, R., ,	t, Middle Initial) or Full O	organization Name	Date of Receipt									
Mailing Address 3611 Paesanos F Ste 100	-		11 09 / Y Y Y Y									
City San Antonio	State TX	Zip Code 78231-1256	Transaction ID : 12509388           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) Frost Insurance Agency	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00										
Full Name of Individual (Last, Firs <b>B.</b> Pierce, Mary, Jeannette, ,	Date of Receipt											
Mailing Address 500 NE Multnoma	M M / D D / Y Y Y Y 11 09 2018											
City Portland	State OR	Zip Code 97232-2031	Transaction ID : 12509390           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) count Manager	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]									
Full Name of Individual (Last, Firs	t, Middle Initial) or Full O	organization Name	Date of Receipt									
Mailing Address P O Box 641			11 09 2018									
City Corona Del Mar	State CA	Zip Code 92625-0641	Transaction ID : 12509393 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		250.00									
Name of Employer (for Individual) Sansevieri Insurance Services, Inc Receipt For:	. Own	Memo Item										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00										
SUBTOTAL of Receipts This Page	(optional)		310.00									
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# SCHEDULE A (FEC Form 3X) - . . . . . . .

Use separate schedule(s)

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171			Use separate schedule(s)	(cł	(check only one)										
			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	contribut	ions					
$\overline{\}$	NAME OF COMMITTEE (In Full)														
$\rangle$	Health Underwriters Political Ac	ction Com	nmittee												
A.	Full Name of Individual (Last, First, Middle In Perry, Amy, , ,	itial) or Full C	Drganization Name		Date of Receipt										
	Mailing Address 851 International Pkwy Suite 120				11 / D D / Y Y Y Y 2018										
	City Richardson	State TX	Zip Code 75081-2804	Transaction ID : 12509396           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					-		30.0	00					
	Name of Employer (for Individual) OneDigital		M	emo	ttem										
	Receipt For: Primary General Other (specify) ▼														
в.	Full Name of Individual (Last, First, Middle In O'Connell, Daniel, J., ,		Date of	f Re	eceipt										
	Mailing Address 5080 Spectrum Dr Suite 1200E		11 / D D / Y Y Y Y 11 10 2018												
	City Addison	State TX	Zip Code 75001-4625					1250967							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Next Level Insurance Agency		cupation (for Individual) e President	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00												
С.	Full Name of Individual (Last, First, Middle In Nigro, Samuel, , ,	itial) or Full C	Drganization Name		Date of	f Re	eceipt								
	Mailing Address 17117 Oak Drive Suite D				M M 11	1	D 10		2018 Y	Y					
	City Omaha	State NE	Zip Code 68130-2193					: <b>1250967</b> Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, <u>,</u>	85.0	00					
	Name of Employer (for Individual) Compass Benefit Advisors	Occ Brok	cupation (for Individual) ker		М	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00												
s	UBTOTAL of Receipts This Page (optional)			. 🕨			9	. ,	200.0	00					
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υr	for commercial purposes, other than using the	ie name and a	ouress of any political committe	ອ ເດ SC	NICIT COL	ITID	JUTIO	ons fro	ITT SUC	i committ	ee.				
$\backslash$	NAME OF COMMITTEE (In Full)														
/	Health Underwriters Political A	ction Com	mittee												
۹.	Full Name of Individual (Last, First, Middle I Ragusa, Ruth, Ferry, ,	nitial) or Full C	rganization Name		Date of	Re	eceip	pt							
	Mailing Address 9029 Jefferson Highway				M M	/	D	D D	/ Y	YY	Y				
	Suite D 250				11			10		2018					
	City	State	Zip Code		Transaction ID : 12509673										
	New Orleans	LA	70123-3500		Amount	of	Eac	ch Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Fleurins	Occ Brol	upation (for Individual) ker	Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	, .gg. oguto		11.											
	Other (specify) V		670.00	4											
в.	Full Name of Individual (Last, First, Middle I McLaughlin, Kenneth, , ,		Date of	Re	eceip	pt									
	Mailing Address 1001 Elm Street, Suite 301		11 10 / Y Y Y Y Y 11 10 2018												
	City	State	Zip Code		Trans	acti	ion l	ID : 12	250967	5					
	Manchester	NH	03101-1845	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			85.00										
	Name of Employer (for Individual) Granite Group Benefits, LLC	Occ Bro	upation (for Individual) ker		Memo Item										
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		680.00	1											
	Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	-											
С.	Stock, Tiffany, , ,				Date of	Re	eceip	pt							
	Mailing Address 3111 C St.				M M	/	D		/ Y	Y Y	Y				
	Suite 500				11	Ι.,		10		2018					
	City Anchorage	State AK	Zip Code 99503-3973	-					250967	<b>'7</b> iis Period					
	-	_		- 1	Amouni	01	Eau		ceipt th	is renou					
	FEC ID number of contributing federal political committee.	С			<u>_</u>	_	y		y	42.	00				
	Name of Employer (for Individual) RISQ Consulting	Memo Item													
	Receipt For:	Brok		_											
	Primary General	Year-to-Date ▼													
	Other (specify)	428.00	4												
s	UBTOTAL of Receipts This Page (optional)		•							157.(	00				
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	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson foi	r the		pose of	f solic	citing	contribu	tions			
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
۹.	Full Name of Individual (Last, First, Middle Initia Boop, Deborah, R., ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 145 North Chestnut Street Suite 202			11 / D D / Y Y Y Y Y 11 10 2018										
	City Ravenna	State OH	Zip Code 44266-4009				ion ID : Each F			5 s Period				
	FEC ID number of contributing federal political committee.	С			_				7	65.	00			
	Name of Employer (for Individual) Kaczmarek Insurance Services	Occu Brok	upation (for Individual) ker		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00											
3.	Full Name of Individual (Last, First, Middle Initia	Da	ate of	f Re	eceipt									
	Mailing Address 510 L Street Suite 270	ľ	™ M 11	/	D 11		Y	2018	Y					
	City Anchorage	State AK	Zip Code 99501-1949	Transaction ID : 12509686 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	30.00											
	Name of Employer (for Individual) Moda Health	upation (for Individual) cutive Director		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	]										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Moore, David, A., ,	al) or Full O	rganization Name	Da	ate of	f Re	eceipt							
	Mailing Address 204 Rivergate Pkwy				11	/	D 11		Y	2018	Y			
	CityStateZip CodeGoodlettsvilleTN37072-2033						ion ID : Each F			8 s Period	_			
	FEC ID number of contributing federal political committee.	puting							<b>y</b>	30.	00			
	Name of Employer (for Individual) Benefit Brokers, LLC	Occu Brok	upation (for Individual) er		M	emo	o Item							
	Receipt For: Primary General Other (specify)													
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or	/ information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any poddress of any political committee	erson e to so	for th	e pi conti	urp ribı	oos utic	e of ns f	so fron	liciting n such	con cor	itributi nmitte	ons e.				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee															
Α.	Full Name of Individual (Last, First, Middle Initi Kitts, Lawrence, L., ,	al) or Full O	rganization Name		Date	of F	Red	cei	pt									
	Mailing Address 6500 City West Parkway Suite 100			M M / D D / Y Y Y Y Y 11 11 2018														
	City Eden Prairie	State MN	Zip Code 55344-7704								50969							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period														
	Name of Employer (for Individual) Horizon Agency	Occu Brok	upation (for Individual)	Memo Item														
	Receipt For: Primary General Other (specify) ▼																	
	Full Name of Individual (Last, First, Middle Initi Jurney, Gary, , ,		Date	of F	Red	cei	pt											
	Mailing Address 16545 Village Drive, Bldg B		11 / D D / Y Y Y Y Y 11 2018															
	City Jersey Village	State TX	Zip Code 77040-1158								509694 eipt th		əriod					
	FEC ID number of contributing federal political committee.	С	85.00								0							
	Name of Employer (for Individual) Kainos Partners Inc	Occi Pres	Memo Item															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00															
	Full Name of Individual (Last, First, Middle Initi Stewart, Diana, , ,	al) or Full O	rganization Name		Date	of F	Red	cei	ot									
	Mailing Address 500 W. 36th Avenue Suite 300				M 11		/	ľ	11		/ Y	20	18 <sup>°</sup>	Y				
	City Anchorage	State AK	Zip Code 99503-5805	-							50969 eipt th		eriod					
	FEC ID number of contributing federal political committee.	С			<u> </u>			7	_	-	9		42.0	0				
	Name of Employer (for Individual) OneDigital	al Sr. Acct Mgr									Memo Item							
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	ny information copied from such Reports and St for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act												
A.	Full Name of Individual (Last, First, Middle Initi Passe, Emma, M., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 6984 SE Langwood St			11 / 12 / Y Y Y Y 11 12 2018									
	City Hillsboro	State OR	Zip Code 97123-6023	Transaction ID : 12509701           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0				
	Name of Employer (for Individual) EBMS	Occi Broł	upation (for Individual) ker		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	]									
в.	Full Name of Individual (Last, First, Middle Initi Hinman, Noel, , ,		Date of	Re	eceipt								
	Mailing Address 303 West 80th Place10070 PO Box 10070		M M 11	/	D D D D 12	) / Y	y y 2018	Y					
	City Merrillville	State IN	Zip Code 46410-5433					1250970	nis Period				
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual) Professional Services	Occ	upation (for Individual) ker		Me	emo	tem	1					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]									
с.	Full Name of Individual (Last, First, Middle Initi Van Nest, John, David, ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 145 Dillon Ave Suite B	01-1-	7.0.0		M M 11	1	12	J L	2018	Y			
	City Campbell	State CA	Zip Code 95008-3020	_			-	1250970 Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. y	30.0	0			
	Name of Employer (for Individual) Van Nest Ventures Inc	Occi Brok	upation (for Individual) er		Me	emo	b Item						
	Receipt For: Primary General Other (specify)	Primary General General											
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Mailing Address 125 E. San Augustine       11       12       2018         City       State       Zip Code       Transaction ID: 12509709         Mailing Address       Port Individual)       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Stockstil & Associates       Broker       462.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt 11       12       2018         Skinner, Douglas, , ,       Mailing Address PO Box 1277       In       12       2018         City       State       Zip Code       Transaction ID: 12509710         Mailing Address PO Box 1277       In       12       2018         City       State       Zip Code       Transaction ID: 12509710         Mass of Employer (for Individual)       Occupation (for Individual)       Amount of Each Receipt this Period         Boomington       In       47402-1277       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       330.00       Date of Receipt 11         Mailing Address 14117 Jones Bridge Road       Cin											
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm         NAME OF COMMITTEE (In Full)         Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Stockstill, Julia Beckie, , , .         Mailing Address 125 E. San Augustine         City         Deer Park         Tix       77536-4160         FEC ID number of contributing federal political committee.         Mare of Employer (for Individual)         Stockall & Associates         Receipt For:         Primary         Gity         Bloomington         Name of Employer (for Individual)         Broker         Receipt For:         Mailing Address P0 Box 1277         City         Bloomington         Name of Employer (for Individual)         Broker         Receipt For:         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Mailing Address P0 Box 1277         City       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Other (specify) ▼											
Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Stockstill, Julia Beckle, , , ,         Mailing Address 125 E. San Augustine         City         Deer Park         TX         Fed ID number of contributing federal political committee.         Other of Employer (for Individual)         Stockstill Associates         Broker         Receipt For:         Other (specify)         FCI ID number of contributing federal political committee.         Other (specify)         General         Other (specify)         Bioomigion         FCI ID number of contributing federal political committee.         Name of Individual (Last, First, Middle Initial) or Full Organization Name         Bioomigion         IN         State         Zip Code         Bioomigion         IN         Aggregate Year-to-Date V         Occupation (for Individual) Hooser Death Plans         Primary       General         Other (specify) Tor         Primary       General         Other (specify) Tor         Primary       General         Other (specify) Tor <td></td>											
✓       Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A.       Stockstill, Julia Beckie, ,       Date of Receipt         Mailing Address 125 E. San Augustine       TX       77536-4160         City       Deer Park       TX       77536-4160         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period Transaction ID : 12503709         Name of Employer (for Individual)       Broker       Broker       Memo Item         Stockstill Associates       Broker       Memo Item       Aggregate Year-to-Date ▼         Primary       General       Occupation for Individual)       Date of Receipt         Stinner, Douglas, ,       Mailing Address PO Box 1277       Date of Receipt         City       State       Zip Code       Name of Employer (for Individual)         Broker       Broker       Group Iter Specify Tor       Aggregate Year-to-Date ▼         Primary       General       Occupation for Individual)       Braceipt Iter Specify Iter Individual)         Broker       Broker       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼         Poole, Eugene, , .       Mailing Address 14117 Jones Bridge Road       Tit 1       12       2018         City       General											
A. Stockstill, Julia Beckie, , , Maling Address 125 E. San Augustine       Date of Receipt         City       State       Zip Code         Deer Park       TX       77536-4160         FEC ID number of contributing tederal political committee.       C       Aggregate Vear-to-Date ▼         Primary       General       Occupation (for Individual) Broker       Date of Receipt         Skinner, Douglas, , , Maling Address PO Box 1277       Aggregate Vear-to-Date ▼       Date of Receipt         City       State       Zip Code       Manount of Each Receipt this Period         Skinner, Douglas, , , Maling Address PO Box 1277       City       State       Zip Code         Name of Employer (for Individual)       Broker       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Broker       Aggregate Vear-to-Date ▼         FEC ID number of contributing tederal political committee.       Aggregate Vear-to-Date ▼       Memo Item         Primary       General       Occupation (for Individual)       Date of Receipt         Malling Address 14117 Jones Bridge Road       C       Memo Item       Date of Receipt         City       Malling Address 14117 Jones Bridge Road       Zip Code       Memo Item         City       Maling Address Group, Inc.       State       <											
City       State       Zip Code       Transaction ID : 12509709         Mane of Employer (for Individual)       C       Accuration (for Individual)       Mane of Employer (for Individual)         Stockstil & Associates       Broker       Memo Item       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item         Skinner, Douglas, , .       Malling Address PO Box 1277       Date of Receipt       Memo Item         City       State       Zip Code       Transaction ID : 12509710         Adgregate Year-to-Date ▼       462.00       Amount of Each Receipt this Perio         City       State       Zip Code       Transaction ID : 12509710         Mailing Address PO Box 1277       In       / 12       / 2018         City       State       Zip Code       Transaction ID : 12509710         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       330,00       In         FC ID number of contributing federal political committee.       C       330,00       In       1 <td colspan="10">Date of Receipt</td>	Date of Receipt										
City       State       Zip Code       Transaction ID : 12509709         Deer Park       TX       77536-4160       Amount of Each Receipt this Peric         FEC ID number of contributing tederal political committee.       C       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item       Date of Receipt         City       State       Zip Code       Transaction ID : 12509710       Amount of Each Receipt this Peric         Biloomington       Aggregate Year-to-Date ▼       Image: Transaction ID : 12509710       Amount of Each Receipt this Peric         City       State       Zip Code       Transaction ID : 12509710       Amount of Each Receipt this Peric         Receipt For:       Name of Employer (for Individual)       Occupation (for Individual)       Date of Receipt       Transaction ID : 12509710         Name of Employer (for Individual)       Occupation (for Individual)       Date of Receipt       Transaction ID : 12509710         Receipt For:       Aggregate Year-to-Date ▼       Image: Transaction ID : 12509710       Amount of Each Receipt this Peric         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Image: Transaction ID : 12509711       Amount of Each Receipt this Peric         City       General       Other (specify) ▼       State <t< td=""><td colspan="11"></td></t<>											
FC: ID number of contributing federal political committee.       C       Andohn of Each Receipt fills Fend General         Name of Employer (for Individual) Stockstill & Associates       Occupation (for Individual) Broker       Memo Item         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         3. Skinner, Douglas, , , Mailing Address PO Box 1277       Initial Occupation (for Individual) Broker       Date of Receipt         FCI ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       Date of Receipt this Period         Name of Employer (for Individual) Hoosier Dental Plans       Occupation (for Individual) Broker       Memo Item         Receipt For: Poole, Eugene, , , Mailing Address 14117 Jones Bridge Road       Aggregate Year-to-Date ▼       Date of Receipt         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date o											
federal political committee.       V       4         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Stockstill & Associates       Broker         Receipt For:       462.00         Primary       General         Other (specify)       462.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Skinner, Douglas, , .       4420-1277         Mailing Address PO Box 1277       City         Bioomington       IN       47402-1277         FEC ID number of contributing tederal political committee.       C       Aggregate Year-to-Date ▼         Mame of Employer (for Individual)       Occupation (for Individual)       Memo Item         Bioomington       IN       47402-1277       Amount of Each Receipt this Perio         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify)       General       Occupation (for Individual)       Date of Receipt         Other (specify)       General       Optical committee.       Individual         City       General       Other (specify)       C       Date of Receipt         Mailing Address 14117 Jones Bridge Road       City       12       2018         Transac	Amount of Each Receipt this Period										
Stockstill & Associates       Broker         Receipt For:       Aggregate Year-to-Date ▼	2.00										
Primary       General         Other (specify) ▼       462.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Skinner, Douglas, , ,       Mailing Address PO Box 1277         City       State       Zip Code         Bloomington       IN       47402-1277         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Hoosier Dental Plans       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         City       Date of Receipt         Broker       330,00         Feul Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       Queree of contributing federal political committee.       Date of Receipt         Name of Employer (for Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       Queree of contributing federal political committee.       Transaction ID : 12509711         Address 14117 Jones Bridge Road       C       30         FEC ID number of contributing federal political committee.	Memo Item										
Other (specify) ▼       462.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Bitomington       State       Zip Code         Bitomington       IN       47402-1277         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer (for Individual)       Occupation (for Individual)       Broker         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Primary       General       Other (specify) ▼       Date of Receipt         City       Mailing Address 14117 Jones Bridge Road       Zip Code       Date of Receipt         City       Upper Mariboro       MD       20774-8585       Date of Receipt this Perior         FEC ID number of contributing federal political committee.       C       11       12       2018         Transaction ID : 12509711       Aggregate Year-to-Date ▼       Date of Receipt       Date of Receipt       330.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       C       Date of Receipt       331         Mailing Address 14117 Jones Bridge Road       C       330.00       Date of Receipt       331         Name of Employer (for Individual)       C       331											
B. Skinner, Douglas, , ,       Date of Receipt         Mailing Address PO Box 1277       12       2018         City       State       Zip Code       In       11       12       2018         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Broker       Memo Item         Primary       General       Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City       Mailing Address 14117 Jones Bridge Road       Zip Code       Memo Item       11       12       2018         FEC ID number of contributing federal political committee.       C       State       Zip Code       Memo Item       Date of Receipt         Mailing Address 14117 Jones Bridge Road       C       Aggregate Year-to-Date ▼       Date of Receipt       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Occupation (for Individual)       Amount of Each Receipt this Period       30         Name of Employer (for Individual)       Occupation (for Individual)       Senior Account Executive       Memo Item         Receipt For:       Primary       General       Aggregate Year-to-Date ▼											
Mailing Address PO Box 1277       Image: Constraint of the second											
Biomington       IN       47402-1277       Amount of Each Receipt this Periol         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Periol         Name of Employer (for Individual) Hoosier Dental Plans       Occupation (for Individual) Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address 14117 Jones Bridge Road       MD       20774-8585       Date of Receipt this Periol         FEC ID number of contributing federal political committee.       C       MD       20774-8585         FEC ID number of contributing federal political committee.       C       330.00       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Amount of Each Receipt 11       Amount of Each Receipt 12         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       330.00         Alligned Benefits Group, Inc.       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item       Memo Item											
FEC ID number of contributing federal political committee.       C       34         Name of Employer (for Individual) Hoosier Dental Plans       Occupation (for Individual) Broker       Memo Item         Receipt For:       Primary       General       Aggregate Year-to-Date ▼       Memo Item         Cliv       Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Date of Receipt Inst Period       11       2018         City       State       Zip Code       MD       20774-8585       Transaction ID : 12509711         Mame of Employer (for Individual)       Occupation (for Individual)       Senior Account Executive       36         Receipt For:       Primary       General       C       36         Other (specify)       State       Zip Code       37         Upper Mariboro       MD       20774-8585       Transaction ID : 12509711         Amount of Each Receipt this Period       36       36       36         Name of Employer (for Individual)       Occupation (for Individual)       36       36         Aggregate Year-to-Date        38       38       38											
federal political committee.   Name of Employer (for Individual)   Hoosier Dental Plans   Receipt For:   Primary   General   Other (specify)     Aggregate Year-to-Date     Aggregate Year-to-Date     Tull Name of Individual (Last, First, Middle Initial) or Full Organization Name     C.   Poole, Eugene, , ,   Mailing Address 14117 Jones Bridge Road     City   Upper Marlboro   FEC ID number of contributing   federal political committee.   Name of Employer (for Individual)   Aligned Benefits Group, Inc.   Receipt For:   Primary   General   Other (specify)     Aggregate Year-to-Date     Date of Receipt     Mailing Address 14117 Jones Bridge Road     Date of Receipt     Mailing Address 14117 Jones Bridge Road     Date of Receipt     Mailing Address 14117 Jones Bridge Road     Date of Receipt     Mailing Address 14117 Jones Bridge Road     Mailing Address 14117 Jones Bridge Road     City   Upper Marlboro   FEC ID number of contributing   federal political committee.   Name of Employer (for Individual)   Aligned Benefits Group, Inc.   Receipt For:   Primary   General   Other (specify)     Aggregate	bd										
Hooser Dental Plans       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Date of Receipt         City       State       Zip Code         Upper Marlboro       MD       20774-8585         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Aligned Benefits Group, Inc.       Aggregate Year-to-Date ▼         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼	80.00										
Primary       General         Other (specify)       General         Other (specify)       330,00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Poole, Eugene, , ,         Mailing Address 14117 Jones Bridge Road       Transaction ID : 12509711         City       State       Zip Code         Upper Marlboro       MD       20774-8585         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Perior         Name of Employer (for Individual)       Occupation (for Individual)       Senior Account Executive         Alligned Benefits Group, Inc.       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Aggregate Year-to-Date ▼       State	Memo Item										
C. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Date of Receipt         City       State       Zip Code         Upper Marlboro       MD       20774-8585         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Senior Account Executive         Alligned Benefits Group, Inc.       Aggregate Year-to-Date ▼       Memo Item         Primary       General       General       330.00											
City       State       Zip Code       Transaction ID : 12509711         Upper Marlboro       MD       20774-8585       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       34         Name of Employer (for Individual)       Occupation (for Individual)         Alligned Benefits Group, Inc.       Senior Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       330.00											
Upper Marlboro       MD       20774-8585         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       3(         Alligned Benefits Group, Inc.       Senior Account Executive       Memo Item         Primary       General       Other (specify)       330.00											
FEC ID number of contributing federal political committee.       C       Alfiduit of Each Receipt this Pend         Name of Employer (for Individual)       Occupation (for Individual)       Senior Account Executive         Alligned Benefits Group, Inc.       Aggregate Year-to-Date ▼       Memo Item         Primary       General       330.00											
Alligned Benefits Group, Inc.     Senior Account Executive       Receipt For:     Aggregate Year-to-Date ▼       Other (specify)     330.00	od 80.00										
Primary General Other (specify) General 330.00											
SUBTOTAL of Receipts This Page (optional)	2.00										

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

(check only one)

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	EMIZED RECEIPTS			ed Summary Page	×	-		11	- H	11c		12							
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	for commercial purposes, other than using the n	ame and a	uaress o	r any political commi	ittee to so	ICIT CO	ntrib	Juti	ions fr	om suc	11 CO	mmitte	ee.						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	mittee	•															
	Full Name of Individual (Last, First, Middle Initia Hutson, Stephen, Lawrence, ,	l) or Full C	rganizati	on Name	[	Date of Receipt													
	Mailing Address 13475 Danielson Street Suite 200																		
	City Poway	State CA	·	Code 064-8858								Poriod							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 42.00														
	Name of Employer (for Individual) California Corporate Benefits Insuranc			for Individual) lient Services		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Riensche, Glen, E., ,								eipt										
	Mailing Address 7501 O St Ste 104								11 / D D / Y Y Y Y 11 12 2018										
	City Lincoln	State NE	· · ·	Code 510-2485		Transaction ID : 12509715 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		30.00															
	Name of Employer (for Individual) RHD Financial		•	for Individual) ofessional		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 240.00															
	Full Name of Individual (Last, First, Middle Initia Gertz, Josh, , ,	l) or Full C	organizatio	on Name		Date o	of Re	ecei	eipt										
	Mailing Address 353 N Clark Street					<sup>M</sup> 11	/		D D D	/ Y		)18 <sup>°</sup>	Y						
	City Chicago	State IL		Code 654-4704	/					125097 <sup>,</sup> eceipt th		Period							
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 85.00													
	Name of Employer (for Individual) Alliant/Mesirow Insurance Services		• •	for Individual) Project Specialist		N	lemo	o It	tem										
	Receipt For: Primary General Other (specify)																		
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 117 OF

	LIVIZED RECEIPTS			Detailed Summary Page	X	11a		1	1b	110	c [	12	
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or	y information copied from such Reports and for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmi	ittee									
Α.	Full Name of Individual (Last, First, Middle In Hutcherson, Lisa, , ,	nitial) or Full O	Drga	nization Name	[	Date of	f Re	ece	eipt				
	Mailing Address 9609 Hickory Rail Way			1		<sup>M</sup> 11	1	ľ	D D 12	/	Y	y y 2018	Y
	City Elk Grove	State CA		Zip Code 95624-6068					<b>n ID :</b> ach R			Period	
	FEC ID number of contributing federal political committee.	С				_		,				30.	00
	Name of Employer (for Individual) AFLAC	Occi Brol	•	tion (for Individual)		M	emo	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 270.00									
	Full Name of Individual (Last, First, Middle In May, Robert, L., ,	nitial) or Full O	Drga	nization Name		Date of	f Re	ece	eipt				
	Mailing Address 1416 East Main Suite A					™ _ M 11	/	l	<sup>D D</sup> 12	1	Y	2018	Y
	City Puyallup	State WA		Zip Code 98372-3170	A	Trans						Period	
	FEC ID number of contributing federal political committee.	С						,				30.	00
	Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	Occ Bro	•	tion (for Individual)		М	emo	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00	]								
	Full Name of Individual (Last, First, Middle I Ramsay, Robert, Gene, ,	nitial) or Full O	Drga	nization Name		Date of	f Re	ece	eipt				
	Mailing Address 1836 Harrison Drive					M M	/	ľ	D D 12	/		2018	Y
	City Gardendale	State AL		Zip Code 35071-3468	/				<b>n ID :</b> ach R			Period	
	FEC ID number of contributing federal political committee.	C						,		. ,		30.	00
	Name of Employer (for Individual) Your Benefits Advisor		•	tion (for Individual) Advisor		М	emo	o l	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 330.00									
	UBTOTAL of Receipts This Page (optional)				- -	_		,	_			90.	00
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# SCHEDULE A (FEC Form 3X) \_\_\_\_\_

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     1       erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	sing the name and a	doress of any political committe	
Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, M Johnson, David, S., ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 12138 Big Canoe			11 12 Y Y Y Y 11 12 2018
City Big Canoe	State GA	Zip Code 30143-5157	Transaction ID : 12509732 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) David S. Johnson Insurance	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	]
Full Name of Individual (Last, First, M B. Green, J. J., , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1219 W. 2nd St.			11 / D D / Y Y Y Y 11 13 2018
City	State	Zip Code	Transaction ID : 12509734
Grand Island	NE	68801-5709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Primark, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		480.00	]
Full Name of Individual (Last, First, M Capilla, Danielle, , ,	,	rganization Name	Date of Receipt
Mailing Address 200 W Monroe Suite			11 / D D / Y Y Y Y 11 13 2018
City Chicago	State IL	Zip Code 60606-5009	Transaction ID : 12509735           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Alera Group		upation (for Individual) npliance	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]
SUBTOTAL of Receipts This Page (opti	onal)		160.00
TOTAL This Period (last page this line i	number only)		

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

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PAGE 119 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		-	11k		11	ŀ		12	
	y information copied from such Reports and S for commercial purposes, other than using the						rpo				iting	con		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Ini Kiebler, John, , ,		rganization Name		Date		ec							_
	Mailing Address 2530 Sir Barton Way, Suite 10	State	Zip Code		<sup>™</sup> 11			L	13		L	20	18	Ŷ
	City Lexington	KY	40509-2275		Trar Amou						<b>9739</b> ot this		eriod	
	FEC ID number of contributing federal political committee.	С					-	,			,		30.	
	Name of Employer (for Individual) Humana	Occi Brol	upation (for Individual) ker		ľ	Mem	0	Ite	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00											
в.	Full Name of Individual (Last, First, Middle Ini Blakely, Russ, , ,	tial) or Full O	rganization Name		Date	of R	ec	ceip	ot					
	Mailing Address 246 E 11th Street Suite 302				<sup>™</sup> 11	M	/	D	13	/	Y	Y 20	18	Y
	City Chattanooga	State TN	Zip Code 37402-4269		<b>Tran</b> Amou						9740 ot this		eriod	
	FEC ID number of contributing federal political committee.	С					-	,			7		85.0	00
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occ Bro	upation (for Individual) ker			Mem	0	Ite	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00											
<u></u> С.	Full Name of Individual (Last, First, Middle Ini Daugherty, Cathy, M., ,	tial) or Full O	rganization Name		Date	of R	ec	ceip	ot					
	Mailing Address 1122 East Lincoln Avenue Suite 203				<sup>™</sup> 11		/	L	13			20	18 18	Y
	City Orange	State CA	Zip Code 92865-1908		<b>Trar</b> Amou						09741 ot this		eriod	
	FEC ID number of contributing federal political committee.	С					,	9			y		85.	00
	Name of Employer (for Individual) Bridge Port Benefits	Occi Part	upation (for Individual) ner			Mem	10	lte	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	,			,		200.0	00
т	OTAL This Period (last page this line number	only)		.										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mid A. Schiebel, Al, C., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 10 Glenlake Parkway North Tower, Suite 105			11 / D D / Y Y Y Y Y 11 13 2018
City Atlanta	State GA	Zip Code 30328-3495	Transaction ID : 12509742           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopbe		upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 645.00	
Full Name of Individual (Last, First, Mid Spell, Richard, Blake, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6176 Centre Camp Ct.	State	Zip Code	11 / D D / Y Y Y Y 11 13 2018
City Greensboro	NC	27455-8315	Transaction ID : 12509743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Crescent Health Solutions	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]
Full Name of Individual (Last, First, Mic Sherrill, David, M., ,		rganization Name	Date of Receipt
Mailing Address 407 Centerpointe Circl	1	Zin Oode	11 / D D / Y Y Y Y 11 13 2018
City Altamonte Springs	State FL	Zip Code 32701-3446	Transaction ID : 12509744           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Sherrill Insurance Brokerage, Inc. Receipt For:	Occi Brok	upation (for Individual) er	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optic	nal)		▶ 95.00
TOTAL This Period (last page this line n	umber only)		•

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Use separate schedule(s)

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11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Grava, A. Andra, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 40 E. McDermott				M M 11	/	D 13	) / Y	ү ү 2018	Y
	City Allen	State TX	Zip Code 75002-2802					<b>1250974</b> Receipt th		t t
	FEC ID number of contributing federal political committee.	С					-		170	.00
	Name of Employer (for Individual) The DI Center	Occi Broł	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1870.00	]						
в.	Full Name of Individual (Last, First, Middle Init Evans, Joseph, M., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 4920 Pleasant St. Suite 3 City	State	Zip Code		M M 11	/	D 13		2018	Y
	West Des Moines	IA	50266-1702					1250974 Receipt th		4
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) Colonial Life	Occ	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 591.00	]						
С.	Full Name of Individual (Last, First, Middle Init Matznick, Michael, E., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 3150 N. Elm Street Suite 201	State	Zie Oode		11 <sup>M</sup>	J.	13	J L	2018	Y
	City Greensboro	NC	Zip Code 27408-3840					1250998 Receipt th	-	ł
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	42	.00
	Name of Employer (for Individual) EbenConcepts Company	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 636.00	]						
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	]11a		]11b		11c	12	
					13		14		15	16	17
or	y information copied from such Reports and for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any po address of any political committee	erson f e to so	or the licit cor	purp ntrib	pose oution	e of sons fro	oliciting m such	contribut	ions ee.
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
Α.	Full Name of Individual (Last, First, Middle In Lee, Philip, W., ,	nitial) or Full C	Organization Name	[	Date of	Re	eceipt	t			
	Mailing Address 935 Moraga Road Suite 240				м м 11	/		р 14	/ Y	2018	Y
	City Lafayette	State CA	Zip Code 94549-4542						250998 ceipt th	8 is Period	
	FEC ID number of contributing federal political committee.	С					- <b>J</b> -		-7	30.0	
	Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		upation (for Individual) sident		Me	emo	ten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00								
Β.	Full Name of Individual (Last, First, Middle In Trevino, Terrie, L., ,	nitial) or Full C	Organization Name		Date of	Re	eceipt	t			
	Mailing Address 1822 E Townline Way				M M 11	1		р 14	/ Y	y y 2018	Y
	City Meridian	State ID	Zip Code 83646-6511	4					250998 ceipt th	<b>9</b> is Period	
	FEC ID number of contributing federal political committee.	С							7	30.0	00
	Name of Employer (for Individual) PayneWest Insurance	Occ Bro	upation (for Individual) ker		Me	emo	lten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00								
	Full Name of Individual (Last, First, Middle Ir Durand, Tina, , ,	nitial) or Full C	Organization Name		Date of	Re	eceipt	t			
	Mailing Address 4717 Gollihar Road				M M 11	/		р 14	/ Y	2018 Y	Y
	City Corpus Christi	State TX	Zip Code 78411-1947						250999 ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					y		Ţ	42.0	00
	Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi Receipt For:	Brok			Me	emo	o Iten	m			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00								
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Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 123 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mine Sherrod, Jeffrey, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3810 Holly Ridge Drive			11 14 2018
City Longview	State TX	Zip Code 75605-2500	Transaction ID : 12509991           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) United Healthcare Group	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
Full Name of Individual (Last, First, Miner, Smith, Michael, David, ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 233 West Main Street	Ctoto	Zin Code	M         /         D         D         /         Y
City Lewisville	State TX	Zip Code 75057-3863	Transaction ID : 12509993 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) The Brokerage, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 580.00	]
Full Name of Individual (Last, First, Mi C. Webb, Amy, R., ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7 E. Main Street Suite 200			11 / D D / Y Y Y Y 11 14 2018
City Moorestown	State NJ	Zip Code 08057-3339	Transaction ID : 12509994           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Saratoga Benefit Services, LLC.	Occ Broł	upation (for Individual) ser	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1
SUBTOTAL of Receipts This Page (optic	onal)		90.00
TOTAL This Period (last page this line n	umber only)		

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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11			for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Castellani, Lorelei, G., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address PO Box 905				M M 11	1	D 14		ү ү 2018	Y
	City Branchville	State NJ	Zip Code 07826-0905					<b>1250999</b> Receipt th		ł
	FEC ID number of contributing federal political committee.	С					-y		30	.00
	Name of Employer (for Individual) Benefit Guidance Systems	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00							
в.	Full Name of Individual (Last, First, Middle Initi Selby, John, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 25B Hanover Road Suite 220		Zip Code		M M 11		D 14		2018	Y
	City Florham Park	State NJ				-	1250999 Receipt th	-	ł	
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) Savoy Associates		upation (for Individual) e President		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00							
С.	Full Name of Individual (Last, First, Middle Initi Patton, Rhonda, L., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address PO Box 751180				11 <sup>M</sup>	/	D 14		2018	Y
	City Petaluma	State CA	Zip Code 94975-1180					1251000 Receipt th		1 1
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		30	.00
	Name of Employer (for Individual) Patton & Spahr Insurance Services		upation (for Individual) rance Agent		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00							
s	UBTOTAL of Receipts This Page (optional)			•		1	9	. ,	90	.00
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or	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmi	ttee									
A.	Full Name of Individual (Last, First, Middle Initi Denz, Stephanie, , ,	ial) or Full C	)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 1100 Wild Ginger Lane					м м 11	/	ľ	D D 14	/ Y		)18	Ŷ
	City Fleming Island	State FL		Zip Code 32003-3224						251000 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				_		7				85.0	0
	Name of Employer (for Individual) Aetna		•	tion (for Individual) ng Director		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 935.00									
	Full Name of Individual (Last, First, Middle Initi Hoover, Shelley, , ,	ial) or Full C	)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 15431 Washington St.			-		м м 11	/		14	/ Y		ү 18	Y
	City Riverside	State CA		Zip Code 92506-5763	/			-		<b>251000</b> ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С						-		- 15-		30.0	0
	Name of Employer (for Individual) Dickerson Employee Benefits	Occ Bro	•	tion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 270.00									
С.	Full Name of Individual (Last, First, Middle Initi Jacquet, Tara, , ,	ial) or Full C	rga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 4584 North Rancho Drive					м м 11	1	ľ	D D 14	/ Y		18 <sup>°</sup>	Y
	City Las Vegas	State NV		Zip Code 89130-3478						251000 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						y		9		30.0	0
	Name of Employer (for Individual) Branch Benefits Consultants		•	tion (for Individual) esident		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 330.00									
	JBTOTAL of Receipts This Page (optional)					-		,	-	9	_	145.0	0

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

Use separate schedule(s)

FOR LINE NUMBER:

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r for commercial purposes, other than using NAME OF COMMITTEE (In Full) Health Underwriters Political Full Name of Individual (Last, First, Middl Powers, Jason, A., , Mailing Address 8346 Redbird St City Shawnee FEC ID number of contributing federal political committee. Name of Employer (for Individual) Legacy Brokers, LLC Receipt For: Primary General	-	Use separate schedule(s) for each category of the				(check only one)							
		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12						
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	I Action Com	mittee											
	dle Initial) or Full C	rganization Name	Date of Receipt										
			11 / D D / Y Y Y Y Y 11 14 2018										
	State KS	Zip Code 66227-8701				1251000 Receipt th	<b>5</b> iis Period						
•	С				-		34.0	0					
Legacy Brokers, LLC		upation (for Individual) ployee Benefits Specialist		Mem	o Item								
	Aggregate	Year-to-Date ▼ 374.00	]										
Full Name of Individual (Last, First, Mide B. Jones, Cynthia, M., ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 24223 English Rose Pla				11 / 14 / 2018 Transaction ID : 12510006									
City Valencia	State CA	Zip Code 91354-4921					6 iis Period						
FEC ID number of contributing federal political committee.	С						30.0	)0					
Name of Employer (for Individual) Dickerson Employee Benefits		Occupation (for Individual) Marketing Director											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) V		, 330.00	]										
Full Name of Individual (Last, First, Mide <b>C.</b> Hopwood, Kymberly, J., ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 431 Bloomfield Court			M 11	1	14	J L	2018	Y					
City Brentwood	State CA	Zip Code 94513-2423				1251000 Receipt th	is Period						
FEC ID number of contributing federal political committee.	C			_	y :		85.0	0					
Name of Employer (for Individual) Dealey, Renton & Associates	Occ Brok	upation (for Individual) ker		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	]										
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TOTAL This Period (last page this line nu	mber only)				40.1								

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			Detailed Summary Page	×			11b	11c	12						
Any information	conied from such Reports and	d Statements ma	ay not be sold or used by any	nerson f	13 or the	DUT	14	15 soliciting	16 contribu	17 tions					
			address of any political committe												
\	COMMITTEE (In Full)														
Health L	Inderwriters Political	Action Com	mittee												
Full Name o A. Hain, Erica	f Individual (Last, First, Middle	Initial) or Full O	Organization Name	Date of Receipt											
	ess 9 Stearns Lane				M M / D D / Y Y Y Y										
					11 15 2018										
City		State	Zip Code		Transaction ID : 12510571										
Danville		PA	17821-8850	/	Amoun	t of	Each Re	eceipt thi	is Period						
	ber of contributing cal committee.	С				_	-		100.						
Name of Em	ployer (for Individual)	Occ	upation (for Individual)		Μ	emc	b Item								
Geisinger He		Sen	ior Director, Commercial Sales												
Receipt For: Primar		Aggregate	Year-to-Date <b>V</b>												
	(specify) ▼		1100.00												
Full Name o B. Carter, Lo	f Individual (Last, First, Middle Ori	Initial) or Full O	Organization Name		Date o	f Re	eceipt								
	ess 27 Locksley Place			11 / D D / Y Y Y Y 11 15 2018											
City		State	Zip Code		Trans	acti	ion ID : 1	2510572	2						
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	ber of contributing cal committee.	С			42.00										
	nployer (for Individual) Brooks Insurance	Occ Bro	upation (for Individual) ker		М	emc	tem								
Receipt For:		Aggregate	Year-to-Date 🔻												
Other	y General (specify) ▼		462.00												
	f Individual (Last, First, Middle J, Richard, K., ,	Initial) or Full O	Organization Name		Date o	f Re	eceipt								
	ess 10315 Woodley Avenue, #				<sup>M</sup> 11	1	D D 15	/ Y	ү 2018	Y					
City Granada Hil	le	State CA	Zip Code 91344-6953				ion ID : '								
			91344-0955	/	Amoun	t of	Each Re	eceipt thi	is Period						
	ber of contributing cal committee.	С				_	y		85.	00					
Name of Em	ployer (for Individual)	Occi	upation (for Individual)		M	emo	o Item								
	lealth Insurance Services.	Brok	ker												
Receipt For:		Aggregate	Year-to-Date ▼												
	(specify)		935.00												
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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	(	11a		-	l1b		11c		12			
	ny information copied from such Reports and Sta for commercial purposes, other than using the r								rpc								
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti					- 11											
A.		al) or Full O		Date of Receipt													
	Mailing Address 213 Porter Ave	State		Zip Code	_	11 / 15 / 2018 Transaction ID : 12510575									Ŷ		
	Biloxi	MS		39530-2950								ceipt t		Period			
	FEC ID number of contributing federal political committee.	С							,					30.	00		
	Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur		•	tion (for Individual) esident		[	N	/lemo	οI	lten	ı						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00													
В.	Full Name of Individual (Last, First, Middle Initia Brummitt, Robert, B., ,	al) or Full O	Irgai	nization Name		D	ate d	of Re	ece	eipt							
	Mailing Address 755 Falcon Lane Suite 200					l	<sup>™</sup> 11	л /	′		D 15	/ Y		)18 )	Y		
	City Coppell	State TX		Zip Code 75019-4160		Transaction ID: 12510576 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							-					12.	00		
	Name of Employer (for Individual) BenefitMall			tion (for Individual) ing Partner		l	Ν	/lemo	οI	lten	ı						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 497.00													
с.	Full Name of Individual (Last, First, Middle Initia Call, Dana, A., ,	al) or Full O	Irgai	nization Name		D	ate d	of Re	ece	eipt							
	Mailing Address 1603 Roma Lane					ľ	<sup>™</sup> 11	И /	/		D 15	/ Y		018 <sup>°</sup>	Y		
	City Allen	State TX		Zip Code 75013-3038								25105		Period			
	FEC ID number of contributing federal political committee.	С	-			ļ			,				_	30.	00		
	Name of Employer (for Individual) The Brokerage, Inc. Receipt For:	Agent							Memo Item								
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 300.00													
s	UBTOTAL of Receipts This Page (optional)			••••••	• -		-		9		_	9	+	72.	00		
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Coker, Kenneth, Wayne, ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 404 Bryant Street			11 / D D / Y Y Y Y 11 15 2018									
	City San Francisco	State CA	Zip Code 94107-1303	Transaction ID : 12510578 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) CokerWayne & Associates		upation (for Individual) ker Sales	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]									
В.	Full Name of Individual (Last, First, Middle Initia Rider, Susan, M., ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 803 Touralosa Dr		M M / D D / Y Y Y Y Y 11 15 2018										
	City Westfield	State IN	Zip Code 46074-7303	Transaction ID : 12510580 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		63.00									
	Name of Employer (for Individual) Gregory & Appel Insurance	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 993.00	]									
С.	Full Name of Individual (Last, First, Middle Initia Preader, Steven, , ,	al) or Full C	Prganization Name	Date of Receipt									
	Mailing Address 724 N 3rd St			M M / D D / Y Y Y Y 11 15 2018									
	City Burlington	State IA	Zip Code 52601-5001	Transaction ID : 12510766 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		365.00									
	Name of Employer (for Individual) Sagacity Benefits												
	Receipt For:	Aggregate	Year-to-Date ▼ 365.00	]									
s	UBTOTAL of Receipts This Page (optional)			458.00									
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	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Hynes, Bernard, J., ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address 2999 N. 44th Street Suite 325				м м 11	1	D 16		y y 2018	Y			
	City Phoenix	State AZ	Zip Code 85018-7259					<b>1251128</b> Receipt th	<b>34</b> nis Period				
	FEC ID number of contributing federal political committee.	С							30.0	00			
	Name of Employer (for Individual) Hynes Benefits Consulting, LLC Receipt For:	Princ	•		Me	emo	tem						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]									
В.	Full Name of Individual (Last, First, Middle Initia Sullivan, Audra, I., ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address 1201 N Watson Rd Ste 287	01-1-	77. 0.44		M M 11	/	D 16		2018	Y			
	City Arlington	State TX	Zip Code 76006-6222					<b>1251128</b> Receipt th	<b>8</b> nis Period				
	FEC ID number of contributing federal political committee.	C				30.00							
	Name of Employer (for Individual) Vogue Insurance Agency, LLC	Occu Brok	upation (for Individual) ker		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]									
с.	Full Name of Individual (Last, First, Middle Initia Abels, Paula, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address P. O. Box 3052				M M 11	/	D 16		2018	Y			
	City Palm Desert	State CA	Zip Code 92261-3052					: <b>1251129</b> Receipt th	<b>90</b> his Period				
	FEC ID number of contributing federal political committee.	С					y .	7	20.0	00			
	Name of Employer (for Individual) Abels Insurance Services	Occu Brok	ıpation (for Individual) er		M	emc	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]									
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		Detailed Summary Page	×	11a 13		11b	11c	12	17
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee							
Full Name of Individual (Last, First, Mid <b>A.</b> Buyalos, Joseph, W., ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 9713 Key West Ave, Su	lite 401			M M 11	/	D D 16	/ Y	2018	Y
City Rockville	State MD	Zip Code 20850-4082	Δ			ion ID : 1 Each Be		6 his Perioc	
FEC ID number of contributing federal political committee.	C				0	7		85	_
Name of Employer (for Individual) The Insurance Exchange, Inc.	Occ	upation (for Individual) ker		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	]						
Full Name of Individual (Last, First, Mid Guzman, Wayne, , ,	dle Initial) or Full C	rganization Name	C	Date of	Re	ceipt			
Mailing Address 8608 Utica Ave, Suite 2	1	Zip Code		™M 11	/	D D D 16	/ Y	2018	Y
City Rancho Cucamonga	State CA				on ID : 1 Each Re		<b>8</b> nis Perioc		
FEC ID number of contributing federal political committee.	С					-			00
Name of Employer (for Individual) Wayne Guzman Insurance Solutions	Occ Bro	upation (for Individual) ker		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]						
Full Name of Individual (Last, First, Mid C. Powell, Brooks, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 549 Main St, Suite B				<sup>M</sup> 11	/	D D D 16	/ Y	2018	Y
City Danville	State VA	Zip Code 24541-1317				ion ID : 1 Each Be		<b>)6</b> his Perioc	
FEC ID number of contributing federal political committee.	С				U				.00
Name of Employer (for Individual) Marsh & McLennan Agency		upation (for Individual) loyee Benefits Advisor		Me	emo	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]						
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions	<u> </u>	
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Zavala, Tony, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 4814 Cranbrook Dr E				M M 11	/	D 16	) / Y	ү ү 2018	Y		
	City Colleyville	State TX	Zip Code 76034-4359					<b>1251130</b> Receipt th		d		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		63	.00		
	Name of Employer (for Individual) Frost Insurance	Occi Broł	upation (for Individual) ker		M	emo	tem Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 693.00	1								
в.	Full Name of Individual (Last, First, Middle Init Huss, Janine, D., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 108 Cantina Place				M M 11	/	D 16		2018	Y		
	City Jacksonville	State FL	Zip Code 32259-8016				-	1251130	-	-1		
	FEC ID number of contributing federal political committee.	С			Amouni		Each F	Receipt th		u 0.00	]	
	Name of Employer (for Individual) Single Care		upation (for Individual) Sales Executive		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]								
C.	Full Name of Individual (Last, First, Middle Init Owens, David, Patrick, ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 101 Eisenhower Parkway Second Floor City	State	Zip Code		11 Trees		16		2018	Y		
	Roseland	NJ	07068-1032					1251131 Receipt th		d		
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>y</u>	. ,	85	.00		
	Name of Employer (for Individual) E.B. Cohen & Co., Inc.	Occi Prine	upation (for Individual) cipal		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1010.00	1								
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	178	.00	]	
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		for each category of the Detailed Summary Page		a		11b		11c	12	<u> </u>								
Any information copied from such Reports an or for commercial purposes, other than using				the p														
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee																
Full Name of Individual (Last, First, Middle Wallace, Keith, , ,	me of Individual (Last, First, Middle Initial) or Full Organization Name ce, Keith, , ,								Date of Receipt									
Mailing Address 1400 Broadway				11 / D D / Y Y Y Y Y 11 16 2018														
City	State WA	Zip Code				-		51131	-									
Bellingham	VVA	98225-3036	Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	С					,	_	-	250.	00								
Name of Employer (for Individual) Wallace-Rice Benefits, LLC	Occu Brok	ipation (for Individual) er		Mei	mo	Item												
Receipt For:	Aggregate	Year-to-Date ▼	_															
Other (specify) ▼		2050.00																
Full Name of Individual (Last, First, Middle Forshee, Dee, , ,	e Initial) or Full O	rganization Name	Da	e of	Red	ceipt												
Mailing Address 203 E Main #B		M M / D D / Y Y Y Y 11 16 2018																
City	State	Zip Code	Т	Transaction ID : 12511383														
Union	MO	63084-1645							is Period									
FEC ID number of contributing federal political committee.	С				,		-7-	30.	.00									
Name of Employer (for Individual) Ming Senior Services	Occu Brol	upation (for Individual) Ker		Mei	mo	Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 330.00	]															
Full Name of Individual (Last, First, Middle . Tompkins, Daniel, R., ,	e Initial) or Full O	rganization Name	Da	e of	Red	ceipt												
Mailing Address 1720 Windward Concours Suite 290	e		М	11 <sup>M</sup>	1	D	D 7	/ Y	2018	Y								
City Alpharetta	State GA	Zip Code 30005-2291				-		251162	-									
FEC ID number of contributing federal political committee.	C			Junt	or	Each	Rec	eipt th	is Period 85.									
Name of Employer (for Individual) Admin America, Inc.	Occu Brok	Memo Item																
Receipt For:	Aggregate	Year-to-Date ▼ 935.00	1															

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# 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 134 OF

				Summary Page	×	11a		11b	11c		12				
An	y information copied from such Reports and	Statements ma	l ay not be so	old or used by any p	erson fo	13 or the	pur	14 pose of s	15 soliciting		16 ntribut	17 ions			
or	for commercial purposes, other than using th	ne name and a	ddress of a	ny political committee	e to sol	icit cor	ntrib	utions fro	om sucl	h co	ommitte	ЭӨ.			
	NAME OF COMMITTEE (In Full)	_													
$\Big $	Health Underwriters Political A	ction Com	mittee												
Α.	Full Name of Individual (Last, First, Middle I Wolfe, Rosanne, , ,	nitial) or Full C	rganization	Name	Date of Receipt										
	Mailing Address PO Box 17236					м м 11	/	D D 17	/ Y	ү 20	ү 018	Y			
	City	State	Zip Co	de		Trans	acti	ion ID : 1	251163	\$2					
	Tucson	AZ	8573	1-7236	A	mount	of	Each Re	ceipt th	is F	Period				
	FEC ID number of contributing federal political committee.	С							45	_	30.0	0			
	Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Bro	upation (for ker	Individual)		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Dat	е 🔻											
	Primary General	33 - 3			11										
	Other (specify) V		- <b>7</b> -	330.00	4										
в.	Full Name of Individual (Last, First, Middle I Cogdill, Barry, , ,	nitial) or Full C	organization	Name		Date of	Re	ceipt							
	Mailing Address 4710 4th Street Ste. 300					м м 11	/	D D 18	/ Y	ү 20	)18	Y			
	City	State	Zip Co	de		Trans	acti	on ID : 1	251164	2					
	La Mesa	CA 91941-5384							ceipt th	nis P	Period				
	FEC ID number of contributing federal political committee.	С					- 190	_	30.0	0					
	Name of Employer (for Individual) Business Choice Insurance Services		upation (for sident	Individual)		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Dat	e <b>V</b>											
	Primary General	33 - 3 - 4			11										
	Other (specify) V		<b>,</b>	330.00	4										
c	Full Name of Individual (Last, First, Middle I Scott, Nicole, , ,	nitial) or Full C	rganization	Name	Г	Date of	Re	ceipt							
	Mailing Address 6200 Northwest Pkwy					M M	/	18	/ Y		)18	Y			
	City	State	Zip Co	de		Trans	acti	ion ID : 1	251164	15					
	San Antonio	ТХ	78249	)-3348	A	mount	of	Each Re	ceipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С						,	y	_	30.0	0			
	Name of Employer (for Individual)	000	upation (for	Individual)	- 1	M	emo	Item							
	United Healthcare	Brok		mannadal)											
	Receipt For:	Aggregate	Year-to-Dat	e▼											
	Primary General	riggrogato	Tour to Dut		1.										
	Other (specify)		- <b>1</b>	330.00	4										
s	UBTOTAL of Receipts This Page (optional)							,	9	-	90.0	0			
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Use separate schedule(s)

FOR LINE NUMBER:

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ידו			Use separate schedule(s)	(ch	eck only	/ or	one)				
111	EMIZED RECEIPTS         for each category of the           Detailed Summary Page			<b>1</b> 1a		11b	11c	12			
	y information copied from such Reports and Sta										
<u> </u>	for commercial purposes, other than using the	name and a	ddress of any political committe	e to se	olicit cor	ntrib	outions	from suc	h committ	ee.	
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Griffey, Don, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 56294 Prim Rose Circle				M M 11	1	D 18		2018	Y	
	City Elkhart	State IN	Zip Code 46516-1509					: <b>125116</b> 4 Receipt th	<b>18</b> his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>				75.0	00	
	Name of Employer (for Individual) Hailey-Campbell, Inc	Occu Brok	upation (for Individual) ker		Me	emc	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 925.00	1							
	Full Name of Individual (Last, First, Middle Initia Niederman, Tammy, Lyn, ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 10042 Silver Maple Circle				м м 11	1	D 19		y y 2018	Y	
	City Highlands Ranch	State CO	Zip Code 80129-5420		Transaction ID : 12511660 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С				01			30.0	00	
	Name of Employer (for Individual) Niederman Insurance Agency	Occi Brol	upation (for Individual) ker		Me	emc	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	]							
	Full Name of Individual (Last, First, Middle Initia McKittrick, Kristin, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 4020 Danley Drive				<sup>M</sup> 11	1	D 19		2018	Y	
	City Rapid City	State SD	Zip Code 57702-6893					: 1251160 Receipt th	62 nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, y	30.0	00	
	Name of Employer (for Individual) Mountain Plains Insurance	Occu Brok	upation (for Individual) er		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1							
s	JBTOTAL of Receipts This Page (optional)						, .		135.(	00	
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Use separate schedule(s)

FOR LINE NUMBER:

PAGE 136 OF

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12								
	y information copied from such Reports and Sta																
<u> </u>	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	e to s	olicit cor	ntric	outions	from suc	ch committ	ee.							
$\rangle$	Health Underwriters Political Act	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initia Brooks, Mark, , ,	al) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address P.O. Box 10876				M M 11	1	D 19		2018	Y							
	City Lynchburg	State VA	Zip Code 24506-0876					: <b>125116</b> Receipt t	<b>64</b> his Period								
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.	00							
	Name of Employer (for Individual) Personal Design Financial Services, In																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]													
	Full Name of Individual (Last, First, Middle Initia Ward, Michael, , ,	al) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address 3219 E. Camelback Road #569							M         M         /         D         D         /         Y									
	City Phoenix	State AZ	Zip Code 85018-2307	-													
	FEC ID number of contributing federal political committee.	C			Amount	O		Receipt t	his Period 42.0	00							
	Name of Employer (for Individual) Emerging Benefits Consultants, LLC	Occi Brol	upation (for Individual) ker		Me	emo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	]													
	Full Name of Individual (Last, First, Middle Initia Stewart, Rachel, , ,	al) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address 1119 E Blackhawk Dr				11 <sup>M</sup>	/	D 19		2018	Y							
	City Phoenix	State AZ	Zip Code 85024-4178					: <b>125116</b> Receipt t	<b>67</b> his Period								
	FEC ID number of contributing federal political committee.	С					y .	9	30.	00							
Name of Employer (for Individual) RS Assurance		Occu Ager		M	emo	o Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1													
s	JBTOTAL of Receipts This Page (optional)			•			,	. ,	102.0	00							
т	OTAL This Period (last page this line number o	nly)		-			45.1										

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

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee								
A. Hughes, Rita, N., ,	-									
Mailing Address 3342 Greystone Way			11 / D D / Y Y Y Y Y 11 19 2018							
City Valdosta	State GA	Zip Code 31605-1096	Transaction ID : 12511671 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		63.00							
Name of Employer (for Individual) H&H Insurance Solutions, Inc.	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	]							
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	rganization Name								
B. Fusco, Joan, A., , Mailing Address 25B Hanover Rd., Suit	e 220		Date of Receipt							
City	State	Zip Code	Transaction ID : 12511677							
Florham Park	NJ	07932-1443	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Savoy Associates	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	]							
Full Name of Individual (Last, First, Mi C. Carmichael, Stacy, Anne, ,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 601 SW 2nd Ave			11 / Y Y Y Y 11 20 2018							
City Portland	State OR	Zip Code 97204-3153	Transaction ID : 12511936 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Moda Health, Inc	Dire	upation (for Individual) ctor of Sales	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]							
SUBTOTAL of Receipts This Page (option	onal)		193.00							
TOTAL This Period (last page this line r	number only)									

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

(check only one)

PAGE 138 OF

	EMIZED RECEIPTS			Detailed Summary Page		_	11a		11	H		11c	$\square$	12	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the					n for				se of								
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mi	ttee														
A.	Full Name of Individual (Last, First, Middle Initia Gadinas, Kathy, M., , Mailing Address 16325 Boones Ferry Rd., #204	al) or Full O		Date of Receipt														
	City	State		Zip Code		L	11	acti	L	20		51193	20	)18				
	Lake Oswego	OR		97035-4297		An	nount	of	Ea	ch R	lec	eipt thi	s P	eriod				
	FEC ID number of contributing federal political committee.	С							-		-	-7		30.	00			
	Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occu Brok	•	tion (for Individual)	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	]															
В.	Full Name of Individual (Last, First, Middle Initia Raymond, Garrin, Mitchell, ,	al) or Full O	rga	nization Name		Da	ate of	Re	ecei	ipt								
	Mailing Address 13201 N.W. Fwy. Suite 265								11 / D D / Y Y Y Y 2018									
	City Houston	State TX	_	Transaction ID : 12511938 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Broker Aggregate Year-to-Date 270.00					30.00											
	Name of Employer (for Individual) Northwest General						Memo Item											
	Receipt For: Primary General Other (specify) ▼																	
с.	Full Name of Individual (Last, First, Middle Initia) Jimison, Charles, , ,	al) or Full O	rga	nization Name		Da	ate of	Re	ecei	ipt								
	Mailing Address 6185 Magnolia Ave Ste 319					ľ	11 <sup>M</sup>	/	Ľ	20		/ Y	ү 20	18 <sup>°</sup>	Y			
	City Riverside	State CA		Zip Code 92506-2524	-							<b>51194</b> eipt thi		eriod				
	FEC ID number of contributing federal political committee.	С				Ę			9		-	g		30.	00			
	Name of Employer (for Individual) Jimison Insurance	Occu Ager	•	tion (for Individual)		Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00																
s	UBTOTAL of Receipts This Page (optional)			•••••	•				,		Ŧ	,		90.0	0			
Т	OTAL This Period (last page this line number o	nly)			•	Γ			T		-	-						

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

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)			(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			11a 13		11b 14	11c	12	Г	17			
	mation copied from such Reports and St nmercial purposes, other than using the				for the		pose of	soliciting	g contrik	outio	ns			
	OF COMMITTEE (In Full) Ith Underwriters Political Act	tion Com	mittee											
	ame of Individual (Last, First, Middle Initi nolomew, Rhonda, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
Mailing	g Address PO Box 5099				M M 11	/	D 10	D / Y	ү ү 2018		1			
City Twin F	Falls	State ID	Zip Code 83303-5099	_				<b>1251194</b> Receipt th		bd	_			
	D number of contributing I political committee.	С			Amount of Each Receipt this Period									
HUB Ir	of Employer (for Individual) nternational		upation (for Individual) up Division Manager		М	emo	ttem							
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]										
	ame of Individual (Last, First, Middle Initi is, Reine, C., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
-	g Address 500 NE Multnomah			11 / 21 / Y Y Y Y Y 2018										
City Portlai	nd	State OR					Transaction ID : 12512151 Amount of Each Receipt this Period							
	D number of contributing I political committee.	С								0.00				
	of Employer (for Individual) Permanente	Occupation (for Individual) Mgr Large Group Acct Mgmt			М	emo	tem							
	ot For: Primary General Other (specify) ▼	]												
	ame of Individual (Last, First, Middle Initi ssiett, Astrid, C., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
Mailing City	g Address One Galleria Boulevard Suite 1510	State	Zip Code		11 / D D / Y Y Y Y 11 21 2018									
Metai	rie	LA	70001-7545					1251215 Receipt th		od				
	D number of contributing I political committee.	С			<u> </u>		y		1	2.00				
Associ	of Employer (for Individual) iated Benefits	Occu Brok		М	emo	o Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 286.00	]										
SUBTOT	TAL of Receipts This Page (optional)			•		I	,	. ,	6	2.00				
TOTAL	This Period (last page this line number c	only)	······	<b>→</b>	Γ.	T					П			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)				(check only one)							
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Any information copied from such Reports or for commercial purposes, other than us			erson for	the p	ourpos	se of s	soliciting	g contribu	itions				
NAME OF COMMITTEE (In Full)													
Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mid <b>A</b> . Combs, Susan, L., ,	dle Initial) or Full C	rganization Name	Da	te of	Rece	ipt							
Mailing Address 234 Fifth Ave Ste 512				11 21 Y Y Y Y Y 2018									
City New York	State NY	Zip Code 10001-7607					251215						
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
Name of Employer (for Individual) Combs & Company, LLC	Occ Brol	upation (for Individual) ker		Me	mo It	em							
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 462.00											
Full Name of Individual (Last, First, Mid B. Farrell, Jennifer, Liane, ,	dle Initial) or Full C	rganization Name	Da	te of	Rece	ipt							
Mailing Address 3800 North Central Ave 9th Floor			M	11 / 21 / Y Y Y Y 2018									
City	State AZ	Zip Code 85012-1979					251215						
Phoenix						ich Re	eceipt th	iis Period					
FEC ID number of contributing federal political committee.	C			85.00									
Name of Employer (for Individual) Black, Gould & Associates					mo It	em							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) V	Primary General Other (specify) ▼ 935.00												
Full Name of Individual (Last, First, Mid C. Pittman, Joseph, E., ,	dle Initial) or Full C	rganization Name	Da	te of	Rece	ipt							
Mailing Address P O Box 24133			м	M M / D D / Y Y Y Y 11 21 2018									
City Omaha	State NE	Zip Code 68124-0133					1251215 eceipt th	is Period					
FEC ID number of contributing federal political committee.	ě l						,	85.	.00				
Name of Employer (for Individual) Creative Association Management		Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 935.00				em							
Receipt For: Primary General Other (specify)	Aggregate												
SUBTOTAL of Receipts This Page (option	nal)			_	9		,	212.	00				
TOTAL This Period (last page this line nu	mber only)												

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c 15	12	17				
	information copied from such Reports and Sta or commercial purposes, other than using the r				for the		pose of	soliciting	contribut	tions				
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee											
	Full Name of Individual (Last, First, Middle Initia Leavitt, Scott, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
Ν	Mailing Address 12988 W. Paint Dr.				11 <sup>M</sup>	/	D 10 22	) / Y	2018	Y				
	City Boise	State ID	Zip Code 83713-1947					<b>1251297</b> Receipt th	3 is Period					
	EC ID number of contributing ederal political committee.	С			<u> </u>		-		30.0					
5	Name of Employer (for Individual) Scott Leavitt Insurance	Occu Brok	upation (for Individual) ker		M	emo	ttem							
ŀ	Receipt For: Primary General Other (specify)	Aggregate	1											
	Full Name of Individual (Last, First, Middle Initia Bergsma, Lori, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
_	Mailing Address Balanced Rock Insurance 643 Canyon Drive	Stata Zin Coda				11 / D D / Y Y Y Y 2018								
	City Twin Falls	State ID	Zip Code 83301-3014		Transaction ID : 12512975 Amount of Each Receipt this Period									
F	FEC ID number of contributing ederal political committee.	С												
	Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc.	Occupation (for Individual) Broker			M	emo	ttem							
Ē	Receipt For: Primary General Other (specify) ▼	or: Aggregate Year-to-Date ▼ Pary General												
С	Full Name of Individual (Last, First, Middle Initia Cagliola, David, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
_	Mailing Address 1550 Liberty Ridge Drive Suite 250 City	State	Zip Code		11 Trong	/	22		2018	Ŷ				
	Chesterbrook	PA	19087-5567						is Period					
	FEC ID number of contributing ederal political committee.	С			<u> </u>		y	,	85.0	00				
F	Name of Employer (for Individual) Radnor Benefits Group	Occu Brok	upation (for Individual) er		M	emo	o Item							
F	Receipt For: Primary General Other (specify)	Aggregate	]											
su	BTOTAL of Receipts This Page (optional)			•			7	. ,	145.0	00				
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# SCHEDULE A (FEC Form 3X)

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

FOR LINE NUMBER:

PAGE 142 OF

ITEMIZED RECEIP		Use separate schedule(s)	(check only one)									
	10	for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
	-											
	ers Political Action Com	nmittee										
Full Name of Individual (L Henry, Thomas, L., ,	ast, First, Middle Initial) or Full (	Drganization Name	Date of Receipt									
Mailing Address 430 W N			11 22 / Y Y Y Y 2018									
City SONOMA	State CA	Zip Code 95476-6545	Transaction ID : 12512977           Amount of Each Receipt this Period									
FEC ID number of contrib federal political committee	ŝ.		85.00									
Name of Employer (for In RealCare Insurance Marke	,	cupation (for Individual) ker	Memo Item									
Receipt For: Primary Ga Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 935.00	1									
Full Name of Individual (L 3. Wild, Trei, , ,	ast, First, Middle Initial) or Full C	Drganization Name	Date of Receipt									
Mailing Address 3724 Hea	arst Castle Way		11 22 2018									
City	State	Zip Code	Transaction ID : 12512980									
Plano	TX	75025-3719	Amount of Each Receipt this Period									
FEC ID number of contrib federal political committee	ŝ.		85.00									
Name of Employer (for In Protect Plans	,	cupation (for Individual) oker	Memo Item									
Receipt For: Primary Ga Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 935.00	]									
Full Name of Individual (L Cunningham, Jeril	ast, First, Middle Initial) or Full ( yn, B., ,	Drganization Name	Date of Receipt									
Mailing Address 6570 N 1			11 / D D / Y Y Y Y Y 2018									
City Glendale	State AZ	Zip Code 85307-4506	Transaction ID : 12512983 Amount of Each Receipt this Period									
FEC ID number of contrib federal political committee	ŝ.		30.00									
Name of Employer (for In Humana Receipt For:	Mai	cupation (for Individual) nager of Engagement	Memo Item									
	eneral Aggregate	Year-to-Date ▼ 330.00	1									
SUBTOTAL of Receipts Thi	s Page (optional)		200.00									
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# SCHEDULE A (FEC Form 3X) \_\_\_\_\_

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			<b>×</b> 11a		11b	11c	12			
	y information copied from such Reports and Si for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)	name anu a	duress of any political committee				JULIONS	nom su	ch commu	ee.		
$\rangle$	Health Underwriters Political Ac	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Init Theesfeld, Angela, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 403 Toyah Brk				M M 11	1	22		2018	Y		
	City San Antonio	State TX	Zip Code 78258-2564					: <b>125129</b> Receipt t	<b>84</b> his Period			
	FEC ID number of contributing federal political committee.	С							30.	00		
	Name of Employer (for Individual) United HealthCare		upation (for Individual) ount Executive		Me	emc	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00									
в.	Full Name of Individual (Last, First, Middle Init Eckard, Brenda, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 130 North 25th Street			11 / D D / Y Y Y Y Y 22 / 2018								
	City Fort Dodge	State IA	Zip Code 50501-4338	_	Transaction ID : 12512985 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			30.00							
	Name of Employer (for Individual) KHI Solutions	Occupation (for Individual) Broker				emc	tem					
	Receipt For: Primary General Other (specify) ▼	Primary General General										
С.	Full Name of Individual (Last, First, Middle Init Boaz, Daniel, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5565 Roberts Drive Suite 100				M M 11		D 22	2	2018	Y		
	City Atlanta	State GA	Zip Code 30338-3350				-	: <b>125129</b> Receipt t	86 his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	30.	00		
	Name of Employer (for Individual) HealthLife Group, LLC	Occu Brok	upation (for Individual) xer		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00									
s	UBTOTAL of Receipts This Page (optional)			<b>•</b>			, .	7	90.0	00		
т	OTAL This Period (last page this line number of	only)		•	<u> </u>							

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c		2	17		
	formation copied from such Reports and Sta commercial purposes, other than using the r				for the		pose o	f solicitin	g cont	ributio	ons		
\ \	ME OF COMMITTEE (In Full) ealth Underwriters Political Acti	on Com	mittee										
	I Name of Individual (Last, First, Middle Initia oburn, Richard, P., ,	al) or Full O	rganization Name		Date c	of Re	eceipt						
Ma	iling Address 19 Minor Court			11 / 22 / Y Y Y Y 11 22									
City Sa	/ n Rafael	State CA	Zip Code 94903-3716	_				: <b>125129</b> Receipt ti		riod			
	C ID number of contributing eral political committee.	C		Amount of Each Receipt this Period									
	me of Employer (for Individual) Word and Brown	Occu Brok	upation (for Individual) ker		N	lemo	o Item						
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00										
<b>B</b> . <u>G</u>	I Name of Individual (Last, First, Middle Initia ualtieri, Peter, L., , iling Address 1600 JFK Boulevard, Suite 1220		rganization Name		Date c		eceipt	D / Y	Y	Y	Y		
City		State	Zip Code	_	11 22 2018 Transaction ID : 12512989								
Ph	iladelphia	PA	19103-2810					Receipt tl		riod			
	C ID number of contributing eral political committee.	C				10.00							
	me of Employer (for Individual) voy Associates	Occupation (for Individual) Broker			N	lemo	o Item						
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1110.00										
	I Name of Individual (Last, First, Middle Initia IcDermott, H., Luke, ,	al) or Full O	rganization Name		Date c	of Re	eceipt						
	iling Address 883 West Baxter Drive	1			M 11	/	22		201		Ý		
City So	/ uth Jordan	State UT	Zip Code 84095-8506	_				: <b>125129</b> Receipt tl		riod			
	C ID number of contributing eral political committee.	С			Ē		y .			30.0	0		
Мс	me of Employer (for Individual) Dermott Company & Associates	Occu Brok	upation (for Individual) er		N	1em	o Item						
Red	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00										
	TOTAL of Receipts This Page (optional)			•			, . , .			70.00	)		
Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	EIMIZED RECEIPTS		Detailed Summary Page		×	11a		] 11b	b	11c		12				
				, , , , , , , , , , , , , , , , , , ,		13		14		15		16	17			
	y information copied from such Reports and St for commercial purposes, other than using the															
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Initi Lindsay, Robert, , ,	ial) or Full C	rganizatio	on Name	Date of Receipt											
	Mailing Address 220 Emerson Place				11 22 2018											
	City Davenport	State IA		Code 801-1624		Transaction ID : 12512992           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			85.00											
	Name of Employer (for Individual) Arthur J. Gallagher & Company	Occ Brol	•	ior Individual)	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-E	Date ▼ 935.00	]											
B.	Full Name of Individual (Last, First, Middle Initi Lindstrom, Betty, J., ,	ial) or Full C	organizatio	on Name		Date of	Re	eceip	ot							
	Mailing Address PO Box 4026			Code	11 D D / Y Y Y Y Y 11 22 2018											
	City Felton	State CA		Trans Amount				2 <b>51299</b> ceipt th	-	Period						
	FEC ID number of contributing federal political committee.	С	30.00													
	Name of Employer (for Individual) Lindstrom Insurance	Occ Bro	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate														
с.	Full Name of Individual (Last, First, Middle Initi Olson, Charles, , ,	ial) or Full C	organizatio	on Name		Date of	Re	eceip	ot							
	Mailing Address 17445 Arbor St Ste 310					11 <sup>M</sup>	/	D	22	/ Y		)18 <sup>°</sup>	Y			
	City Omaha	State NE	·	Code 130-4645		Trans Amount				251299 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С						<u>y</u>		9	_	15.0	0			
	Name of Employer (for Individual)	Occ Brok	•	ior Individual)		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 315.00														
s	UBTOTAL of Receipts This Page (optional)			•••••				9	-	7	+	130.0	0			
Т	OTAL This Period (last page this line number of	only)		••••••		L.,		-		-		1				

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12											
			13     14     15     16       person for the purpose of soliciting contributions       to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Political														
Full Name of Individual (Last, First, Middle Q. Qualizza, Jacqueline, , ,	e Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address 12877 W. 151st Street														
City	State KS	Zip Code	Transaction ID : 12512995											
Olathe	K3	66062-9707	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		25.00 Memo Item											
Name of Employer (for Individual) Associate Insurance Services, Inc.	Occ	upation (for Individual) ker												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		275.00	]											
Full Name of Individual (Last, First, Middle 3. Wilson, Thomas, R., ,	e Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address 701 Lamar			11 23 2018											
City	State	Zip Code	Transaction ID : 12513001											
Wichita Falls	TX	76301-6824	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) Boley Featherston Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2420.00	]											
Full Name of Individual (Last, First, Middle C. Knight, Ronald David, , ,	e Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address PO Box 507			11 23 2018											
City	State	Zip Code	Transaction ID : 12513002											
Carrollton	GA	30112-0009	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		85.00											
Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occi Brok	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	Monthly Contribution											
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,													

Use separate schedule(s)

FOR LINE NUMBER:

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			Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17										
	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	nmittee											
Α.	Full Name of Individual (Last, First, Middle Initial) Kohlsdorf, Eric, , ,	) or Full O	Drganization Name	Date of Receipt 11 23 2018 Transaction ID : 12513003										
	Mailing Address 1501 Ingersoll Ave Suite 200 City	State	Zip Code											
	Des Moines	IA	50309-3102	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		85.00										
	Name of Employer (for Individual) Prisma Strategies	Occi Brol	cupation (for Individual) oker	Memo Item										
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 935.00											
В.	Full Name of Individual (Last, First, Middle Initial) Opgenorth, Kevin, J., ,	) or Full O	Drganization Name	Date of Receipt										
	Mailing Address 2008 Shea Cv.			11 23 2018										
	City	State	Zip Code	Transaction ID : 12513006										
	Cedar Park	TX	78613-4124	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Cigna Life and Health		cupation (for Individual) les Executive	Memo Item										
	Receipt For:	Aggregate	e Year-to-Date ▼ 242.00											
С.	Full Name of Individual (Last, First, Middle Initial) Todd, Richard, H., ,	) or Full O	Drganization Name	Date of Receipt										
	Mailing Address PO Box 56166	1		11 23 2018										
	City Little Rock	State AR	Zip Code 72215-6166	Transaction ID : 12513009										
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer (for Individual) The Todd Agency, Inc.	Occi Brok	cupation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 330.00											
s	UBTOTAL of Receipts This Page (optional)		····· •	145.00										
т	OTAL This Period (last page this line number onl	y)												

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	*	Use separate schedule(s)	(check on									
II EIVIIZED RECEIFI3		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	17					
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NAME OF COMMITTEE (In Full) Health Underwriters Pol	itical Action Com	mittee										
Full Name of Individual (Last, First <b>A.</b> Todd, David, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 56166			M M	11 23 2018								
City Little Rock	State AR	Zip Code 72215-6166		saction ID : It of Each F								
FEC ID number of contributing federal political committee.	C					30.0						
Name of Employer (for Individual) The Todd Agency, Inc.	Occi Brok	upation (for Individual) ker	M	lemo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1									
Full Name of Individual (Last, First B. Ackerman, Mark, K., ,	, Middle Initial) or Full O	rganization Name	Date o	of Receipt								
Mailing Address 3700 Forest Drive Suite 300	1-		M M	/ 23		y y 2018	Y					
City Columbia	State SC	Zip Code 29204-4010		saction ID : It of Each F								
FEC ID number of contributing federal political committee.	С	C			85.00							
Name of Employer (for Individual) Insurance Management Group, Inc.		Occupation (for Individual) Broker										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	]									
Full Name of Individual (Last, First C. Whang, Victor, , ,	, Middle Initial) or Full O	rganization Name	Date o	of Receipt								
Mailing Address 33970 23 Mile Rd	1		M M 11	/ D 23		2018 Y	Y					
City Chesterfield	State MI	Zip Code 48047-4005		saction ID : It of Each F								
FEC ID number of contributing federal political committee.	C			. , .		30.0	00					
Name of Employer (for Individual) Insurance Warehouse		upation (for Individual) er/Agent		lemo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	1									
SUBTOTAL of Receipts This Page (	optional)					145.0	00					
TOTAL This Period (last page this li	ne number only)											

Use separate schedule(s)

FOR LINE NUMBER:

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111	EWIZED RECEIPIS		for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the i												
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act												
Α.	Full Name of Individual (Last, First, Middle Initia Hebb, Deborah, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1120 C Professional Ct				11 23 2018								
	City Hagerstown	State MD					: <b>1251301</b> Receipt th	13 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		20.0	00			
	Name of Employer (for Individual) Keller Stonebraker Ins		upation (for Individual) President		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00											
	Full Name of Individual (Last, First, Middle Initia Berger, Stephanie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 79 Daily Dr #276					11 / D D / Y Y Y Y 2018							
	City Camarillo	State CA	Zip Code 93010-5807					1251301					
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period							
	Name of Employer (for Individual) Collaborative Insurance Solutions	Occi Brol	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	]									
	Full Name of Individual (Last, First, Middle Initia Blain, Bradford, H., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 343 Waller Avenue Suite 101 City	State	Zip Code		11 T	/	23		2018	Y			
	Lexington	KY	40504-2912	_			-		nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y	9	30.0	00			
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occu Brok		M	emo	o Item							
	Receipt For: Primary General Other (specify)	hary General General											
s	UBTOTAL of Receipts This Page (optional)		·······	▶ _			,	- 9	90.0	00			
Т	OTAL This Period (last page this line number o	nly)		•			45.1	-					

# SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page	🗶 11a 🗌 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Mide Gennaro, Jeffrey, Wm., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3820 W Happy Valley R Ste 141, PMB 606			11 / D D / Y Y Y Y Y 11 23 2018									
City Glendale	State AZ	Zip Code 85310-3292	Transaction ID : 12513017           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) Capitol Insurance Brokers, Inc.	Occi Brok	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	]									
Full Name of Individual (Last, First, Mide 3. Hebert, Hedy, S., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 390 Plaza Loop.			11 23 2018									
City Bossier City	State LA	Zip Code 71111-4390	Transaction ID : 12513018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Benefit Consulting Services	Occ	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	]									
Full Name of Individual (Last, First, Mide LaFay, Stacey, S., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2444 East Hill Rd.			11 23 2018									
City Grand Blanc	State MI	Zip Code 48439-5098	Transaction ID : 12513020 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer (for Individual) Franklin Benefit Solutions	Occi Brok	upation (for Individual) ser	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]									
SUBTOTAL of Receipts This Page (option	al)		270.00									
TOTAL This Period (last page this line nu	mber only)											

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Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12 16	17			
Any information copied from such Re or for commercial purposes, other the				or the		oose of		liciting	contribu	tions			
NAME OF COMMITTEE (In Full) Health Underwriters Po	litical Action Com	mittee											
Full Name of Individual (Last, Firs           McClaskey, Barbara, A., ,           Mailing Address         1965 Pine Street	t, Middle Initial) or Full O	rganization Name		ate of	Re ′	ceipt 23		/ Y	Y Y 2018	Y			
City Redding	State CA	Zip Code 96001-1921											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.00										
Name of Employer (for Individual)         Barbara McClaskey Insurance Serve         Receipt For:         Primary       General         Other (specify) ▼	rices Brol	upation (for Individual) ker Year-to-Date ▼ 487.00		Me	emo	Item							
Full Name of Individual (Last, Firs <b>B.</b> Reeves, Valerie, , , Mailing Address 3702 Brownsboro	· · ·	rganization Name		ate of	Re ′	ceipt		/ Y	Y Y	Y			
City Louisville	State KY	Zip Code 40207-1820		Transaction ID : 12513024 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		42.00										
Name of Employer (for Individual) Preferred Benefits, LLC Receipt For:	Bro			IVIE	ino	litern							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 487.00											
Full Name of Individual (Last, Firs <b>Tellesbo-Kembel, Marsh</b> Mailing Address 1001 4th Avenue	a, , ,	rganization Name		ate of	Re ′	D		/ Y	ŶŶ	Y			
City Seattle	State	Zip Code 98154-1003				23 ion ID :	: 12						
FEC ID number of contributing federal political committee.	C			mount	OT		Hece	eipt thi	is Period 170.				
Name of Employer (for Individual) Tellesbo & Company	Occi Brok	upation (for Individual) er		Me	emo	ltem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1870.00											
SUBTOTAL of Receipts This Page	(optional)	•••••				,		y	254.	00			
TOTAL This Period (last page this I	ne number only)												

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

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12								
			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Po											
Full Name of Individual (Last, Firs Todd, Helen, M., ,	t, Middle Initial) or Full O	Organization Name	Date of Receipt								
Mailing Address PO Box 56166			M M / D D / Y Y Y Y Y 11 23 2018								
City Little Rock	State AR	Zip Code 72215-6166	Transaction ID : 12513028 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) The Todd Agency, Inc.	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]								
Full Name of Individual (Last, Firs B. Thal, Harry, P., ,	t, Middle Initial) or Full O	Organization Name	Date of Receipt								
Mailing Address 11006 Kernville R	d. #1		11 / D D / Y Y Y Y 2018								
City Kernville	State CA	Zip Code 93238-9765	Transaction ID : 12513030 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00									
Full Name of Individual (Last, Firs <b>Munger</b> , David, , ,	t, Middle Initial) or Full O	Organization Name	Date of Receipt								
Mailing Address 3312 W. Magistra			11 23 2018								
City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 12513034           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual) Munger Insurance Receipt For:	Occi Brok	upation (for Individual) ker	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1075.00	1								
SUBTOTAL of Receipts This Page	(optional)		215.00								
TOTAL This Period (last page this I	ine number only)										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)											
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pose o	f soliciting	g contribu	itions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Baskett, John, , ,	al) or Full O	rganization Name	D	ate of	f Re	eceipt								
	Mailing Address 2601C Blanding Ave #222				11 23 / Y Y Y Y 2018										
	City Alameda	State CA						: <b>125130</b> 3 Receipt th		1					
	FEC ID number of contributing federal political committee.	С							30	.00					
	Name of Employer (for Individual) John Baskett Insurance Services	Occu Brok	upation (for Individual) ter		M	emo	) Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	]												
B.	Full Name of Individual (Last, First, Middle Initia Braner, Jodie, E., ,	al) or Full O	rganization Name	D	ate of	f Re	eceipt								
	Mailing Address 5 Concourse Parkway 18th Floor						11 / 23 / 2018 Transaction ID : 12513037								
	City Atlanta	State GA								1					
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Broker			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Willis				M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00													
с.	Full Name of Individual (Last, First, Middle Initia Copeland, Bob, , ,	al) or Full O	rganization Name	D	ate of	f Re	eceipt								
	Mailing Address 700 Larkspur Landing Circle, St	uite			<sup>M</sup> 11	/	23		2018	Y					
	City Larkspur	State CA	Zip Code 94939-1755					: 125130: Receipt th		1					
	FEC ID number of contributing federal political committee.	С		ļ			y 1	, y	85	.00					
	Name of Employer (for Individual) Copeland Insurance Services	Occu Brok	upation (for Individual) er		М	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 935.00													
	UBTOTAL of Receipts This Page (optional)					_	, .	· ·	145.	00					

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			for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12				
	information copied from such Reports and Sta or commercial purposes, other than using the												
	JAME OF COMMITTEE (In Full)			0 10 0									
$\rangle$ I	Health Underwriters Political Act	ion Com	mittee										
A	Full Name of Individual (Last, First, Middle Initia Griffey, Patricia, A., ,	al) or Full O	rganization Name		Date of Receipt								
N	Aailing Address 56294 Primrose Circle				11 23 2018								
	City Elkhart	State IN	Zip Code 46516-1509					: 1251304 Receipt th	I3 nis Period				
	EC ID number of contributing ederal political committee.	С			<u> </u>				100.0	00			
F	Name of Employer (for Individual) Page 1 Medicare	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	1									
	Full Name of Individual (Last, First, Middle Initia Howard, Michelle, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
_	Nailing Address 2850 West Grand Boulevard			M M 11	1	23		y y 2018	Y				
	City Detroit	State MI	Zip Code					1251304					
F	EC ID number of contributing ederal political committee.	MI 48202-2643				ιοτ	Each F	Receipt tr	nis Period 85.0	00			
	Name of Employer (for Individual) Health Alliance Plan	Occi Brol	upation (for Individual) ker		Me	emo	o Item						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00	]									
	Full Name of Individual (Last, First, Middle Initia Embry, Michael, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
_	Aailing Address 26555 Evergreen Road Suite 535				11 <sup>M</sup>	1	23	3	2018	Y			
	Dity Southfield	State MI	Zip Code 48076-4213					: 1251304 Receipt th	15 nis Period				
	EC ID number of contributing ederal political committee.	С			<u> </u>		y .		415.0	00			
(	Name of Employer (for Individual) Comprehensive Benefits	Occu Brok		M	em	o Item							
F	Receipt For: Primary General Other (specify)												
su	BTOTAL of Receipts This Page (optional)			•			,	9	600.0	00			
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# SCHEDULE A (FEC Form 3X)

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	RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)									
			for each category of the Detailed Summary Page	X	<b>1</b> 1a		11b	11c	12	<b>_</b> _						
			ay not be sold or used by any p ddress of any political committe													
	COMMITTEE (In Full) Inderwriters Political A	Action Com	mittee													
Full Name o A. Embry, Je	f Individual (Last, First, Middle anne, A., ,	Initial) or Full O	rganization Name	Date of Receipt												
Mailing Addr	ess 26240 Wacker Drive				M M / D D / Y Y Y Y 11 23 2018											
City Chesterfield		State MI						: <b>125130</b> 4 Receipt th	<b>16</b> his Period							
	ber of contributing cal committee.	С					-	1.75	30.0	00						
Comprehens							o Item									
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 330.00	]												
Full Name o <b>B. Thrash</b> , F	f Individual (Last, First, Middle Rachel, B., ,	Initial) or Full O	rganization Name		Date of	Re	eceipt									
Mailing Addr	ess 214 Milam Street						11 / 23 / Y Y Y Y 2018									
City Shreveport		State LA						<b>1251304</b> Receipt th	<b>17</b> his Period							
	ber of contributing cal committee.	С	C Occupation (for Individual) Broker			30.00										
Name of En Querbes & N	nployer (for Individual) Ielson A Partnership					emo	o Item									
Receipt For: Primar Other		Aggregate	Aggregate Year-to-Date ▼ 330.00													
Full Name o <b>C. Perry</b> , Je	f Individual (Last, First, Middle eff, , ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt									
Mailing Addr	POBox 51019				M M 11	1	23		2018 <sup>°</sup>	Y						
City Idaho Falls		State ID	Zip Code 83405-1019					: <b>125130</b> 4 Receipt th	<b>49</b> nis Period							
	ber of contributing cal committee.	С			Ē		y		30.0	00						
The Hartwel	nployer (for Individual) I Corporation	Occu Brok	upation (for Individual) er		M	emo	o Item									
Receipt For: Primar Other		Aggregate	regate Year-to-Date ▼ 330.00													
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	EMIZED RECEIPTS		Detailed Summary Page	×			] 11b	5 _	11c		12	
	y information copied from such Reports and Si									g con		
or	for commercial purposes, other than using the	name and a	address of any political committee	e to sol	icit coi	ntrib	oution	ns fro	om such	1 COR	mmitte	e.
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmittee									
A.	Full Name of Individual (Last, First, Middle Init Stephens, Mary, , ,	ial) or Full C	Drganization Name		Date of	f Re	eceip	ot				
	Mailing Address 8479 N. County Rd. 800 East				м м 11	/	D	23	/ Y		)18 )18	Y
	City	State	Zip Code		Trans	acti	ion I	ID : 1	251305	2		
	Sunman	IN	47041-9766	A	moun	t of	Eac	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-		-9	_	20.0	0
	Name of Employer (for Individual) Alliance Benefit Group of Ohio	Occ Brol	upation (for Individual) ker		М	emo	b Iter	m				
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		220.00	]								
в.	Full Name of Individual (Last, First, Middle Init Sterner, Heidi, J., ,	ial) or Full C	Organization Name		Date of	f Re	eceip	ot				
	Mailing Address 7881 W Charleston Blvd Suite	140			м м 11	/	D	23	/ Y	ې 20	18 18	Y
	City	State	Zip Code		Trans	acti	ion I	ID : 1	251305	3		
	Las Vegas	NV	89117-8326	A	mount	t of	Eac	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-		-9	_	30.0	0
	Name of Employer (for Individual) Leavitt Group Benefits Services		cupation (for Individual) urance Consultant		М	emo	) Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	]								
<u> </u>	Full Name of Individual (Last, First, Middle Init Franke, Gary, , ,	ial) or Full C	Organization Name		Date of	f Re	eceip	ot				
	Mailing Address 227 Bellevue Way NE Suite 715				м м 11	/	D	23	/ Y	ү 20	18 <sup>°</sup>	Y
	City Bellevue	State WA	Zip Code 98004-5721	Δ					251305 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,		,		30.0	0
	Name of Employer (for Individual) Achieve Alpha Insurance, LLC		upation (for Individual) Ith Insurance Broker		М	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 326.00	]								
s	UBTOTAL of Receipts This Page (optional)						,		9	_	80.0	0
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			Detailed Summary Page	×	-		11b	11c		12	<u> </u>
	ormation copied from such Reports and S ommercial purposes, other than using the								g cont		
	alth Underwriters Political Ac						-				
	Name of Individual (Last, First, Middle In ckin, Martin, John, ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	ng Address P O Box 29607				M M 11		23		201	18	Y
City San	Francisco	State CA	Zip Code 94129-0607					: 1251305 Receipt th		eriod	
	ID number of contributing ral political committee.	С				_		-		63.0	0
Fore	e of Employer (for Individual) sight Benefits, Inc.	Occu Brok	upation (for Individual) ker		Μ	emo	tem				
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 491.00	]							
B. Pat	Name of Individual (Last, First, Middle In tton, Jesse, A., ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	ng Address 1112 Maple Street				11 <sup>M</sup>	/	D 23		201	8	Y
City Wes	st Des Moines	State IA	Zip Code 50265-4420					<b>1251306</b> Receipt th		eriod	
	ID number of contributing ral political committee.	С				_		-	4	415.0	0
Asso	ne of Employer (for Individual) ociations Marketing Group, Inc.	Occi Brol	upation (for Individual) ker		M	emo	tem				
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2490.00	]							
<b>с</b> . Ма	Name of Individual (Last, First, Middle In arsh, James, V., ,	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	ng Address 400 S McCaslin Blvd Suite 201	State	Zin Code		11 Trong		23		201		Y
City Sup	erior	State CO	Zip Code 80027-8700					: 1251306 Receipt th		eriod	
	ID number of contributing ral political committee.	С				_	7	y		63.0	0
Hofg	e of Employer (for Individual) gardBenefits	Pres	upation (for Individual) ident		M	lemc	o Item				
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00	]							
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TOTAL	This Period (last page this line number	only)		•						- 49-	

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			for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12	<u> </u>
	y information copied from such Reports and St for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Siino, Thomas, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1126 Clifton Avenue				м м 11	1	23		2018	Y
	City Clifton	State NJ	Zip Code 07013-3622					: <b>1251306</b> Receipt th	64 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y 1		30.0	00
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occu Brok	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Pleasants, Jennifer, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6366 Fitzhugh Dr.				M M 11	/	D 23		y y 2018	Ŷ
	City Corpus Christi	State TX	Zip Code 78414-3006					: <b>1251306</b> Receipt th	i <b>5</b> his Period	_
	FEC ID number of contributing federal political committee.	С			[.			-	30.0	00
	Name of Employer (for Individual) UnitedHealthcare Employer & Individual		upation (for Individual) count Executive		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]						
C.	Full Name of Individual (Last, First, Middle Initi Tierney, Robert, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 830 N Main St STE 200 City	State	Zip Code		M M 11	/	23	3	2018	Y
	Meridian	ID	83642-2611					: 1251306 Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			Ľ.		y		85.0	00
	Name of Employer (for Individual) Compass Benefit Advisors Receipt For:	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 684.00	1						
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle McCann Potter, Amanda, , , Mailing Address 911 Midkiff	e Initial) or Full C	rganization Name	Date of Receipt
City	State	Zip Code	11 23 2018 Transaction ID : 12513067
Midland	ТХ	79701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Aflac	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
Full Name of Individual (Last, First, Middle <b>B.</b> Langley, Rufus, B., ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2720 Branston Way			11 23 2018
City Apex	State NC	Zip Code 27539-6213	Transaction ID : 12513069 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) Langley Insurance Services, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle C. Brown, Carey, H., ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address Six Concourse Parkway Suite 2750			11 24 Y Y Y Y Y 11 24 2018
City Atlanta	State GA	Zip Code 30328-6243	Transaction ID : 12513071           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) The Benefit Company	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		550.00	
SUBTOTAL of Receipts This Page (optional	)		85.00
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# SCHEDULE A (FEC Form 3X)

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11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi McConnaughey, John, R., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address PO Box 805				<sup>M</sup> 11	1	D 24		2018	Y
	City West Chester	State OH	Zip Code 45071-0805					1251307 Receipt th		ł
	FEC ID number of contributing federal political committee.	С					-y		42	.00
	Name of Employer (for Individual) JRM & Associates Agency, Inc	Occi Broł	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Helms, John, S., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 2940 Camino Diablo # 205				M M 11	/	24		y y 2018	Y
	City Walnut Creek	State CA	Zip Code 94597-3992				-	<b>1251307</b> Receipt th		d
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) John Helms Associates	Occ	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]						
C.	Full Name of Individual (Last, First, Middle Initi Wright, Dennis, E., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1111 Chestnut Hills Pky				<sup>M</sup> 11	1	24		2018	Y
	City Fort Wayne	State IN	Zip Code 46814-8934					: 1251307 Receipt th		ł
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	85	.00
	Name of Employer (for Individual) Employee Plans, LLC	Occi Brok	upation (for Individual) ker		M	em	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	157	.00
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171			Use separate schedule(s)	(ch	neck only	y or	ne)			
			for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the									
or		name and a	doress of any political committee	e to s	olicit cor	מוזוו	utions 1	from suc	n committe	ee.
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Barrera, Rolando, G., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2621 Camargo				M M 11	1	24	D / Y	ү ү 2018	Y
	City Corpus Christi	State TX	Zip Code 78415-5678					1251307 Receipt th	<b>76</b> nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				50.0	00
	Name of Employer (for Individual) Roland Barrera Insurance	Occi Age	upation (for Individual) nt		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]						
в.	Full Name of Individual (Last, First, Middle Initi Hart, Daniel, R, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2137 E. 32nd Street				M M 11	/	D 24	) / Y	2018	Y
	City Tulsa	State OK	Zip Code 74105-2213					<b>1251307</b> Receipt th	<b>7</b> nis Period	
	FEC ID number of contributing federal political committee.	С							30.0	00
	Name of Employer (for Individual) Guardian Life	Occ Bro	upation (for Individual) ker		Me	emc	ltem			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		330.00	1						
C.	Full Name of Individual (Last, First, Middle Initi Muckensturm, Mark, , ,		rganization Name		Date of	Re	eceipt			
	Mailing Address 1001 Highlands Plaza Drive W Ste. 500	/est,	Zin Code		11 11	1	24		2018	Y
	City Saint Louis	MO	Zip Code 63110-1337					<b>125130</b> 7 Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	25.0	00
	Name of Employer (for Individual) The Daniel and Henry Company	Occu Brok	upation (for Individual) er		M	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]						
s	UBTOTAL of Receipts This Page (optional)			•		I	, .	9	105.0	0
т	OTAL This Period (last page this line number o	only)		•	Γ.					

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

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	ž	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12
			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic			
Full Name of Individual (Last, First, M A. Osborne, Mike, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1308 Woodmanor Dr,			11 24 2018
City Raleigh	State NC	Zip Code 27614-9055	Transaction ID : 12513079           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Osborne Insurance Services, Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]
Full Name of Individual (Last, First, M B. Weinstein, Joshua, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3111 C St. Suite 500			11 / D D / Y Y Y Y 2018
City Anchorage	State AK	Zip Code 99503-3973	Transaction ID : 12513081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) RISQ Consulting	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
Full Name of Individual (Last, First, M C. Fugitt-Hetrick, Pamela, Leig		rganization Name	Date of Receipt
Mailing Address 1123 Soquel Avenue			11 / D D / Y Y Y Y 2018
City Santa Cruz	State CA	Zip Code 95062-2105	Transaction ID : 12513082           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) DCD Financial & Insurance Services	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]
SUBTOTAL of Receipts This Page (opti	' onal)		85.00
TOTAL This Period (last page this line	number only)		

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Com	nmi	ittee											
A.	Full Name of Individual (Last, First, Middle Initial) or Diaz Del Valle, Daniel, G., ,	Full C	Drga	nization Name		Da	ate of	Re	ece	eipt					
	Mailing Address People's United Insurance Agency  1 Financial Plaza 755 Main Street City St	ate		Zip Code		L	M M 11 Trans	/	io	24 24	1	/ Y	20	)18	Y
	Hartford C			06103								ceipt th		eriod	
	FEC ID number of contributing federal political committee.								,			- p		30.0	0
	Name of Employer (for Individual)         People's United Insurance Agency         Receipt For:       Agg         Primary       General         Other (specify) ▼	Insu	uran	tion (for Individual) ice Consultant ar-to-Date ▼ 330.00	]		Me	emo	b li	tem					
В.	Full Name of Individual (Last, First, Middle Initial) or Clark, Jonathan, S., ,	Full C	Drga	nization Name		Da	ate of	Re	ece	eipt					
	Mailing Address 6084 South 900 East, Suite 102					Γ	11	1	ľ	D 24		/ Y	20 <sup>-</sup>	ү 18	Y
	2	ate IT		Zip Code 84121-1743					-			2 <b>51308</b> ceipt th		eriod	
	FEC ID number of contributing federal political committee.								,		_	-9-	_	20.0	0
	Name of Employer (for Individual) Fringe Benefits Analysts		cupa oker	tion (for Individual)			Me	emo	b l'	tem					
	Receipt For:     Agg       Primary     General       Other (specify) ▼	regate	Yea	ar-to-Date ▼ 385.00	]										
с.	Full Name of Individual (Last, First, Middle Initial) or Hogeland, Charlene, Marie, ,	Full C	Drga	nization Name		Da	ate of	Re	ece	eipt					
	Mailing Address 5516 W Lariat Lane					Ľ	11 <sup>M</sup>	1	l	D 24		/ Y	20 <sup>-</sup>	18 <sup>°</sup>	Y
	5	ate Z		Zip Code 85083-1228								251308 ceipt th		eriod	
	FEC ID number of contributing federal political committee.								,			J		85.0	0
	Name of Employer (for Individual) Black, Gould & Associates	Occ Sale	•	tion (for Individual)			Me	emc		tem					
	Receipt For:     Agg       Primary     General       Other (specify)     Image: Content of the specify in the specify in the specify in the specify in the specific term of term	regate	Yea	ar-to-Date ▼ 380.00	1										
s	UBTOTAL of Receipts This Page (optional)								,		2	9		135.0	0
т	OTAL This Period (last page this line number only)					Ĺ			Ť			-			

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

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			Detailed Summary Page	×	11a 13		11b		11c 15	12	17
or	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose		oliciting	g contribu	tions
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mittee								
Α.	Full Name of Individual (Last, First, Middle In Willard, Angelique, , , Mailing Address 825 NE 20th Avenue, Suite 3		rganization Name		Date of	Re	· ·	t D	/ Y	YY	Y
	City Portland	State	Zip Code 97232-2275				ion II		251309	-	
	FEC ID number of contributing federal political committee.	C		/	Amount	OT	Eacr	n Re	ceipt th	his Period 42.	00
	Name of Employer (for Individual) Kunrath & Willard Insurance Services,	Occi Part	upation (for Individual) mer		Me	emo	lten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1							
Β.	Full Name of Individual (Last, First, Middle In Chornak, Shelley, A., ,	iitial) or Full O	rganization Name		Date of	Re	ceipt	t			
	Mailing Address 7251 Engle Rd. Suite 103	Otata	Zin Oada		M M	/		24	/ Y	2018	Y
	Cleveland	State OH	Zip Code 44130-3400						251309 ceipt th	<b>5</b> nis Period	
	FEC ID number of contributing federal political committee.	C					-		-95-	42.	00
	Name of Employer (for Individual) Sage Partners, LLC	Occ Bro	upation (for Individual) ker		Me	emo	lten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00								
	Full Name of Individual (Last, First, Middle In Bear, Dale, F., ,	nitial) or Full O	rganization Name		Date of	Re	eceipt	t			
	Mailing Address 2550 NE Douglas St				<sup>M</sup> 11	/		25	/ Y	2018	Y
	City Lees Summit	State MO	Zip Code 64064-2224						251310 ceipt th	01 his Period	
	FEC ID number of contributing federal political committee.	С				_	y		y	85.	00
	Name of Employer (for Individual) Expat Solutions International dba ESI Receipt For:	Occi Age	upation (for Individual) nt		M	ema	b Iten	n			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 455.00								
s	UBTOTAL of Receipts This Page (optional)			•			9		,	169.	00
т	OTAL This Period (last page this line number	only)		►			-		-		

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EWIZED RECEIPTS			etailed Summary Page	×	11a		111	b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)	_											
$\Big)$	Health Underwriters Political Ac	tion Com	nmit	tee									
Α.	Full Name of Individual (Last, First, Middle Ini Andress, Carolyn, Marie, ,	tial) or Full C	Drgan	ization Name		Date of	Re	eceip	pt				
	Mailing Address 1512 Highway 138					M M 11	/	D	25	/ Y		) 18	Y
	City	State		Zip Code		Trans	acti	ion	ID : 1	251311	0		
	Wall	NJ		07719-3706	_ 4	Amount	of	Ead	ch Re	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С						-		-	_	30.0	0
	Name of Employer (for Individual) HUB International	Occ Bro		on (for Individual)		M	emo	b Ite	em				
	Receipt For:	Aggregate	Year	r-to-Date ▼									
	Primary General												
	Other (specify) <b>v</b>		Ţ	330.00									
	Full Name of Individual (Last, First, Middle Ini Winson, Shelly, K., ,	tial) or Full C	Drgan	ization Name		Date of	Re	eceip	pt				
	Mailing Address PO Box 1914					<sup>M</sup> 11	/	D	25	/ Y		)18	Y
	City	State		Zip Code		Trans	acti	ion	ID : 12	251311	1		
	Chandler	AZ		85244-1914		Amount	of	Ead	ch Re	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С						-		-	_	30.0	0
	Name of Employer (for Individual) True Choice Benefits LLC		cupati oker	on (for Individual)		M	emo	b Ite	em				
	Receipt For:	Aggregate	Year	r-to-Date ▼									
	Primary General	33 - 3											
	Other (specify) <b>v</b>		,	330.00									
с.	Full Name of Individual (Last, First, Middle Ini Pedersen, Jill, L., ,	tial) or Full C	Drgan	ization Name		Date of	Re	eceip	pt				
	Mailing Address 16325 Boones Ferry Rd #204					<sup>M</sup> 11	/		25	/ Y		)18 <sup>°</sup>	Y
	City	State		Zip Code		Trans	acti	ion	ID : 1	251311	3		
	Lake Oswego	OR		97035-4297		Amount	of	Ead	ch Re	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С						y		y	_	42.0	0
	Name of Employer (for Individual)	Occ	upati	on (for Individual)		М	emo	o Ite	em				
	Columbia Benefit Solutions, Inc.	Brok	ker										
	Receipt For:	Aggregate	Year	r-to-Date ▼									
	Primary General			EC2 00									
	Other (specify)		-9-	562.00									
s	UBTOTAL of Receipts This Page (optional)			•				9		y		102.0	0
т	OTAL This Period (last page this line number	only)						-		- <b>J</b> -	L		

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check of	nly o	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee						
Full Name of Individual (Last, First, Mic Simpson, Anya, Y., ,	,	organization Name	Date	of Re	eceipt			
Mailing Address 347 S Witchduck Road			<sup>™</sup> 11		D D 25	/ Y	y y 2018	Y
City Virginia Beach	State VA	Zip Code 23462-3645			t <b>ion ID :</b> Each R		4 is Period	
FEC ID number of contributing federal political committee.	C			_	- <b>a</b> p. 1		30.0	0
Name of Employer (for Individual) Benefit Plans, Inc.	Occ Brol	upation (for Individual) ker		Vemo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1					
Full Name of Individual (Last, First, Mic B. Feldman, Jeremy, , ,	Idle Initial) or Full C	organization Name	Date	of Re	eceipt			
Mailing Address 1803 Research Blvd Suite 400			M 11		25	/ Y	2018	Ŷ
City Rockville	State MD	Zip Code 20850-6118			ion ID : '		6 iis Period	
FEC ID number of contributing federal political committee.	С						42.0	0
Name of Employer (for Individual) Aflac		upation (for Individual) ker Sales Manager		Vemo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	]					
Full Name of Individual (Last, First, Mic Musser, Ray, M., ,	Idle Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 880 Pebble Beach Dr.			M 11		D D D 25		2018 Y	Y
City Upland	State CA	Zip Code 91784-9131			tion ID : Each R		9 is Period	
FEC ID number of contributing federal political committee.	C				<b>y</b>	9	85.0	0
Name of Employer (for Individual) Ray Musser & Associates Insurance Ser		upation (for Individual) ker		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	1					
SUBTOTAL of Receipts This Page (optio	nal)				,	9	157.0	0
TOTAL This Period (last page this line n	umber only)				-			

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

(check only one)

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Any information panied from such D	and Otate marks			13	<u> </u>	14		15	16	17
Any information copied from such Reports or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)									-	
Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Mid A. Schneider, Chad, P., ,	ddle Initial) or Full C	organization Name		Date of	Re	eceipt				
Mailing Address 848 W. Eastman St. STE 104				M M 11	/	D 25		/ Y	үүү 2018	Y
City	State IL	Zip Code						251312		
Chicago		60642-2635	_	Amount	of	Each	Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-		-	85.	00
Name of Employer (for Individual) Jellyvision	Occ Bro	upation (for Individual) ker		Me	emo	tem				
Receipt For:	Aggregate	Year-to-Date V								
Primary General	33.23.10									
Other (specify) <b>v</b>		850.00								
Full Name of Individual (Last, First, Mic B. Beck, Carolyn, , ,	dle Initial) or Full C	organization Name		Date of	Re	eceipt				
Mailing Address 101 Plaza East Blvd				M M	/	2		/ Y	ү 2018	Ŷ
City	State	Zip Code		Trans	acti	ion ID	: 12	251312	1	
Evansville	IN	47715-2870							is Period	
FEC ID number of contributing federal political committee.	C					-		-	42.	00
Name of Employer (for Individual) SIHO Insurance Services	Occ Bro	upation (for Individual) ker		Me	emo	tem				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		462.00								
Full Name of Individual (Last, First, Mic C. Cox, Carrie, , ,	l Idle Initial) or Full C	Prganization Name		Date of	Re	eceipt				
Mailing Address 4811 Gaillardia Parkwa	ay, Suite 300			M M	/	D 2:		/ Y	үүү 2018	Y
City	State	Zip Code		Trans	act	ion ID	: 12	251312	2	
Oklahoma City	OK	73142-1875		Amount	of	Each	Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					,		9	20.	00
Name of Employer (for Individual) NFP Corporate Services (OK)	Occ Brol	upation (for Individual) ker		Me	emc	b Item				
Receipt For:	I	Year-to-Date ▼	$\neg$							
Primary General	, iggi egale									
Other (specify)		220.00								
SUBTOTAL of Receipts This Page (optio	nal)					,		9	147.	00
TOTAL This Period (last page this line n	umber only)	·····	-			-		-		

#### SCHEDULE A (FEC Form 3X) •

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than u			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	cal Action Com	mittee	
Full Name of Individual (Last, First, M Goodacre, James, William, , Mailing Address PO Box 22423	iddle Initial) or Full C	rganization Name	Date of Receipt
City Carmel	State CA	Zip Code 93922-0423	Transaction ID : 12513124           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual)         James W. Goodacre II RHU,REBC         Receipt For:         Primary       General         Other (specify) ▼	Brol	upation (for Individual) ker Year-to-Date ▼ 326.00	Memo Item
Full Name of Individual (Last, First, M Gant, Tom, , , Mailing Address 100 North Weinbach		rganization Name	Date of Receipt
City Evansville FEC ID number of contributing	State IN	Zip Code 47711-6006	11     25     2018       Transaction ID : 12513125       Amount of Each Receipt this Period       42.00
federal political committee. Name of Employer (for Individual) Schultheis Life & Health Agency		upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	]
Full Name of Individual (Last, First, M Johnson, Aimee, , , Mailing Address 3111 C St.	iddle Initial) or Full C	rganization Name	Date of Receipt
Suite 500 City Anchorage	State AK	Zip Code 99503-3973	11     25     2018       Transaction ID : 12513128       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) RISQ Consulting Receipt For: Primary General Other (specify)	Acce	upation (for Individual) ount Manager Year-to-Date ▼ 330.00	Memo Item
SUBTOTAL of Receipts This Page (opti	onal)		102.00
TOTAL This Period (last page this line	number only)		

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
I LIVILLU RECEIFIO		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mic A. Age, Jill, Snead, ,	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 301 Bendix Road			11 / D D / Y Y Y Y 11 26 2018
City Virginia Beach	State VA	Zip Code 23452-1385	Transaction ID : 12513130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) TowneBenefits	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Mic <b>B.</b> Riedl, Alycia, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1600 Utica Ave S			11 26 2018
City Saint Louis Park	State MN	Zip Code 55416-1443	Transaction ID : 12513131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Willis Towers Watson	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Mic C. (Wooden) Lovincey, Rebecc		rganization Name	Date of Receipt
Mailing Address 201 NE Park Plaza Dr	#293		11 26 2018
City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : 12513133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) AIMEA Insurance, Inc.	Occi Age	upation (for Individual) nt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	]
SUBTOTAL of Receipts This Page (optio	nal)		90.00
TOTAL This Period (last page this line n	umber only)		

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

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			Detailed Summary Page	×	11a 13		11b		11c		12	47
	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose (					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Init Morrison, James, M., ,	ial) or Full C	rganization Name		Date of	Re	ceipt					
	Mailing Address 6096 Innovation Way				м м 11	1	D 2		/ Y	Y 20	) 18	Y
	City Carlsbad	State CA	Zip Code 92009-1741	A					251313 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					-		- Age.	_	85.0	0
	Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00									
в.	Full Name of Individual (Last, First, Middle Init Phillips, Stephanie, A., ,	ial) or Full C	rganization Name		Date of	Re	ceipt					
	Mailing Address 11100 Mead Rd, Ste 300				M M 11	1	D 2		/ Y	20	)18	Ŷ
	City Baton Rouge	State LA	Zip Code 70816-2260						251313 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С		ļ					-9-	_	42.0	0
	Name of Employer (for Individual) HUB International		upation (for Individual) nefit Consultant		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 512.00									
с.	Full Name of Individual (Last, First, Middle Init Amato, Stephanie, , ,	ial) or Full C	rganization Name		ate of	Re	ceipt					
	Mailing Address 40 Corporate Ave.	1		_ [	<sup>M</sup> 11	1	the state of the s	6	/ Y	20	)18 )18	Y
	City Plainville	State CT	Zip Code 06062-1195	A			-		251313 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С					y .		9	_	20.0	0
	Name of Employer (for Individual) The Health Consultants Group	Occ Part	upation (for Individual) ner		M	emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00									
s	UBTOTAL of Receipts This Page (optional)		•				,		9	_	147.0	0
т	OTAL This Period (last page this line number of	only)		. [								

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check only one)								
II EIVIIZED REGEIPIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	using the name and a	duress of any political committee									
Health Underwriters Polit	ical Action Com	mittee									
Full Name of Individual (Last, First, Washko, Carla, D., ,	Middle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 7251 Engle Rd. Suite 103			M M / D D / Y Y Y Y 11 26 2018								
City Middlebrg Hts	State OH	Zip Code 44130-3400	Transaction ID : 12513141           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) Sage Partners, LLC	Occ Age	upation (for Individual) nt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00	1								
Full Name of Individual (Last, First, <b>B. Niederman, Brad</b> , , ,	Middle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1745 Shea Center E 4th Floor			11 / D D / Y Y Y Y 26 / 2018								
City Highlands Ranch	State CO	Zip Code 80129-1537	Transaction ID : 12513143								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) Niederman Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1								
Full Name of Individual (Last, First, C. Wilson, Steven, L., ,	 Middle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1151 Red Mile Road	ł		11 26 2018								
City Lexington	State KY	Zip Code 40504-2649	Transaction ID : 12513144 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) BIM Group	Occ Brok	upation (for Individual) ter	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	]								
SUBTOTAL of Receipts This Page (or	tional)		157.00								
TOTAL This Period (last page this line	number only)										

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a		] 11	1b	11c	12	
						13		14	4	15	16	17
or	v information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmi	ttee								
Α.	Full Name of Individual (Last, First, Middle Initi Wolff, DianaLou, , ,	ial) or Full C	rgar	nization Name		Date of	Re	ece	ipt			
	Mailing Address 70 Maiden Lane 2nd Floor	Ototo		Zin Onde		M M 11	/	L	26		2018	Y
	City Kingston	State NY		Zip Code 12401-4508						125131 eceipt t	<b>45</b> his Period	
	FEC ID number of contributing rederal political committee.	С						-			30.	00
	Name of Employer (for Individual) Benefit Counseling Associates	Occ Brol	•	ion (for Individual)		M	emo	b It	em			
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 330.00								
<b>B.</b> _	 Full Name of Individual (Last, First, Middle Initi Mann, William, D., ,	ial) or Full C	rgar	nization Name		Date of	Re	ece	ipt			
	Mailing Address PO Box 691967					M M	1	l	D D 26	/ Y	2018	Y
	City Houston	State TX		Zip Code 77269-1967				-		251314 eceipt t	<b>47</b> his Period	
	FEC ID number of contributing rederal political committee.	С						-			42.	00
-	Name of Employer (for Individual) The Compliance Office	Occ CE		ion (for Individual)		M	emo	b It	em			
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 462.00	]							
	Full Name of Individual (Last, First, Middle Initi Venditto, Michael, , ,	ial) or Full C	rgar	nization Name		Date of	Re	ece	ipt			
	Mailing Address 609 New Road, #D					м м 11	/	ľ	D D D 26	/	2018	Y
	City Linwood	State NJ		Zip Code 08221-1250						125131 eceipt t	50 his Period	
	FEC ID number of contributing ederal political committee.	С						y		,	42.	00
	Name of Employer (for Individual) Hafetz & Associates	Occ Brok	•	ion (for Individual)		M	emo	o It	em			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 420.00								
รเ	JBTOTAL of Receipts This Page (optional)			••••••	•			7		, ,	114.0	00
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ITC			Use separate schedule(s)	(ch	(check only one)								
116			for each category of the Detailed Summary Page	×	11a		11b	11c	12	47			
	r information copied from such Reports and Sta or commercial purposes, other than using the						pose o						
<u> </u>	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Act	ion Com	mittee										
<b>A</b> .	Full Name of Individual (Last, First, Middle Initia Crouch, Deborah, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
-	Mailing Address 901 Lodi Street				м м 11	1	26		ү ү 2018	Y			
	City Syracuse	State NY	Zip Code 13203-2826					: 1251315 Receipt th					
	FEC ID number of contributing ederal political committee.	С			<u> </u>		-yr. 1	· ·	30.0	00			
F	Name of Employer (for Individual) Falcone Associates, Inc.	Occu Brok	upation (for Individual) ker		M	emo	o Item						
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
	Full Name of Individual (Last, First, Middle Initia Hannah, Joseph, Lee, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
-	Mailing Address 901 East Cary Street Suite 2000	Otata	Zin Oode		M M 11	/	26		2018	Y			
	City Richmond	State VA	Zip Code 23219-4057	-				: 1251315	-				
F	FEC ID number of contributing ederal political committee.	C			Amouni		Each	Receipt th	20.0	00			
	Name of Employer (for Individual) CIGNA Healthcare	Occu Brol	upation (for Individual) ker		M	emo	o Item						
Ē	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) <b>v</b>	L	, 220.00										
	Full Name of Individual (Last, First, Middle Initia Jurkus, Charles, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
-	Mailing Address 823 Commerce Drive, Suite 35				M M 11	1	26	6	2018	Y			
	City Oak Brook	State IL	Zip Code 60523-8855					: 1251315 Receipt th					
	FEC ID number of contributing ederal political committee.	С			Ľ.		,	9	30.0	00			
I	Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services	Occu Brok	upation (for Individual) er		M	em	o Item						
ł	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00										
SU	BTOTAL of Receipts This Page (optional)		•	•			,	9	80.0	00			
то	TAL This Period (last page this line number o	nly)		•				-					

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ or	ne)			
11			for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12	
	ny information copied from such Reports and S									
or	for commercial purposes, other than using the	name and a	ouress of any political committee	e (0 S	UNCIT COP	ITID	utions f	ITOTIT SUC	n committe	e.
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Furr, Kenneth, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2786 Danbury Ct				м м 11	1	D 26	) / Y	ү ү 2018	Y
	City Reno	State NV	Zip Code 89523-2259					1251315 Receipt th	58 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	0
	Name of Employer (for Individual) Menath Insurance Agency	Occi Brol	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00	]						
в.	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2905 Premiere Parkway Suite 285				M M 11	/	26	) / Y	2018	Y
	City Duluth	State GA	Zip Code 30097-5246					<b>1251316</b> Receipt th	io nis Period	
	FEC ID number of contributing federal political committee.	С						-	100.0	0
	Name of Employer (for Individual) E2E Benefits Services, Inc.	Occ	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
— C.	Full Name of Individual (Last, First, Middle Ini Ledgerwood, Michael, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 12022 FOREST MOON DR				M M 11	1	26		2018	Ŷ
	City CYPRESS	State TX	Zip Code 77433-3834					1251316 Receipt th	61 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	7	30.0	0
	Name of Employer (for Individual) Senior Health Plans of Texas	Occi Brok	upation (for Individual) er		Me	emc	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	]						
s	UBTOTAL of Receipts This Page (optional)			•			, .		160.0	0
Т	OTAL This Period (last page this line number	only)		<b>→</b>						

Use separate schedule(s)

FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	×	11a 13		1	1b	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		rpo	se of s	soliciting	g contril	outions
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mit	tee								
Α.	Full Name of Individual (Last, First, Middle Initia Hamilton, Brett, Michelle, , Mailing Address PO Box 6398	l) or Full O	rgan	ization Name	_	Date		ece	eipt		YY	Y
	City	State		Zip Code		11		tio	26	251316	2018	
	Charleston	WV		25362-0398		Amou	nt of	Ea	ach Re	ceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	С						,		-7	3	0.00
	Name of Employer (for Individual) Black Horse Financial Advisors	Occu Brok	•	on (for Individual)			Memo	o li	tem			
	Receipt For:	Aggregate	Year	r-to-Date ▼								
	Other (specify) ▼		-	330.00								
В.	Full Name of Individual (Last, First, Middle Initia Grant, Staci, R., ,	l) or Full O	)rgan	ization Name		Date	of Re	ece	eipt			
	Mailing Address 74 Glendale Ave					<sup>™</sup> 11	M /	′	D D 26	/ Y	2018	Ŷ
	City	State		Zip Code						251316		
	Livingston	NJ		07039-2310		Amou	nt of	E	ach Re	eceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	С						,		-	3	0.00
	Name of Employer (for Individual) Henry O. Baker Insurance Group		•	on (for Individual) esident		L I	Vemo	o li	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 300.00								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Davis, Kelly, , ,	l) or Full O	rgan	ization Name		Date	of Re	ece	eipt			
	Mailing Address 2638 Knoww St East					<sup>™</sup> 11		′	D D D 26	/ Y	2018	Y
	City Dalm Harbor	State FL		Zip Code						251316	-	
	Palm Harbor			34683		Amou	nt of	Ea	ach Re	eceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	С						9		9	6	3.00
	Name of Employer (for Individual)	Occu	upati	on (for Individual)		ЦĿ	Vem	o l	tem			
	Bouchard Insurance	Brok	ker									
	Receipt For:	Aggregate	Year	r-to-Date ▼								
	Other (specify)		-	630.00								
s	UBTOTAL of Receipts This Page (optional)			••••••				,			12	3.00
т	OTAL This Period (last page this line number or	nly)		•••••				,				

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		11b	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than usi									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Comr	nittee							
Full Name of Individual (Last, First, Mid A. Nielsen, Steven, , ,	dle Initial) or Full Or	ganization Name		Date of	Re	ceipt			
Mailing Address 8899 S 700 E Suite 155	1			м м 11	1	26	/ Y	2018	Ŷ
City Sandy	State UT	Zip Code 84070-1825	-,			ion ID : 1 Each Be		<b>5</b> nis Perioc	
FEC ID number of contributing federal political committee.	С			anount	J				00
Name of Employer (for Individual) Nielsen Insurance Group, Inc.	Occu	pation (for Individual) ht		Me	∍mo	Item			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	]						
Full Name of Individual (Last, First, Mid Hatfield, Matthew, F., ,	dle Initial) or Full Or	ganization Name		Date of	Re	ceipt			
Mailing Address 2207 Springfield Avenu				M M 11	1	26	/ Y	2018	Y
City Fort Wayne	State IN	Zip Code 46805-1541				on ID : 1 Each Re		6 nis Perioc	
FEC ID number of contributing federal political committee.	C					7		30	00
Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occu Brok	ipation (for Individual) er		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, Mid Watson, Craig, , ,	dle Initial) or Full Or	ganization Name		Date of	Re	ceipt			
Mailing Address P O Box 879				M M 11	1	26	/ Y	2018	Y
City Gastonia	State NC	Zip Code 28053-0879				ion ID : 1 Each Re		67 nis Perioc	
FEC ID number of contributing federal political committee.	С							85	_
Name of Employer (for Individual) Watson Insurance Agency, Inc	Occu Insur	pation (for Individual) ance		Me	∍mo	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	]						
SUBTOTAL of Receipts This Page (option	nal)	······	►		-	,		140.	00
TOTAL This Period (last page this line nu	Imber only)		<u> </u>						

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

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	EMIZED RECEIPTS		Detailed Summary Page	<b>X</b> 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
<u> </u>	NAME OF COMMITTEE (In Full)	and and a	across of any pointed committee	
$\rangle$	Health Underwriters Political Acti	ion Com	mittee	
Α.	Full Name of Individual (Last, First, Middle Initia Kite, Karen, D., ,		rganization Name	Date of Receipt
	Mailing Address 1414 Franklin Road SW, Suite 2			11 26 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID : 12513168
	Roanoke	VA	24016-5233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) D&S Agency		upation (for Individual) rier Liaison Manager	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	]
	Full Name of Individual (Last, First, Middle Initia Barhorst, Timothy, N., ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 5222 Double Eagle Drive			11 26 2018
	City	State	Zip Code	Transaction ID : 12513169
	Westerville	OH	43081-4821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer (for Individual) Business Partners, Inc.	Occ	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
	Full Name of Individual (Last, First, Middle Initia Murphy, Kevin, R., ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 1744 Victoria Way			M M / D D / Y Y Y Y 11 26 2018
	City	State	Zip Code	Transaction ID : 12513175
	San Marcos	CA	92069-9401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Murphy Insurance Solutions		upation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]
s	UBTOTAL of Receipts This Page (optional)		•••••	192.00
т	OTAL This Period (last page this line number of	nly)		

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

Use separate schedule(s) (check only one)

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or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organiza Frisch, Jonathan, , , Mailing Address 6000 Poplar Ave Suite 300 City Memphis TN	tion Name Date of Receipt 11 26 2018 Transaction ID : 12513176 Amount of Each Receipt this Period 12.00
Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organiza         A.       Frisch, Jonathan, , ,         Mailing Address 6000 Poplar Ave         Suite 300         City       State         Memphis         FEO. ID sumber of ecentributing	tion Name Date of Receipt 11 26 2018 Transaction ID : 12513176 Amount of Each Receipt this Period 12.00
A. Frisch, Jonathan, , , Mailing Address 6000 Poplar Ave Suite 300 City Memphis TN Zi TN	Date of Receipt  Date of Receipt  11 26 2018 Transaction ID : 12513176  Amount of Each Receipt this Period  12.00
Suite 300       City     State       Memphis     TN	11     26     2018       0 Code     Transaction ID : 12513176       38119-0928     Amount of Each Receipt this Period       12.00
ů l	(for ladividual)
Name of Employer (for Individual)         Occupation	
Regions Insurance     Broker       Receipt For:     Aggregate Year-to       Primary     General       Other (specify) ▼	-Date ▼ 307.00
Full Name of Individual (Last, First, Middle Initial) or Full Organiza B. Gilbert, Debra, E., , Mailing Address 2331 Mustang Drive	Date of Receipt
Grapevine TX 7	11     26     2018       D Code     Transaction ID : 12513177       6051-1014     Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Occupation	(for Individual) 30.00 Memo Item
Innovative Insurance Solutions     President       Receipt For:     Aggregate Year-to       Primary     General       Other (specify) ▼	
Full Name of Individual (Last, First, Middle Initial) or Full Organiza C. McDougall, Heather, Lee, ,	Date of Receipt
Mailing Address 1312 W Kiva Ave	D Code Transaction ID : PR433059219760
Mesa AZ &	5202-6633 Amount of Each Receipt this Period
federal political committee.	(for Individual) 30.00
Affiliated Insurance Solutions     Broker       Receipt For:     Primary       Other (specify)     General	
SUBTOTAL of Receipts This Page (optional)	72.00

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle Walker, Donald, Haase, ,	Date of Receipt												
Mailing Address 2815 Beacon HIII Dr.													
City Rockwall	State TX	Zip Code 75087-7123	Transaction ID : PR433060919760         Amount of Each Receipt this Period         24.00         Memo Item										
FEC ID number of contributing federal political committee.	C												
Name of Employer (for Individual) The Walker Group	Occi Brol	upation (for Individual) ker											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 282.00	P/R Deduction (\$12.00 Monthly)										
B. Full Name of Individual (Last, First, Middle Villagran, Denise, S., , Mailing Address 1016 Santa Fe, #205	Initial) or Full O	rganization Name	Date of Receipt										
City	State	Zip Code	11 26 2018 Transaction ID : PR433061219760										
Corpus Christi	ТХ	78404-2343	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		60.00										
Name of Employer (for Individual) Entrust, Inc.	Occ	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle C. Schreder, Lynn, M., ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 130 North 25th Street			11 26 / Y Y Y Y										
City Fort Dodge	State IA	Zip Code 50501-4338	Transaction ID : PR433076119760           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		200.00										
Name of Employer (for Individual) KHI Solutions	Occi Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1175.00	P/R Deduction (\$100.00 Monthly)										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		, ,	284.00										

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

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	WIZED RECEIPTS		г	Detailed Summary Page	×	11a		11	b	11	С	12						
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or fo	information copied from such Reports and r commercial purposes, other than using the																	
\ \	AME OF COMMITTEE (In Full) lealth Underwriters Political A	ction Com	imi	ttee														
<b>A</b> /	ull Name of Individual (Last, First, Middle I Adams, Carla, , ,	nitial) or Full O	rgar	ization Name		Date of Receipt												
Mailing Address PO Box 7630							11 26 / Y Y Y Y 11 26 2018											
Ci		State TX	Zip Code 78657-7630		Transaction ID : PR433095019760													
- H	lorseshoe Bay		Amount of Each Receipt this Period															
	EC ID number of contributing deral political committee.	С	C					60.00										
	ame of Employer (for Individual) ASC	ion (for Individual)		Memo Item														
R	eceipt For:	Aggregate	Yea	r-to-Date ▼														
-	Primary     General       Other (specify) ▼	imary General							P/R Deduction (\$30.00 Monthly)									
	ull Name of Individual (Last, First, Middle I Brown, Madeleine, , ,		Date of Receipt															
M	Mailing Address P.O. Box 1490,							M M / D D / Y Y Y Y 11 26 2018										
Ci	ity	State		Zip Code		Trans	acti	on	ID :	PR43	3311	891976	50					
_ <u>J</u> a	ackson	MS		39215-1490	'	Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	С		170.00														
	ame of Employer (for Individual) sher Brown Bottrell Insurance, Inc						Memo Item											
Re	eceipt For: Primary General Other (specify) ▼	r-to-Date ▼ 935.00	P/R Deduction (\$85.00 Monthly)															
	ull Name of Individual (Last, First, Middle I Deacon, Joseph, H., ,	nitial) or Full O	rgar	ization Name		Date o	f Re	ecei	ipt									
	Mailing Address 221 1/2 Hale Street PO Box 2831							11 26 / Y Y Y Y 2018										
Ci		State WV		Zip Code								931976						
	Charleston	VV V		25301-2207		Amoun	t of	Ea	ch R	eceip	ot thi	s Peric	bd					
	EC ID number of contributing deral political committee.	С	С						60.00									
	ame of Employer (for Individual) eacon & Deacon Insurance Agency	Occu Brok		N	lemc	o Ite	em											
	eceipt For:	<b>o</b> ,																
	Primary General Other (specify)		330.00				P/R Deduction (\$30.00 Monthly)											
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FOR LINE NUMBER:

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11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c		12	
	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\overline{\left\langle \cdot \right\rangle}$	NAME OF COMMITTEE (In Full)		, see e, pennour commute								
	Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initi McFerrin, Dwane, C., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 8420 West Dodge Road Suite 510				M M 11	/	26		Y	ү ү 2018	Ŷ
	City Omaha	State NE	Zip Code 68114-3432	_	Trans Amount			: PR433 Receipt			
	FEC ID number of contributing federal political committee.	С			<u> </u>					170.	00
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1335.00	]   f	P/R Ded	ucti	on (\$8	5.00 Mo	nthly	/)	
в.	Full Name of Individual (Last, First, Middle Initi Barrett, William, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 7400 West Campus Road				м м 11	1	26			y y 2018	Y
	City New Albany	State OH	Zip Code 43054-8725				-	: PR433			
	FEC ID number of contributing federal political committee.	С			Amount	. 01	Each	Receipt	triis	60.	_
	Name of Employer (for Individual) Aetna	Occu Brok	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	] 「	P/R Dedu	uctio	on (\$30	0.00 Mo	nthly	/)	
C.	Full Name of Individual (Last, First, Middle Initi Meason, Toby, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 301 S. Polk Suite 600				M M 11	/	26	6	_	2018	
	City Amarillo	State TX	Zip Code 79101-1406		Trans Amount			: PR43: Receipt			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	,		40.	00
	Name of Employer (for Individual) INSURICA	Occu Brok	upation (for Individual) er		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]   '	P/R Ded	ucti	on (\$20	0.00 Mo	nthl	y)	
$\vdash$	UBTOTAL of Receipts This Page (optional)		•	► -		-	<u> </u>			270.	00

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			for each category of the	<b>≭</b> 11a ☐ 11b ☐ 11c ☐ 12
			Detailed Summary Page	
or	y information copied from such Reports and State for commercial purposes, other than using the na			erson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mittee	
۹.	Full Name of Individual (Last, First, Middle Initial) Christensen, H Elizabeth, , ,	or Full C	organization Name	Date of Receipt
	Mailing Address 3013 Sonora Canyon Rd			11 26 / Y Y Y Y 2018
	City Weetherford	State TX	Zip Code	Transaction ID : PR433187719760
	Weatherford		76087-8215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) United Senior Services of Texas	Occ Bro	upation (for Individual) ker	Memo Item
	Dessint For		Year-to-Date ▼	
	Primary General Other (specify) ▼	iggi oguto	330.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial) Comins, Jeannie, L., ,	or Full C	Prganization Name	Date of Receipt
	Mailing Address 105 Turnpike Street			11 26 2018
	City	State	Zip Code	Transaction ID : PR433190719760
	Liverpool	NY	13088-5227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) MVP Healthcare	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial) Rifkin, Robert, L., ,	or Full C	Prganization Name	Date of Receipt
	Mailing Address 7 Stonewall Lane			11 26 2018
	City	State	Zip Code	Transaction ID : PR433196819760
	Mamaroneck	NY	10543-1025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
	Insurance & Financial Services	Brok	1 ( )	
	Receipt For:		Year-to-Date ▼	
	Primary General	.99.094.0		P/R Deduction (\$42.00 Monthly)
	Other (specify)		462.00	
s	UBTOTAL of Receipts This Page (optional)			164.00
	OTAL This Period (last page this line number only			
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ישדו	MIZED RECEIPTS		Use separate schedule(s)	(check only one)	
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         □	747
				13     14     15     16       erson for the purpose of soliciting contributions       to solicit contributions from such committee.	17 s
	AME OF COMMITTEE (In Full) lealth Underwriters Political A	ction Com	mittee		
	III Name of Individual (Last, First, Middle I Dorman, Harry, , ,	nitial) or Full O	rganization Name	Date of Receipt	
Ma	ailing Address 1500 N Casaloma Dr Suite	411		M M / D D / Y Y Y Y 11 26 2018	
Ci A	ty ppleton	State WI	Zip Code 54913-8219	Transaction ID : PR433197419760           Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	С		60.00	
M	ame of Employer (for Individual) edicare Masters, LLC	Occu Age	ipation (for Individual) nt	Memo Item	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)	
в. <u>L</u>	III Name of Individual (Last, First, Middle I .ong, Scott, W., ,	nitial) or Full O	rganization Name	Date of Receipt	
	ailing Address 1715 Greenway Village Dr.			11 / D D / Y Y Y Y 2018	
Ci	ty aty	State TX	Zip Code 77494-2175	Transaction ID : PR433206819760 Amount of Each Receipt this Period	
FE	EC ID number of contributing deral political committee.	С		60.00	
	ame of Employer (for Individual) azley Group		upation (for Individual) es Manager	Memo Item	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)	
	III Name of Individual (Last, First, Middle I Brittain, Jennifer, , ,	nitial) or Full O	rganization Name	Date of Receipt	
	ailing Address 208 N. Mill			11 / 26 / Y Y Y Y 2018	
Ci P	ty ryor	State OK	Zip Code 74361-2422	Transaction ID : PR433214319760           Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	С		84.00	
Br	ame of Employer (for Individual) rown & Brown, Inc.	Occu Brok	ipation (for Individual) er	Memo Item	
H	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 512.00	P/R Deduction (\$42.00 Monthly)	
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Use separate schedule(s)

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TEMIZED RECEIPTS		for each category of the	×	11a		11b	11c	12	
		Detailed Summary Page		13		14	15	16	17
Any information copied from such Reports and s or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Comm	ittee							
Full Name of Individual (Last, First, Middle In <b>A.</b> Gerken, Barbara, Ann, ,	iitial) or Full Orga	nization Name		Date of	Re	ceipt			
Mailing Address 1775 Indian Wood Circle				м м 11	/	D D D 26	/ Y	ү ү 2018	Ŷ
City Maumee	State OH	Zip Code 43537-4010	-			on ID : P			
FEC ID number of contributing federal political committee.	C			mount	of	Each Re	ceipt th	iis Period 60.	_
Name of Employer (for Individual) First Insurance Group	Occupa	tion (for Individual)		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye		   P/	R Dedu	uctic	on (\$30.0	0 Montl	nly)	
Full Name of Individual (Last, First, Middle In B. Shooshanian, Barbara, , ,	itial) or Full Orga	nization Name		Date of	Re	ceipt			
Mailing Address 39500 High Pointe Blvd Ste 400				<sup>M</sup> <sup>M</sup> 11	/	D D D 26	/ Y	2018	Ŷ
City Novi	State MI	Zip Code 48375-5517				<b>on ID : P</b> Each Re			
FEC ID number of contributing federal political committee.	С					7	-9	60.	00
Name of Employer (for Individual) Health Alliance Administrators	Occupa Broker	tion (for Individual)		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 330.00	P/	R Dedu	uctic	on (\$30.00	) Montł	ıly)	
Full Name of Individual (Last, First, Middle In C. Vetter, Leah, M., ,	itial) or Full Orga	nization Name		Date of	Re	ceipt			
Mailing Address 10050 Regency Circle Suite 300				<sup>M</sup> <sup>M</sup> 11	/	D D D 26	/ Y	ү ү 2018	Ŷ
City Omaha	State NE	Zip Code 68114-3721				ion ID : P			
FEC ID number of contributing federal political committee.	С			amount	01	Each Re	eipt ti	60.	
Name of Employer (for Individual) Arthur J. Gallagher	Occupa Broker	tion (for Individual)		Me	emo	Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 480.00	P/	'R Ded	uctio	on (\$30.0	0 Mont	hly)	
SUBTOTAL of Receipts This Page (optional)								180.	00
TOTAL This Period (last page this line number	only)		Ī			,	-		

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

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ITEMIZED REC	JEIF 13		for each category of the Detailed Summary Page	<b>X</b> 1	H	11b	11c	12	<b></b>			
			y not be sold or used by any p ddress of any political committe		the p							
NAME OF COMMI Health Unde	TTEE (In Full) rwriters Political	Action Com	mittee									
Full Name of Indiv A. Thams, Todd, ,	idual (Last, First, Middle	e Initial) or Full O	ganization Name	Dat	te of	Receip	t					
Mailing Address 1	209 Broadway				11 <sup>M</sup>		26	y y y 2018	Y			
City Denison		State IA	Zip Code 51442-2632					<b>308319760</b> this Period				
FEC ID number of federal political cor	0	C				-		170.	00			
Name of Employer Thams Agency	(for Individual)	Occu Brok	pation (for Individual) er		Mer	mo Iter	n					
Receipt For: Primary Other (specif	General ÿ) ▼	Aggregate	Year-to-Date ▼ 935.00	P/R	Dedu	ction (\$	85.00 Mon	thly)				
Full Name of Indiv B. Spleet, Michae	idual (Last, First, Middle e <b>l, , ,</b>	e Initial) or Full O	ganization Name	Dat	te of	Receip	t					
Mailing Address 24	444 East Hill Rd.				м 11		26	2018	Y			
City Grand Blanc		State MI	Zip Code 48439-5098					316619760 this Period				
FEC ID number of federal political con	0	С			ount			200.0	_			
Name of Employer Franklin Benefit Sol		Occu Brok	upation (for Individual) ter		Mer	mo Iter	n					
Receipt For: Primary Other (specif	General ÿ) ▼	Aggregate	Year-to-Date ▼ 1070.00	P/R	Deduo	ction (\$	100.00 Mo	nthly)				
Full Name of Indiv c. Watts, Jessic	idual (Last, First, Middle a, J., ,	e Initial) or Full O	ganization Name	Dat	te of	Receip	t					
Mailing Address 4	01 Congress Ave				11 <sup>M</sup>		26 /	2018	Y			
City Austin		State TX	Zip Code 78701-4071					425119760 this Period				
FEC ID number of federal political cor	0	С			ount	J		170.0	_			
Name of Employer Frost Insurance	(for Individual)		pation (for Individual) Benefits Compliance		Me	mo Iter	n					
Receipt For: Primary Other (specif	General jy)	Aggregate	Year-to-Date ▼ 965.00	P/R	Dedu	ction (\$	85.00 Mon	thly)				
SUBTOTAL of Rece	ipts This Page (optional	)				,	9	540.0	00			
TOTAL This Period	(last page this line num	ber only)										

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nittee									
A.	Full Name of Individual (Last, First, Middle Initia Ornellas, Helen, , ,	al) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 239 W. Court St.				м м 11	1	D 26		ү ү 2018	Y		
	City Woodland	State CA	Zip Code 95695-3080	_					63219760			
	FEC ID number of contributing federal political committee.	С							84.	00		
	Name of Employer (for Individual) Ornellas & Associates	Occu Brok	pation (for Individual) er		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	I F	P/R Ded	uctio	on (\$42	2.00 Mont	hly)			
B.	Full Name of Individual (Last, First, Middle Initia Willison, Clover, Denise, , Mailing Address 355 Sprowel Creek Rd	al) or Full Or	ganization Name		Date of	Re	ceipt		YYY	V		
	City	State	Zip Code	_	11	) acti	26		2018 68619760			
	Garberville	CA	95542-3110				-		nis Period			
	FEC ID number of contributing federal political committee.	С					-		200.	_		
	Name of Employer (for Individual) Clover Willison Insurance Services	Occu Brok	ipation (for Individual) er		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	] F	P/R Dedu	uctio	on (\$10	0.00 Mor	nthly)			
с.	Full Name of Individual (Last, First, Middle Initia Drake, Laura, , ,	al) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 401 Gooding St N #106				M M	1	26		2018			
	City Twin Falls	State ID	Zip Code 83301-6177	_					04419760 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y .	. ,	60.	00		
	Name of Employer (for Individual) Laura Drake Insurance	Occu Ager	pation (for Individual) t		Me	emc	) Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	'	P/R Ded	ucti	on (\$30	).00 Mon	thly)			
	UBTOTAL of Receipts This Page (optional)						9 .		344.	00		

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

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			for each category of the	<b>X</b> 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 1
or f	or commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee	
	Full Name of Individual (Last, First, Middle Init Coogan, Michael, , ,	tial) or Full O	rganization Name	Date of Receipt
_	Mailing Address 118 North Bedford Road Suite 100			11 / D D / Y Y Y Y Y 26 2018
	City Mount Kisco	State NY	Zip Code 10549-2555	Transaction ID : PR433548019760 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		60.00
	Name of Employer (for Individual) Coogan FX Insurance LLC		upation (for Individual) ncy Founder	Memo Item
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Init VanDuine, Dustin, , ,	tial) or Full O	rganization Name	Date of Receipt
Ν	Aailing Address 2850 W Grand Blvd			M M / D D / Y Y Y Y Y 11 26 2018
	Dity Detroit	State MI	Zip Code 48202-2643	Transaction ID : PR433572619760 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		60.00
	Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) ount Executive	Memo Item
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Init Golden, Johnna, , ,	tial) or Full O	rganization Name	Date of Receipt
N	Mailing Address 3800 Centerpoint Dr., Ste 940			11 26 / Y Y Y Y Y 11 26 2018
	Dity Anchorage	State AK	Zip Code 99503-5825	Transaction ID : PR433692819760 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		60.00
F	Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas		upation (for Individual) ount Manager	Memo Item
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
				1

Use separate schedule(s) (check only one)

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			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	imittee	
Α.	Full Name of Individual (Last, First, Middle Initia Butler, Allison, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 2800 Civic Circle Suite 200	State	Zip Code	11 26 2018 Transaction ID : PR433694519760
	Amarillo	TX	79109-1619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) Butler Benefits & Consulting, LLC	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Bridges, Shirley, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address P.O. Box 16546	1		11 26 / Y Y Y Y 2018
	City Mobile	State AL	Zip Code 36616-0546	Transaction ID : PR433757019760 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) Colonial Life		upation (for Individual) urance Broker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Schneider, JoEllen, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 2807 W Taft St	1		11 / D D / Y Y Y Y 11 26 2018
	City Boise	State ID	Zip Code 83703-5015	Transaction ID : PR433791819760 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) 1967	Occi Owr	upation (for Individual) ner	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	184.00
Т	OTAL This Period (last page this line number on	ıly)	••••••	

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			Detailed Summary Page	×	11a		11	- H	_	11c	12	
An	y information copied from such Reports and Statement	ts mav r	not be sold or used by any pe	rson f	13 or the	purr	14 005		_	15 liciting	16 contribut	17 ions
	for commercial purposes, other than using the name a											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action C	ommi	ittoo									
	Thealth Onderwhiters Folitical Action O											
Α.	Full Name of Individual (Last, First, Middle Initial) or F Skinner, Roger, W., ,	ull Orga	nization Name		Date of	Re	cei	ipt				
	Mailing Address 5518 Hammock Glen Drive			1	M M	/	Р	D D	ī.	/ Y	YY	Y
	City State	0	Zip Code	44	11 <b>T</b> anaa		L	26		42070	2018	
	Indianapolis IN	6	46235-9779	A							9419760 s Period	
	FEC ID number of contributing federal political committee.						,		1		61.0	
	Name of Employer (for Individual) Argus Dental & Vision	Occupa Broker	tion (for Individual)		Me	emo	) Ite	em				
	Receipt For: Aggre	gate Yea	ar-to-Date 🔻									
	Primary General Other (specify) ▼		335.50	P/	R Dedi	uctio	on	(\$30.5	50	Month	ly)	
B.	Full Name of Individual (Last, First, Middle Initial) or F Rippinger, John, F., ,	ull Orga	nization Name		Date of	Re	cei	ipt				
	Mailing Address 11047 E Verbena Lane				™M 11	1		26	1	/ Y	y y 2018	Y
	City State Scottsdale AZ	e	Zip Code								3519760	
			85255-2411	A	mount	of	Ea	ch Re	ece	eipt thi	s Period	_
	FEC ID number of contributing federal political committee.				_		,	_		-9	60.0	00
	Name of Employer (for Individual) Insurance Look LLC	Occupa Broker	tion (for Individual)		Me	emo	) Ite	em				
	Receipt For:       Aggree         Primary       General         Other (specify) ▼	gate Yea	ar-to-Date ▼ , 330.00	P/	R Dedu	uctic	on (	(\$30.0	00	Monthl	y)	
с.	Full Name of Individual (Last, First, Middle Initial) or F Dollins, Michael, B., ,	ull Orga	nization Name		Date of	Re	cei	ipt				
	Mailing Address PO Box 12120				M M 11	/	Γ	26	1	/ Y	y y 2018	Y
	City State Oklahoma City OK		Zip Code 73157-2120								0419760	
		_	13131 2120		mount	of	Εa	ch Re	ece	eipt thi	s Period	_
	FEC ID number of contributing federal political committee.			1 l		_	9			9	40.0	0
	Name of Employer (for Individual) Dollins & Company, Inc.	Occupa Broker	tion (for Individual)		Me	emo	o Ite	em				
	Papaint For:		ar-to-Date 🔻	-								
	Primary General Other (specify)	220.00	P/	R Ded	uctio	on	(\$20.0	00	Month	ly)		
s	UBTOTAL of Receipts This Page (optional)						,			,	161.0	0
т	OTAL This Period (last page this line number only)						7			-g-		

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	y information copied from such Reports and Sta for commercial purposes, other than using the n								se of	soli				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action				10 501			, u ll				commu		
A.	Full Name of Individual (Last, First, Middle Initia Kern, Roy, W., , Mailing Address 3015 South Fort Avenue, Suite B		Drgani	ization Name		Date of	Re		ipt D D		/ Y	YY	Y	
	City Springfield	State MO		Zip Code 65807-4311	11     26     2018       Transaction ID : PR436804519760       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						-			-	50.	00	
	Name of Employer (for Individual) Kern Insurance Services, LLC Receipt For:	Brol	ker	on (for Individual)		Me	emo	o Ite	em					
	Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 275.00	P/	/R Ded	uctio	on	(\$25.0	00	Month	ly)		
B.	Full Name of Individual (Last, First, Middle Initia Christian, Brad, L, , Mailing Address 120 Washington	l) or Full O	Organi	ization Name		Date of	Re	_	ipt □ □ □		/ Y	ΥΥ	Y	
	City Clatonia	State NE		Zip Code 68328-5013	_	11 Trans		ion	26 ID:1	PR4		2018 <b>1019760</b> s Period		
	FEC ID number of contributing federal political committee.	С						-			-	20.	00	
	Name of Employer (for Individual) Insurance & Investments	Occ Bro	•	on (for Individual)		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 260.00	P/	R Dedi	uctic	on	(\$10.0	00 1	Monthl	y)		
C.	Full Name of Individual (Last, First, Middle Initia <b>Trautwein, Janet</b> , , , Mailing Address 1212 New York Ave. NW, Ste 1		Drgani	ization Name		Date of	Re	_	ipt □ □ □		/ Y	YY	Y	
	City	State		Zip Code				ion	26 ו <b>ID :</b>	PR	43682	2018 <b>1419760</b>		
	Washington FEC ID number of contributing federal political committee.	C		20005-3987		Amount	of	Ea	ach Re	ece	pipt this	s Period 340.	00	
	Name of Employer (for Individual) NAHU	Occi	•	on (for Individual)		M	emo	o It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 1870.00	P	/R Ded	uctio	on	(\$170	0.00	) Mont	hly)		
s	UBTOTAL of Receipts This Page (optional)			•				y		l	,	410.	00	
Т	OTAL This Period (last page this line number on	ıly)		•				-			-g			

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Comi	nittee	
Α.	Full Name of Individual (Last, First, Middle Initia Rios-Carl, Elizabeth, E., ,	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 210 North Campbell	State	Zip Code	11 / 26 / 2018
	El Paso	TX	79901-1406	Transaction ID : PR436824519760
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Self-Employed	Occu Brok	pation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Smith, Patti, , ,	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 525 Kirkland Way			11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : PR436829319760
	Kirkland	WA	98033-6219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) P Smith Insurance Services	Occu Brok	pation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Berman, David, A, ,	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 8805 Sawleaf Road	1		11 / D D / Y Y Y Y Y 26 2018
	City	State IN	Zip Code	Transaction ID : PR436829719760
	Indianapolis		46260-1534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer (for Individual) Neace Lukens Holding Company, Inc.	Occu Broke	pation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 935.00	P/R Deduction (\$85.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			310.00
т	OTAL This Period (last page this line number or	nly)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       berson for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle A. Ashmore, Elizabeth, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6102 82nd St, Bldg #6			11 / Y Y Y Y 11 26 2018
City Lubbock	State TX	Zip Code 79424-0803	Transaction ID : PR436830319760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		340.00
Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occi Brol	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$170.00 Monthly)
Full Name of Individual (Last, First, Middle <b>Kramer, Mary, B., ,</b> Mailing Address 13810 National Bank Park		rganization Name	Date of Receipt
City	State	Zip Code	11 26 2018
Omaha	NE	68154	Transaction ID : PR436836219760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Holmes Murphy & Associates	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middle C. Grundman, Robert, A., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7412 Karl Drive			11 / D D / Y Y Y Y 26 / 2018
City Lincoln	State NE	Zip Code 68516-4368	Transaction ID : PR436838919760           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Senior Benefit Strategies	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)
SUBTOTAL of Receipts This Page (optional	,		524.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b		11c 15	12	17						
Any information copied from such Reports or for commercial purposes, other than usi				or the		pose		oliciting	g contribu	itions						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee														
Full Name of Individual (Last, First, Mid <b>A</b> . Cociu, Dorothy, M., ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt	t									
Mailing Address P.O. Box 6677			11 26 2018 Transaction ID : PR436844619760													
City Fullerton	State CA	Zip Code 92834-6677														
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period													
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occu Brol	upation (for Individual) ker	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00	P/R Deduction (\$85.00 Monthly)													
Full Name of Individual (Last, First, Mid B. Wright, Keith, L., ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt	t									
Mailing Address 401 W Front St Ste 4				<sup>M</sup> 11	1		<sup>р</sup> 26	/ Y	2018	Y						
City Traverse City	State MI	Zip Code 49684-2259	Transaction ID : PR436848519760 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		84.00													
Name of Employer (for Individual) Wright Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.00	P/R Deduction (\$42.00 Monthly)													
Full Name of Individual (Last, First, Mid <b>C.</b> Fortenberry, H. Larry, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt	t									
Mailing Address PO Box 16566				<sup>M</sup> 11	/		26		2018 <sup>°</sup>							
City Jackson	State MS	Zip Code 39236-6566							52619760 nis Period							
FEC ID number of contributing federal political committee.	С			Amount	. 01	J	Theo		84.	_						
Name of Employer (for Individual) Executive Planning Group, P.A.	Occi Brok	upation (for Individual) ker		M	emo	) Iten	n									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P	/R Ded	uctio	on (\$	342.00	0 Month	hly)							
SUBTOTAL of Receipts This Page (option	nal)	•				9			338.	00						
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Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	ay not be sold or used by any p ddress of any political committee	erson f e to sol	or the	pur ntrib	pose o	f solicit	ting co	ontribut	ions						
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee														
Full Name of Individual (Last, First, Mid Bean, Darrald, T., ,	ddle Initial) or Full C	rganization Name	[	Date of	f Re	eceipt										
Mailing Address 3922 Rampart ST	State	Zip Code	M         M         /         D         D         /         Y													
Boise	ID	83704-4557														
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 60.00													
Name of Employer (for Individual) Bean Insurance	Occ Brol	upation (for Individual) ker		М	emo	ltem										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P	′R Ded	uctio	on (\$30	0.00 Mc	onthly)								
Full Name of Individual (Last, First, Mid <b>B.</b> Trebing, C. Louanne, , ,	ddle Initial) or Full C	rganization Name		Date of	f Re	eceipt										
Mailing Address 1806 Patton Drive				™M 11	1	D 26			018	Y						
City Garland	State TX	Zip Code 75042-8205	Transaction ID : PR436856919760 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C		60.00													
Name of Employer (for Individual) Trebing Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)													
Full Name of Individual (Last, First, Mic <b>Freeman, Michael, J.</b> , ,	-	rganization Name		Date of	f Re	eceipt										
Mailing Address 2333 Camino Del Rio Suite 200				11 <sup>M</sup>	1	26	6	20	018 018	Y						
City San Diego	State CA	Zip Code 92108-3600					: PR43									
FEC ID number of contributing federal political committee.	С			AIIIOUII			Receipt		60.0	00						
Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occ	upation (for Individual) nt		М	emc	tem										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 355.00	P,	/R Ded	lucti	on (\$30	0.00 Mc	onthly)								
SUBTOTAL of Receipts This Page (optic	nal)					,			180.0	0						
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	y information copied from such Reports and Sta for commercial purposes, other than using the n				se of soliciting											
	NAME OF COMMITTEE (In Full)		icross of any pointed continue		Such Such	COMMILL										
	Health Underwriters Political Activ	on Com	nittee													
۹.	Full Name of Individual (Last, First, Middle Initia Hesseltine, Caroline, , ,	l) or Full Or	ganization Name	Date of Rece	ipt											
	Mailing Address 7272 Wurzbach Road, Suite 104			11 26 2018 Transaction ID : PR436864919760												
	City	State TX	Zip Code													
	San Antonio		78240-4802	Amount of Ea	ach Receipt th	is Period										
	FEC ID number of contributing federal political committee.	С				40.0	00									
	Name of Employer (for Individual) ABC / Associated Benefit Consultants,	Occu Brok	pation (for Individual) er	Memo It	em											
	Receipt For:	Aggregate '	lear-to-Date ▼													
	Primary General Other (specify) ▼		220.00	P/R Deduction	(\$20.00 Month	ıly)										
	Full Name of Individual (Last, First, Middle Initia Mobley, Sandra, V., ,	l) or Full Or	ganization Name	Date of Rece	eipt											
	Mailing Address 137 Executive Dr. Suite D			11 × 1	D D / Y 26	y y 2018	Y									
	City	State	Zip Code	Transaction	D ID : PR43686	9319760										
	Madison	MS	39110-8456	Amount of Ea	ach Receipt th	is Period										
	FEC ID number of contributing federal political committee.	С		100.00 Memo Item												
	Name of Employer (for Individual) Mobley Insurance Agency LLC	Occu Brok	pation (for Individual) er													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction	(\$50.00 Month	ly)										
	Full Name of Individual (Last, First, Middle Initia Wilson, Paula, L., ,	l) or Full Or	ganization Name	Date of Rece	eipt											
	Mailing Address 31930 Daniel Way				·	2018	Y									
	City	State	Zip Code	Transaction	n ID : PR43687	73519760										
	Temecula	CA	92591-2129	Amount of Ea	ach Receipt th	is Period										
	FEC ID number of contributing federal political committee.	С				170.0	00									
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo It	tem											
	Paula Wilson, Inc.	Broke	,													
	Pagaint For:		/ear-to-Date ▼													
	Primary General Other (specify)		935.00	P/R Deduction	(\$85.00 Month	nly)										
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EIVIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		111	o	11c	12						
			Detailed Summary Page		13		14		15	16	17					
	y information copied from such Reports and St for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Init Trahin, Cindy, K., ,	ial) or Full O	rganization Name		Date o	f Re	eceip	ot								
	Mailing Address 7127 Homestead Road Suite B	Ototo	Zin Onde	M         M         /         D         D         /         Y												
	City Fort Wayne	State IN	Zip Code 46814-4601				-				-					
	FEC ID number of contributing federal political committee.	С			Amoun	IT OT	Ead	n Re	eceipt tr	nis Perio 60	a .00					
	Name of Employer (for Individual) Trahin Insurance Services LLC	Occu Brok	ipation (for Individual) er		M	lemc	) Ite	m								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P	/R Dec	ductio	on (	\$30.0	0 Mont	hly)						
	Full Name of Individual (Last, First, Middle Init Stuart, Rodney, , ,	ial) or Full O	rganization Name		Date o	of Re	eceip	ot								
	Mailing Address 484 E Carmel Dr Suite 358				M M	/	D	26	/ Y	2018	Y					
	City Carmel	State IN	Zip Code 46032-2812				-			<b>3331976</b> nis Perio	-					
	FEC ID number of contributing federal political committee.	С		100.00												
	Name of Employer (for Individual) Strategic Insurance Inc.	Occi Brol	upation (for Individual) Ker	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00	] Р,	/R Ded	luctio	on (:	\$50.0	0 Montl	nly)						
с.	Full Name of Individual (Last, First, Middle Init Adams, David, , ,	ial) or Full O	rganization Name		Date o	of Re	eceip	ot								
	Mailing Address 1265 Minhinette Drive Suite 150				<sup>M</sup> 11	/		26	/ Y	2018	Y					
	City Roswell	State GA	Zip Code 30075-3656							9151976						
	FEC ID number of contributing federal political committee.	C			Amoun	it of	Eac	n Re	eceipt th	nis Perio 40	d .00					
	Name of Employer (for Individual) Purchasing Alliance Solutions, Inc.	Occu Brok	ipation (for Individual)		N	lemo	o Ite	m								
	Receipt For:		Year-to-Date ▼ 270.00	 ]	/R Dec	ducti	on (	\$20.(	00 Mont	hly)						
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	y information copied from such Reports and S for commercial purposes, other than using the															
$\backslash$	NAME OF COMMITTEE (In Full)															
/	Health Underwriters Political Ac	tion Com	۱m	ittee												
Α.	Full Name of Individual (Last, First, Middle Init Spragins, Jackie, L., ,	ial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address P O Box 2073				11 26 / Y Y Y Y Y Y Y Y Y											
	City	State		Zip Code		Trans	acti	ion	ו ID : F	R4368	<b>953</b> 1	19760				
	Wichita Falls	TX		76307-2073	/	Amoun	t of	Ea	ach Re	ceipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.	С						-		-9-	_	100.0	0			
	Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura	Occ Pro	•	tion (for Individual) er		Μ	emo	o Ite	em							
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	Primary General Other (specify) V	, iggi oguto		550.00	P.	/R Ded	uctio	on	(\$50.0	0 Mont	hly)					
			7	40 1												
в.	Full Name of Individual (Last, First, Middle Init Janway, Leah-Anne, , ,	ial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 2225 SW 96					<sup>M</sup> _ <sup>M</sup> 11	/	Γ	D D D 26	/ Y	ү 20	)18	Y			
	City	State		Zip Code		Trans	acti	ion	ID : P	R4369	0151	9760				
	Oklahoma City	OK		73159-6861	/	Amoun	t of	Ea	ach Re	ceipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.	С						-		-9-	_	60.0	0			
	Name of Employer (for Individual) Self		cupa oker	tion (for Individual)		М	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00	P/	′R Ded	uctio	on	(\$30.0	0 Montl	nly)					
с.	Full Name of Individual (Last, First, Middle Init Morrow, Todd, , ,	ial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 453 CLEAR WATER TRAIL			-		<sup>M</sup> 11	/	E	D D D 26	/ Y		)18 )18	Y			
	City	State		Zip Code		Trans	act	tion	ו ID : F	PR4369	0371	19760				
	HOLLY LAKE RANCH	TX		75765-7313	/	Amount	t of	Ea	ach Re	ceipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.	С						y		,	_	84.0	0			
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		М	emc	o It	tem							
	Kilpatrick Companies LLC	Brok	•													
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify)		-9-	462.00	P	/R Ded	ucti	ion	(\$42.0	0 Mont	hly)					
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And information and indicate the December			13 14 15 16										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	_												
Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middl A. Booth, Tonya, S., ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 275 W Campbell													
Suite 215			11 26 2018										
City Richardson	State TX	Zip Code 75080-8001	Transaction ID : PR436911019760										
		73080-8001	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		84.00										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Upshaw Insurance Agency	Brol	ker	_										
Receipt For:	Aggregate	Year-to-Date ▼	D/D Deduction (* 40.00 Monthly)										
Other (specify) ▼		512.00	P/R Deduction (\$42.00 Monthly)										
Full Name of Individual (Last, First, Middl B. Shaffer, Annette, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 418 South Main Street			11 26 / Y Y Y Y 2018										
City	State	Zip Code	Transaction ID : PR436917219760										
Findlay	OH	45840-3273	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		60.00										
Name of Employer (for Individual) Group Benefit Consultants	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		, 330.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Midd C. Recker, Dennis, J., ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 971 North Perry Street			M = M / D = D / Y = Y = Y										
P.O. Box 276	Otata	Zin Oada	11 26 2018										
City Ottawa	State OH	Zip Code 45875-1218	Transaction ID : PR436919019760 Amount of Each Receipt this Period										
FEC ID number of contributing													
federal political committee.	C		60.00										
Name of Employer (for Individual) Fawcett, Lammon, Recker & Associates	Occ	upation (for Individual) ker	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		330.00	P/R Deduction (\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (optiona	ı)		204.00										
TOTAL This Period (last page this line nun	nber only)												

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12	<u> </u>				
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NAME OF COMMITTEE (In Full)	using the name and a	deress of any political commute	. 10 301				<u> </u>	JIII Suci						
Health Underwriters Politi	cal Action Com	mittee												
Full Name of Individual (Last, First, M Kaczmarek, Lawrence, , ,	<i>l</i> iddle Initial) or Full O	rganization Name	[											
Mailing Address 145 N. Chestnut St., <u>Ste. 202</u> City	State	Zip Code	11 26 2018 Transaction ID : PR436923419760											
Ravenna	OH	44266-4009							nis Period					
FEC ID number of contributing federal political committee.	C			Amouni		J	ne			.00				
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brol	upation (for Individual) ker		M	emo	tem	I							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 341.00	P/	'R Ded	uctio	on (\$3	31.0	0 Monti	hly)					
Full Name of Individual (Last, First, N Cason, Louie, L., ,	Aiddle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address PO Box 11229				м м 11	/		26	/ Y	ү ү 2018	Y				
City Columbia	State SC	Zip Code 29211-1229	A						34819760 nis Perioc					
FEC ID number of contributing federal political committee.	C		170.00											
Name of Employer (for Individual) The Cason Group, Inc.	Occ Bro	upation (for Individual) ker		M	emo	ltem	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	P/R Deduction (\$85.00 Mor						hly)					
Full Name of Individual (Last, First, M C. Stenger, James, R., ,	Aiddle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address 8926 Crown Colony				M M 11	1	2	26	/ Y	2018 Y	_				
City Fort Myoro	State FL	Zip Code 33908-5627							3991976					
Fort Myers FEC ID number of contributing	С	33906-3027	A	Amount	t of	Each	Re	ceipt th	nis Perioo 255	_				
federal political committee.			_	M	omo	, Item		y						
Name of Employer (for Individual) MVS Consulting	Brok	upation (for Individual) er			enic	Jiten	1							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1785.00	P	/R Ded	lucti	on (\$8	85.0	0 Mont	hly)					
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		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middl Seifert, Gregory, J., ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address P.O. Box 189 916 Main Street			11 26 / Y Y Y Y Y 11 26 2018									
City Vancouver	State WA	Zip Code 98666-0189	Transaction ID : PR436941619760 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		170.00									
Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins	Occu Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1335.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Middl Woods, John, T., , Mailing Address 9400 East Market Street	e Initial) or Full O	rganization Name	Date of Receipt									
City Warren	State	Zip Code 44484-5514	11     26     2018       Transaction ID : PR436950019760       Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occu Brok	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Middl Holland, Robert, V., ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 698	0000	7.0.4	M M / D D / Y Y Y Y 11 26 2018									
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961719760           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual) Centralia General Agencies	Occu Brok	ipation (for Individual) er	Memo Item									
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	IAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmi	ttee													
A	Schneider, John, E, ,																
_	Aailing Address 4701 Trousdale Dr. Ste 202	State		Zip Code	M         /         D         /         Y												
	Nashville	TN		37220-1386	4												
	EC ID number of contributing ederal political committee.	С			Amount of Each Receipt this Period												
	lame of Employer (for Individual) Colonial Life	Occi Broł	•	ion (for Individual)			Merr	10	Item	I							
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 330.00	P/	′R De	educ	tior	n (\$3	30.0	0 Monti	hly)					
	ull Name of Individual (Last, First, Middle Initia Parker, John, C., ,	al) or Full O	Organ	nization Name		Date	of R	Rec	eipt								
_	Aailing Address 38 Hope St Unit 1312			1	M         M         /         D         /         Y												
	Sity Niantic	State CT		Zip Code 06357-2454	A	868197 nis Peri											
	EC ID number of contributing ederal political committee.	С	200.00														
– ۲ F	lame of Employer (for Individual) arker Agency	Occ Bro															
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1175.00	P/	R De	duct	tior	า (\$1	00.0	00 Mon	thly)					
	ull Name of Individual (Last, First, Middle Initia Splawn, William, Craig, ,	al) or Full O	Orgai	nization Name		Date	of R	Rec	eipt								
Ν	Aailing Address 800 Avenue C					<sup>м</sup> 11	М	′		26	/ Y	2018	Y 1 3	ſ			
	Sity Katy	State TX		Zip Code 77493-2302	A						PR4369 ceipt th						
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5	lame of Employer (for Individual) Splawn & Associates	Occi Brok		ion (for Individual)			Merr	10	Item	1							
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 550.00	P	/R De	educ	tio	n (\$ŧ	50.0	0 Mont	hly)					
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Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and a	ay not be sold or used by any ddress of any political committe	13     14     15     16     17       person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mi A. Phillips, Paige, W., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1434 Hwy 301			M M / D D / Y Y Y Y 11 26 2018
City Calera	State AL	Zip Code 35040-5466	Transaction ID : PR436993019760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer (for Individual) Anderson, Williams, McKinnis Co.	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 940.00	P/R Deduction (\$100.00 Monthly)
Full Name of Individual (Last, First, Mi Fristoe, Kelly, Don, , Mailing Address 807 8th Street, Suite 3		rganization Name	Date of Receipt
City	State	Zip Code	11 26 2018 Transaction ID : PR437002319760
Wichita Falls	ТХ	76301-3317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00	
Name of Employer (for Individual) Financial Partners	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 555.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mi <b>C.</b> Thorn, Ryan, P., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 10342 South Springcr			11 / 26 / Y Y Y Y 11 / 26 / 2018
City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004019760           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$40.00 Monthly)	
SUBTOTAL of Receipts This Page (option	onal)		► <u>340.00</u>
TOTAL This Period (last page this line r	umber only)		•

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(ch	eck only	/ or	ne)			
11			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>
	y information copied from such Reports and St for commercial purposes, other than using the									
<u> </u>	NAME OF COMMITTEE (In Full)			0 10 00						
$\Big\rangle$	Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 108 SE 3rd, Suite A				M M 11	1	D 26		2018	Y
	City Moore	State OK	Zip Code 73160-5234						06919760 nis Period	
	FEC ID number of contributing federal political committee.	С					-y		60.0	00
	Name of Employer (for Individual) Doyle-Crow & Associates	Occu Broł	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00		P/R Dedu	uctio	on (\$30	0.00 Mont	hly)	
в.	Full Name of Individual (Last, First, Middle Initi Buie, Scott, T., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 4525 S 2300 E Ste 201				M M	1	26		2018	Y
	City Salt Lake City	State UT	Zip Code 84117-4639				-		10519760 nis Period	
	FEC ID number of contributing federal political committee.	С				U			100.0	00
	Name of Employer (for Individual) Buie Insurance Services	Occi Brol	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	P	/R Dedu	uctio	on (\$50	.00 Mont	hly)	
С.	Full Name of Individual (Last, First, Middle Initi Gray, Michael, D., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 233 South 13th Street, Suite 1		7.0.4		11 <sup>M</sup>	1	26		2018	
	City Lincoln	State NE	Zip Code 68508-2036						16719760 nis Period	
	FEC ID number of contributing federal political committee.	С					, .		200.0	00
	Name of Employer (for Individual) The Harry A. Koch Co	y A. Koch Co Broker			Me	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate	] [	P/R Ded	ucti	on (\$10	0.00 Moi	nthly)		
s	UBTOTAL of Receipts This Page (optional)			•			, .	,	360.0	00
Т	OTAL This Period (last page this line number of	only)		•			<del>,</del>			

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

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       verson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mido A. Duhon, Keith, M., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address PO Box 80158			11 26 / Y Y Y Y Y
City Lafayette	State LA	Zip Code 70598-0158	Transaction ID : PR437017119760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) The Family Insurance Center, Inc.	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mido B. Kaczmarek, T. Darlene, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 145 N. Chestnut St., Sui			11 26 / Y Y Y Y 2018
City Ravenna	State OH	Zip Code 44266-4009	Transaction ID : PR437026319760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.00
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 341.00	P/R Deduction (\$31.00 Monthly)
Full Name of Individual (Last, First, Mide C. Blizman, Donna, J., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1939 Racimo Dr			11 / 26 / Y Y Y Y 2018
City Sarasota	State FL	Zip Code 34240-9426	Transaction ID : PR437031519760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Employee Benefits Marketing Group	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (option	al)		182.00
TOTAL This Period (last page this line nu	mber only)		

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

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				Detailed Summary Page	×	11a	-		11k		11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					for th			oose	e of s	solicitir		ontribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act													
	Full Name of Individual (Last, First, Middle Initia Shapiro, Stuart, , ,	al) or Full O	rgar	nization Name		Date	of	Ree	ceip	pt				
	Mailing Address PO Box 587				11 26 / Y Y Y Y 2018									
	City Wheeling	State IL		Zip Code 60090-0587					-		PR437 eceipt		<b>19760</b> <sup>&gt;</sup> eriod	
	FEC ID number of contributing federal political committee.	С							,				40.	00
	Name of Employer (for Individual) United Healthcare/SecureHorizons	Occupation (for Individual) Broker						mo	Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 220.00	P	/R De	edu	ctic	on (	(\$20.0	0 Mor	ithly)		
В.	Full Name of Individual (Last, First, Middle Initia Moore, Wesley, P., ,	al) or Full O	rgar	nization Name		Date	of	Re	ceip	pt				
	Mailing Address P O Box 604		<sup>™</sup> 11		/	D	26	1		018 <sup>°</sup>	Y			
	City Darlington	State SC		Zip Code 29540-0604					-		R437		<b>19760</b> <sup>&gt;</sup> eriod	
	FEC ID number of contributing federal political committee.	C							7				60.	00
	Name of Employer (for Individual) Moore Insurance Agency, LLC	Occ Bro	•	ion (for Individual)		Ц	Mei	mo	Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 330.00	P	/R De	eduo	ctio	on (S	\$30.0	0 Mon	thly)		
С.	Full Name of Individual (Last, First, Middle Initia Hayes, Leesa, Kay, ,	al) or Full O	rgar	nization Name		Date	of	Re	ceip	pt				
	Mailing Address 812 Lyndon Lane Suite 101	1				<sup>™</sup> 11		/		26	1		018 <sup>°</sup>	Y
	City Louisville	State KY		Zip Code 40222-3844									<b>19760</b> Period	
	FEC ID number of contributing federal political committee.	С							<b>y</b>				60.	00
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occi Brok	•	ion (for Individual)			Me	mo	) Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 330.00	P	/R D	edu	ctic	on (	(\$30.0	00 Mor	nthly)		
sı	JBTOTAL of Receipts This Page (optional)				•				7				160.0	00
т	OTAL This Period (last page this line number o	nly)			-				,					

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

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			Datailad Summary Daga	X	11a		11b	11c		12				
			Detailed Summary Page		13		14	15		16	17			
	y information copied from such Reports and for commercial purposes, other than using t							soliciting		ntribut	ions			
$\setminus$	NAME OF COMMITTEE (In Full)													
$\rangle$	Health Underwriters Political A	Action Corr	mittee											
Α.	Full Name of Individual (Last, First, Middle Ellingson, Susan, Katherine, ,	Initial) or Full C	organization Name		Date of Receipt									
	Mailing Address 4100 Victoria St				м м 11	/	D 26	) / Y		018	Y			
	City Minnetonka	State MN	Zip Code 55345-1963	-				PR4370 Receipt th						
	FEC ID number of contributing federal political committee.	С					<b>7</b>			60.0	00			
	Name of Employer (for Individual) Above & Beyond Benefits	Occ Bro	upation (for Individual) ker		Μ	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	] P/	/R Ded	uctio	on (\$30	.00 Mont	hly)					
	Full Name of Individual (Last, First, Middle Martin, Kimberly, C., ,	Initial) or Full C	organization Name		Date of	f Re	ceipt							
	Mailing Address 1027 S Pendleton Street Suite B-217				M M 11	/	26	) / Y		)18	Y			
	City	State	Zip Code		Trans	acti	on ID :	PR4370	5821	9760				
	Easley	SC	29642-1046	A	Amount	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.				80.00									
	Name of Employer (for Individual) Ebenconcepts	Occ Bro	upation (for Individual) ker		M	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	Р/	'R Ded	uctic	on (\$40.	00 Mont	hly)					
	Full Name of Individual (Last, First, Middle Olson, Terri, M., ,	Initial) or Full C	organization Name		Date of	f Re	ceipt							
	Mailing Address P. O. Box 21479				M M	/	26			)18 <sup>°</sup>	Y			
	City	State	Zip Code		Trans	acti	ion ID :	PR4370	702	19760				
	Keizer	OR	97307-1479	/	Amoun	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С					,	,		130.0	00			
	Name of Employer (for Individual)	Occ	upation (for Individual)		Μ	emo	Item							
	Olson Insurance	Brol	, ,											
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary     General       Other (specify)		715.00		/R Ded	luctio	on (\$65	.00 Mont	hly)					
		1			-	-			-	-	00			

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FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	/ or	ıe)				
11	EIVILLED RECEIPIO		for each category of the Detailed Summary Page	×	11a		11b	11c		12	<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the										
$\overline{\left\langle \cdot \right\rangle}$	NAME OF COMMITTEE (In Full)										
$\Big)$	Health Underwriters Political Ac	tion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Init Alberts, Suzetta, E., ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 26555 Evergreen Drive Ste 535				M M 11	/	D 26			018	Y
	City Southfield	State MI	Zip Code 48076-4213					: PR437 Receipt			
	FEC ID number of contributing federal political committee.	С								168.0	0
	Name of Employer (for Individual) Comprehensive Benefits, Inc.	Occi Broł	upation (for Individual) Ker		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1099.00	]   <sup>P</sup>	/R Dedu	uctio	on (\$84	4.00 Mor	nthly)		
в.	Full Name of Individual (Last, First, Middle Ini Smith, Kevin, W., ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2000 RiverEdge Parkway Suite 1010	Otata	7: 0-1-		M M 11	/	D 26			)18	Y
	City Sandy Springs	State GA	Zip Code 30328-4657					Receipt	-		
	FEC ID number of contributing federal political committee.	C				U		, ioooipt		60.0	0
	Name of Employer (for Individual) KSA Insurance Agency, LLC	Occi Brol	upation (for Individual) ker		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P	/R Dedu	uctio	on (\$30	).00 Mor	nthly)		
c.	Full Name of Individual (Last, First, Middle Init Lopez, Juan, R., ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 22431 Antonio Pkwy Suite B160-420	State	Zin Oode		<sup>M</sup> 11	1	26	3	20	)18	Y
	City Rancho Santa Margarita	CA	Zip Code 92688-2804					: PR437 Receipt			
	FEC ID number of contributing federal political committee.	С					,	, ,		170.0	0
	Name of Employer (for Individual) Self	Employer (for Individual) Occupation (for Individual) Consultant			Me	emc	Item				
	Receipt For: Primary General Other (specify)	Aggregate	]	P/R Ded	ucti	on (\$85	5.00 Mor	nthly)			
$\vdash$	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					_	, .			398.0	0

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Health Underwriters Political A	ction Com	mittee	
Full Name of Individual (Last, First, Middle I A. Douglas, Paul, L., ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 100 Independence Place, S	uite S-21		
			11 26 2018
City	State TX	Zip Code 75703-1310	Transaction ID : PR437080219760
Tyler		75703-1310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Douglas & Associates Insurance	Brol	ker	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		330.00	P/R Deduction (\$30.00 Monthly)
			1
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	
B. Koehler, Linda Rose, , ,			Date of Receipt
Mailing Address 516 Shelley St			11 26 2018
City	State	Zip Code	Transaction ID : PR437090119760
Livermore	CA	94550-2368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		170.00
Name of Employer (for Individual) Herzog Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			P/R Deduction (\$85.00 Monthly)
Other (specify) ▼		, 1255.00	
Full Name of Individual (Last, First, Middle I c. Kennedy-Simington, Dierdre, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 1000 E Walnut Street, Suite	236		
City	State	Zip Code	11 26 2018 Transaction ID : PR437094119760
Pasadena	CA	91106-5332	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		42.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
BenAssist Health Insurance Services, L	Brok	ker	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		420.00	P/R Deduction (\$42.00 Monthly)
		Agis Agis Agis Agis	-
SUBTOTAL of Receipts This Page (optional)			272.00
TOTAL This Period (last page this line numbe	er only)		

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			Use separate schedule(s)	(ch	eck only	/ or	ne)			
			for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	<b>—</b>
	formation copied from such Reports and St commercial purposes, other than using the									
	ME OF COMMITTEE (In Full) ealth Underwriters Political Act	tion Com	mittee							
	Name of Individual (Last, First, Middle Initi enehan, Joseph, E., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
Mai	ling Address 685 Carnegie Dr., Ste. #205				M M 11	1	D 26		2018	Y
City Sar	n Bernardino	State CA	Zip Code 92408-3550						97919760 nis Period	
	C ID number of contributing eral political committee.	С						7	510.0	00
The	ne of Employer (for Individual) Henehan Company	Occu Brok	ipation (for Individual) er		Me	emc	ttem			
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1520.00	] [	P/R Dedu	uctio	on (\$25	5.00 Mor	nthly)	
<b>B.</b> Ro	Name of Individual (Last, First, Middle Initi Diz, Mario, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
Mail City	ling Address 10446 NW 31st Terrace	State	Zip Code		M M 11	1	D 26		2018	Y
Dor		FL	33172-1200				-		04919760 nis Period	
	D ID number of contributing Political committee.	С				01			84.0	00
	ne of Employer (for Individual) Benefit Services, Inc.	Occu Broł	upation (for Individual) ker		Me	emc	ttem			
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	] 「	P/R Dedu	uctio	on (\$42	.00 Montł	nly)	
	Name of Individual (Last, First, Middle Initi ephens, James, R., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	ling Address 100 Mansell Ct East Suite 400				<sup>M</sup> 11	1	26		2018	
City Ro:	swell	State GA	Zip Code 30076-4859						10719760 nis Period	
	C ID number of contributing eral political committee.	С			Ē		, .	7	60.0	00
Hur	ne of Employer (for Individual) nana	ipation (for Individual) er		Me	emo	tem				
	eipt For: Primary General Other (specify)	Aggregate	] '	P/R Ded	ucti	on (\$30	).00 Mont	hly)		
	<b>'OTAL</b> of Receipts This Page (optional)		•	▶ ►			9 I		654.0	00

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			Detailed Summary Page	×	11a		11b		11c	12				
					13		14		15	16	17			
or	y information copied from such Reports and for commercial purposes, other than using the													
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee											
A.	Full Name of Individual (Last, First, Middle I Garner, G. Russell, , ,	nitial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1308 Murraywood Drive				<sup>M</sup> <sup>M</sup>	/		D 26	/ Y	2018	Y			
	City Columbia	State SC	Zip Code 29212-1159		Transaction ID : PR437113219760           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								60.0				
	Name of Employer (for Individual) G. Russell Garner LLC	Occi Brol	upation (for Individual) ker		Me	emo	lterr	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)										
В.	Full Name of Individual (Last, First, Middle I MCEVILLY, BRIAN, J., ,	nitial) or Full O	rganization Name	(	Date of	Re	eceipt	:						
	Mailing Address 4455 S. Pecos Rd.			м м 11	1		26	/ Y	2018	Y				
	City Las Vegas	State NV	Zip Code 89121-5029							<b>7719760</b> is Period				
	FEC ID number of contributing federal political committee.	С	170.00											
	Name of Employer (for Individual) GLB Insurance Group of Nevada	Occ Bro	upation (for Individual) ker		Me	emo	lterr	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 985.00	P/	R Dedu	uctic	on (\$8	85.00	) Month	ıly)				
	Full Name of Individual (Last, First, Middle I Roberts, Joseph, K., ,	nitial) or Full O	rganization Name		Date of	Re	eceipt	:						
	Mailing Address 1128 Lincoln Mall Suite 200				M M 11	/	-	26		2018	Y			
	City Lincoln	State NE	Zip Code 68508-2878	A						18019760 is Period				
	FEC ID number of contributing federal political committee.	С					y		, ,	340.0	00			
	Name of Employer (for Individual) UNICO	Occi Brok		M	emo	o Iten	n							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1870.00	<b>P</b>	/R Ded	uctio	on (\$	170.(	00 Mon	thly)				
s	UBTOTAL of Receipts This Page (optional)						y		5	570.0	0			
Т	OTAL This Period (last page this line numbe	er only)				_	-		-		-			

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or for commercial purposes, other than us NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com al Action Com ddle Initial) or Full O State CA C Brok	ddress of any political committee mittee rganization Name Zip Code 91316-5018	X       11a       11b       11c       12         13       14       15       16       1         erson for the purpose of soliciting contributions from such committee.       16       1         Date of Receipt       11       26       2018         Transaction ID : PR437123019760       Amount of Each Receipt this Period       170.00         Memo Item       170.00       170.00       170.00
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) Health Underwriters Politic Full Name of Individual (Last, First, Mid Benton, Bruce, D., , Mailing Address 17200 Ventura Blvd Suite 312 City Encino FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	al Action Com al Action Com ddle Initial) or Full O State CA C Brok	ddress of any political committee mittee rganization Name Zip Code 91316-5018 upation (for Individual) ser	Date of Receipt          MIM       26       2018         Transaction ID : PR437123019760       Amount of Each Receipt this Period
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) Health Underwriters Politic Full Name of Individual (Last, First, Mid Benton, Bruce, D., , Mailing Address 17200 Ventura Blvd Suite 312 City Encino FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	al Action Com al Action Com ddle Initial) or Full O State CA C Brok	ddress of any political committee mittee rganization Name Zip Code 91316-5018 upation (for Individual) ser	Date of Receipt 11 26 2018 Transaction ID : PR437123019760 Amount of Each Receipt this Period 170.00
Health Underwriters Politic         Full Name of Individual (Last, First, Mid         Benton, Bruce, D., ,         Mailing Address 17200 Ventura Blvd         Suite 312         City         Encino         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Genesis Financial & Insurance Services         Receipt For:	ddle Initial) or Full O State CA Occu Brok	Zip Code 91316-5018	Min       /       P       /       Y
Full Name of Individual (Last, First, Mid Benton, Bruce, D., , Mailing Address 17200 Ventura Blvd Suite 312 City Encino FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	ddle Initial) or Full O State CA Occu Brok	Zip Code 91316-5018	Min       /       P       /       Y
A. Benton, Bruce, D., , Mailing Address 17200 Ventura Blvd Suite 312 City Encino FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	State CA CC Brok	Zip Code 91316-5018 upation (for Individual)	Min       /       P       /       Y
Mailing Address 17200 Ventura Blvd Suite 312 City Encino FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	CA C Occu Brok	91316-5018 upation (for Individual)	Min       /       P       /       Y
Suite 312         City         Encino         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Genesis Financial & Insurance Services         Receipt For:	CA C Occu Brok	91316-5018 upation (for Individual)	11     26     2018       Transaction ID : PR437123019760       Amount of Each Receipt this Period     170.00
Encino FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	CA C Occu Brok	91316-5018 upation (for Individual)	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	C Occu Brok	upation (for Individual)	170.00
federal political committee. Name of Employer (for Individual) Genesis Financial & Insurance Services Receipt For:	Occu Brok	xer	
Genesis Financial & Insurance Services Receipt For:	Brok	xer	Memo Item
Genesis Financial & Insurance Services Receipt For:	Brok	xer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
			P/R Deduction (\$85.00 Monthly)
Other (specify) ▼		1665.00	1
Full Name of Individual (Last, First, Mid	ddle Initial) or Full O	rganization Name	
B. Antongiovanni, Joanna, , ,			Date of Receipt
Mailing Address 2929 Allen Parkway Suite 2500			11 26 2018
City	State	Zip Code	Transaction ID : PR437128019760
Houston	ТХ	77019-2178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Marsh Wortham	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary     General       Other (specify) ▼		, 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mic C. Friedrich, Linda, K., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4435 O Street			11 26 2018
City	State	Zip Code	Transaction ID : PR437129119760
Lincoln	NE	68510-1842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) UNICO Group, Inc.	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)
SUBTOTAL of Receipts This Page (option	nal)		330.00

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RE	CEIDTS		Use separate schedule(s)	(check	only	one)				
			for each category of the Detailed Summary Page	<b>X</b> 1	H	11		11c	12	
Any information copi or for commercial pu	ied from such Reports ar urposes, other than using	d Statements ma the name and ac	y not be sold or used by any p ddress of any political committe	person for	3 the p t cont	14 urpos ributio	se of so	15 oliciting m such	contribu	tions ee.
NAME OF COMM	MITTEE (In Full) erwriters Political	Action Com	mittee							
Full Name of Indi A. Papenfus, Jeff	ividual (Last, First, Middle frey, , ,	e Initial) or Full Or	ganization Name	Da	te of	Recei	pt			
Mailing Address	32110 Agoura Road				11 <sup>M</sup>	/	26	/ Y	y y 2018	Y
City Westlake Village		State CA	Zip Code 91361-4026						<b>37819760</b> is Period	
FEC ID number of federal political co	•	С				-		-y=-	60.	00
Name of Employe Warner Pacific Ins	· · · ·	Occu Brok	pation (for Individual) er		Mer	mo Ite	əm			
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R	Dedu	ction	(\$30.00	) Month	ıly)	
B. Walsh, Timot	•	e Initial) or Full Or	ganization Name		te of	_				
City	701 Oyster Catcher Drive	State	Zip Code	_ L	11 <sup>M</sup>		26		2018	
Hampstead	•		28443-8340						9419760 is Period	
FEC ID number of federal political co	•	ů l				-7-			60.	00
Name of Employ Advanced Insuran		Occu Brok	upation (for Individual) ser		Mer	mo Ite	əm			
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R	Deduo	ction (	(\$30.00	) Month	ly)	
Full Name of Indi C. Hebert, Lau	ividual (Last, First, Middle ra, L., ,	e Initial) or Full Or	ganization Name	Da	te of	Recei	pt			
	935 Graham Road PO BOX 18508	State	Zin Code		11 <sup>M</sup>	L	26		2018	
City Corpus Christi		TX	Zip Code 78418-5123						54819760 is Period	
FEC ID number of federal political co	•	C			_	y		g	84.	00
Hebert Insurance	•				Me	mo Ite	em			
Receipt For: Primary Other (spec					Dedu	ction	(\$42.00	0 Month	nly)	
	eipts This Page (optional	, 				7		9	204.	00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee	
Full Name of Individual (Last, First, Midd A. White, Robert, H., ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6100 S Yale, Suite 1900			M M / D D / Y Y Y Y 11 26 2018
City Tulsa	State OK	Zip Code 74136-1903	Transaction ID : PR437174119760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) HUB International Mid-America	Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Midd <b>B. Allard, Terry</b> , , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3000 A Street, Suite 400	1-		11 / 26 / Y Y Y Y 11 26
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437182319760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) The Wilson Agency, LLC	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2270.00	P/R Deduction (\$250.00 Monthly)
Full Name of Individual (Last, First, Midd C. Murray, Neal, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1314 East Atlantic Boule			11 / D D / Y Y Y Y 11 26 2018
City Pompano Beach	State FL	Zip Code 33060-6745	Transaction ID : PR437183419760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Frank H. Furman, Inc	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional	al)		614.00
TOTAL This Period (last page this line nur	nber only)		

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

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or	y information copied from such Reports and for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee														
۹.	Full Name of Individual (Last, First, Middle I Ducote, Dale, , ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name e, Dale, , ,						Date of Receipt									
	Mailing Address 7922 Summa Avenue, Suite B-1						11 26 / Y Y Y Y 2018										
	City Baton Rouge	State LA	A	Transaction ID : PR437184619760 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		84.00													
	Name of Employer (for Individual) Health Plus Consulting Services	Occi Brol		M	emo	) Ite	əm										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	ate ▼ 462.00	P/	P/R Deduction (\$42.00 Monthly)											
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Debler, Johnnie, O., ,					Date of	Re	cei	pt								
	Mailing Address 1102 E. Laurel St.						/		26	1	2018	Y					
	City Rockport	State TX	Zip ( 783	Code 82-2815	A	Transaction ID : PR437196419760 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					60.00										
	Name of Employer (for Individual) GSM Insurors Group	Occ Bro		M	emo	) Ite	əm										
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$30.00 Monthly)													
).	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bunkers, Scott, R., ,						Re	cei	pt								
	Mailing Address 2211 Lee Road, Suite 100						11 26 2018										
	City Winter Park	State FL	Zip ( 327	Code 89-1849	A	Transaction ID : PR437196719760           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C					60.00 Memo Item										
	Name of Employer (for Individual) Fringe Benefit Plans, Inc.	Occupation (for Individual) Broker															
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 430.00				P/R Deduction (\$30.00 Monthly)											
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Use separate schedule(s)

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ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check only one)								
IIEWIIZED RECEIPIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Report or for commercial purposes, other than u	ts and Statements ma ising the name and a	I ay not be sold or used by any p Iddress of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Polition	cal Action Com	mittee									
Full Name of Individual (Last, First, M Braden, Victoria, J., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Braden, Victoria, J., ,										
Mailing Address 3875 Johns Creek Pa	11 26 / Y Y Y Y Y										
City Suwanee	State GA	Zip Code 30024-1294	Transaction ID : PR437201919760           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual) Braden Benefit Strategies, Inc	raden Benefit Strategies, Inc Broker										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	P/R Deduction (\$250.00 Monthly)								
Full Name of Individual (Last, First, M B. Nace, Joshua, D., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nace, Joshua, D.,										
Mailing Address 100 W. Harrison Stree	M M / D D / Y Y Y Y 11 26 2018										
City Seattle	State WA	Zip Code 98119-4116	Transaction ID : PR437203319760 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer (for Individual) Dental Health Services	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, M C. Wilson, Lon, G., ,	Date of Receipt										
Mailing Address 3000 A Street, Suite	11 / D D / Y Y Y Y Y 26 / 2018										
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437204319760 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	170.00										
Name of Employer (for Individual) The Wilson Agency, LLC	Occ. Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (opti	onal)		730.00								
TOTAL This Period (last page this line	number only)										

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

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			Detailed Summary Page	×	11a		]11b		11c	12				
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
<u> </u>	Full Name of Individual (Last, First, Middle Init Bundy-Cobb, Jennifer, , ,	ial) or Full O		Date of Receipt										
	Mailing Address 3000 A Street, Suite 400						M M / D D / Y Y Y Y 11 26 2018							
	City Anchorage	State AK		Transaction ID : PR437204419760										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 60.00										
	Name of Employer (for Individual) The Wilson Agency, LLC	Occupation (for Individual) Broker					Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)										
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garbina, James, S., ,					Date of Receipt								
	Mailing Address 14010 FNB Pkwy Ste 300 City State Zip Code					/		26	/ Y	ү ү 2018	Y			
	City Omaha	State NE	A	Transaction ID : PR437212219760           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.				-		- <b>T</b> -	170.0	00					
	Name of Employer (for Individual) The Harry A. Koch Co	Occ Bro		Me	emo	b Iter	m							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$85.00 Monthly)										
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cooper, Catherine, L.,					Date of Receipt								
	Mailing Address 39500 High Pointe Blvd., Suite 400						11 26 2018							
	City Novi	State MI	Zip Code 48375-5517		Transaction ID : PR43721831976 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Health Alliance Administrators	ual) Occupation (for Individual) Broker					Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	P/	P/R Deduction (\$85.00 Monthly)										
s	UBTOTAL of Receipts This Page (optional)		•••••				,		9	400.0	0			
Т	OTAL This Period (last page this line number of	only)	••••••	.			-		-		_			
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		Detailed Summary Pag	e I I	<b>X</b>   11	а		11	D	11	С	12			
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or	y information copied from such Reports and for commercial purposes, other than using t	l Statements ma he name and a	ly not be sold or used by ddress of any political con	any persor nmittee to s	for for for	he cor	purp ntrib	oos utio	se of ons fi	solic rom s	iting such	contril comm	outic	ins Ə.
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee											
۹.	Full Name of Individual (Last, First, Middle Daubert, Jim, , ,	Initial) or Full O	rganization Name		Date	e of	Re	cei	pt					
	Mailing Address P.O. Box 67220				11 26 / Y Y Y Y 10 2018									
	City Lincoln	State NE	Zip Code 68506-7220	_	Transaction ID : PR437219619760 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												)
	Name of Employer (for Individual) Daubert and Butler Associates	Occi Brol	upation (for Individual) ser		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.0		P/R Deduction (\$85.00 Monthly)									
	Full Name of Individual (Last, First, Middle Musser, Rita, A., ,	Initial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 3330 Thames Drive					™ 1	/	Γ	26	/	Y	2018	Y	1
	City Fort Wayne	State IN	Zip Code 46815-5994		Transaction ID : PR437229119760 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,			,	6	0.00	)	
	Name of Employer (for Individual) Senior Insurance Solutions	Occ		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	0	P/R Deduction (\$30.00 Monthly)										
	Full Name of Individual (Last, First, Middle Gardner, Joy, K., ,	Initial) or Full O	rganization Name		Date	e of	Re	cei	pt					
	Mailing Address 9424 Double R Blvd					™ 1	/	Γ	26	/	Y	2018	Y	1
	City Reno	State NV	Zip Code 89521-5977									12197		
	FEC ID number of contributing federal political committee.	С				buni	OT	Ea	CN R	eceit		s Perio 9	4.00	)
	Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occu Brok	ipation (for Individual) er			M	emo	) Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	0	P/R I	Ded	uctio	on	(\$47.	00 M	lonth	ly)			
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<u> </u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac													
۹.	Full Name of Individual (Last, First, Middle Ini Rowe, Peter, L., ,	tial) or Full C	Drgai	nization Name	Date of Receipt									
	Mailing Address 3033 N. Central Ave Suite 810		M M M / D D / Y Y Y Y Y 11 26 2018											
	City Phoenix	State AZ		Zip Code 85012-2804	Transaction ID : PR437236919760           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C			340.00									
	Name of Employer (for Individual) Sunwest Benefits Consulting, Inc. dba	Occ Brol		ion (for Individual)		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 415.00	P/	R Dedi	uctio	on (\$17	70.(	00 Mont	thly)			
	Full Name of Individual (Last, First, Middle Ini Norris, Michael, A., ,	nization Name	Date of Receipt											
	Mailing Address 295 E Palmer Street		M M 11	1	D 26		/ Y	y 201		Y				
	City Franklin	State NC		Zip Code 28734-3049		Trans: mount								
	FEC ID number of contributing federal political committee.	s a l								-15-		84.0	0	
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occ Bro	tion (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)									
).	Full Name of Individual (Last, First, Middle Ini Neace, Ryan, , ,	tial) or Full C	Drgai	nization Name		Date of	Re	ceipt						
	Mailing Address 465 NE 181st Avenue #104					M 11	/	26		/ Y	201	8	Y	
	City Portland	State OR		Zip Code 97230-6660	A					R43725 ceipt thi				
	FEC ID number of contributing federal political committee.	С						,		y		60.0	0	
	Name of Employer (for Individual) Bear Insurance Broker	Occ Brok	•	ion (for Individual)		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	P/	'R Ded	uctio	on (\$30	0.0	0 Month	nly)					
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## SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_ \_ \_ \_

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
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Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Barton-Lewis, Diane, L., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address Arthur J Gallagher & Co 615 E. Britton Road			M M / D D / Y Y Y Y 11 26 2018
City Oklahoma City	State OK	Zip Code 73114-7710	Transaction ID : PR437254119760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle B. McLane, Mark, A., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3301 Veterans Drive, Suit	e 210		11 26 2018
City Traverse City	State MI	Zip Code 49684-4575	Transaction ID : PR437258319760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Mark McLane Insurance	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle Powers-Booth, Sandra, Lee, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4817 S. 175th Street			11 26 Y Y Y Y 2018
City Seatac	State WA	Zip Code 98188-3710	Transaction ID : PR437264319760         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Health Benefits Northwest	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)
SUBTOTAL of Receipts This Page (optional	)		204.00
TOTAL This Period (last page this line numl	per only)		

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			Detailed Summary Page		3		14		15		16	17
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\ \	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee									
۹.	Full Name of Individual (Last, First, Middle Ini Hardy, Allen, D., ,	itial) or Full O	rganization Name	Da	Date of Receipt							
	Mailing Address 802 Kosciusko Road P.O. Box 89			M	11 / 26 / Y Y Y Y 2018							
	City Philadelphia	State MS	Zip Code 39350-3555		Transaction ID : PR437264919760           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer (for Individual) Philadelphia Security Insurance	Occu Brok	ipation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Ini Harte, Heather, Roberts, ,	itial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 11365 Avant Lane		M	11 <sup>™</sup>	/	D	26	/ Y	y 201		٢	
	City Cincinnati	State OH	Zip Code 45249-2373		Transaction ID : PR437268319760 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				,				60.00	0	
	Name of Employer (for Individual) HSA Bank	Occu Broł	upation (for Individual) Ker		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Ini Toups, Jennifer, L., ,	itial) or Full O	rganization Name	Da	te of	Re	ceip	ot				
	Mailing Address #1 Galleria Blvd, Suite 1122			M	11 <sup>M</sup>	/	D	26	/ Y	201		Y
	City Metairie	State LA	Zip Code 70001-2092				-		PR4372			_
	FEC ID number of contributing federal political committee.	С					y	_	,		170.00	0
	Name of Employer (for Individual) Humana	Occu Brok		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 985.00	P/R	Ded	uctio	on (	\$85.0	00 Mont	hly)		
S	UBTOTAL of Receipts This Page (optional)						,	-	,	2	290.00	)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Mic A. Hissong, James, H., ,	Idle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 8401 Widmer Rd		[	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City	State KS	Zip Code	Transaction ID : PR437274719760										
Lenexa	10	66215-5416	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		60.00										
Name of Employer (for Individual) Self	Occ Age	upation (for Individual) ent	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		330.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Mic B. Summers, James, F., ,	Idle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 8420 West Dodge Road	Mailing Address 8420 West Dodge Road, 5th Foor												
City	State	Zip Code	Transaction ID : PR437281019760										
Omaha	NE	68114-3443	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		250.00										
Name of Employer (for Individual) Senior Market Sales, Inc.	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1375.00	P/R Deduction (\$125.00 Monthly)										
Full Name of Individual (Last, First, Mic C. Hensley, Don, E., ,	Idle Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address P. O. Box 20626			11 26 2018										
City	State	Zip Code	Transaction ID : PR437293519760										
Oklahoma City	ОК	73156-0626	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		60.00										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
NFP Corporate Benefits	Brok		_										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify)		330.00	P/R Deduction (\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (optio	nal)		370.00										
TOTAL This Period (last page this line n	umber only)												

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

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		Detailed Summary Page	×	11a		11	b	11c	12					
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	y information copied from such Reports and for commercial purposes, other than using th													
$\backslash$	NAME OF COMMITTEE (In Full)													
	Health Underwriters Political A	ction Com	imittee											
Α.	Full Name of Individual (Last, First, Middle II Grossnickle, Jeffrey, R., ,	nitial) or Full C	Organization Name		Date of	f Re	ecei	pt						
	Mailing Address 1405 North College Avenue				™ _ M 11	/	ſ	26	/ Y	y y 2018	Y			
	City	State	Zip Code		Transaction ID : PR437294719760									
	Bloomington	IN	47404-2417	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		60.00										
	Name of Employer (for Individual) First Insurance Group Inc.	Occ Age	upation (for Individual) ent	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		330.00	P/	R Ded	uctio	on (	(\$30.0	00 Mont	hly)				
B.	Full Name of Individual (Last, First, Middle In Yarberry, Luann, S., ,	nitial) or Full C	Organization Name		Date of	f Re	ecei	pt						
	Mailing Address 1300 10th Street				™ M 11	/	ľ	26	/ Y	2018	Y			
	City	State	Zip Code		Trans	acti	ion	ID : F	PR4373	01019760				
	Wichita Falls	TX	76301-3227	A	mount	t of	Ea	ch Re	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			_		-7-			60.0	00			
	Name of Employer (for Individual) Higginbotham Ins Agency, Inc.	Occ Bro	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 330.00	P/	R Ded	uctic	on (	(\$30.0	0 Montl	hly)				
с.	Full Name of Individual (Last, First, Middle In Sullivan, T.J., , ,	nitial) or Full C	Organization Name		Date of	f Re	ecei	pt						
	Mailing Address 1786 State Street				<sup>M</sup> 11	/		26	/ Y	2018 <sup>°</sup>	Y			
	City	State	Zip Code		Trans	acti	ion	ID :	PR4373	10519760				
	Salem	OR	97301-4341	A	mount	t of	Ea	ch Re	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С					,		9	60.0	00			
	Name of Employer (for Individual) Huggins Insurance Services, Inc.	Occ	upation (for Individual) ker	Memo Item										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		330.00	P/	R Ded	luctio	ion	(\$30.0	00 Mont	hly)				
					-	-	-	-		180.0	00			
S	UBTOTAL of Receipts This Page (optional)		•			-	9	÷	,		-			
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	y information copied from such Reports and St for commercial purposes, other than using the			erson fo								
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Bell, Marie, D., ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 701 4th Ave S. #1500				11	1	D 26		ү ү 2018	Y		
	City Minneapolis	State MN	Zip Code 55415-1637						23319760 his Period			
	FEC ID number of contributing federal political committee.	С					-		60.	00		
	Name of Employer (for Individual) DeRuyter-Bell, LLC	Occu Brok	upation (for Individual) ser		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/F	R Dedi	ucti	on (\$30	0.00 Mont	hly)			
в.	Full Name of Individual (Last, First, Middle Initi Mihalyi-Stiffler, Patricia, , ,	al) or Full Oi	rganization Name	Di	ate of	Re	eceipt					
	Mailing Address     155 N. Riverview Drive       City     State     Zip Code						26		2018	Y		
	City Anaheim	State CA	Zip Code 92808-1225				-		2 <b>6119760</b> nis Period			
	FEC ID number of contributing federal political committee.	C		nount	U			84.	_			
	Name of Employer (for Individual) Options in Insurance	Occu Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)								
C.	Full Name of Individual (Last, First, Middle Initi Martin, Patricia, A., ,	al) or Full O	rganization Name	Di	ate of	Re	eceipt					
	Mailing Address 13815 Starhill Ct.			46	11 <sup>M</sup>	/	D 26		ү ү 2018			
	City Houston	State TX	Zip Code 77077-1117						29719760 nis Period			
	FEC ID number of contributing federal political committee.	С			nount		,		40.	_		
	Name of Employer (for Individual) Self						ttem					
	Receipt For: Primary General Other (specify)	Aggregate	P/F	R Ded	ucti	on (\$20	).00 Mont	hly)				
s	UBTOTAL of Receipts This Page (optional)						,	. ,	184.0	00		
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Comn	nittee											
	Full Name of Individual (Last, First, Middle Initia Pittman, Susan, R., ,	al) or Full Org	anization Name	Date of Receipt										
	Mailing Address 1010 South 336th Street Suite 305	01-1-	7. 0.1		11 / D D / Y Y Y Y Y 26 / 2018									
	City Federal Way	State WA	Zip Code 98003-7355		Transaction ID : PR437343519760 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Insure NW Inc.	Occup Broke	ation (for Individual) r		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)										
	Full Name of Individual (Last, First, Middle Initia Duvernay, Jack, , ,	al) or Full Org	anization Name	Date of Receipt										
	Mailing Address 714 Millikens Bend							26	/ Y	2018	Y			
	City Covington	State LA	Zip Code 70433-4581	A	<b>)</b>									
	FEC ID number of contributing federal political committee.	С				,		- 45-	50.	.00				
	Name of Employer (for Individual) benefits.one	Occup Broke	ation (for Individual) r		M	emo	lte	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 275.00	P/R Deduction (\$25.00 Monthly)										
	Full Name of Individual (Last, First, Middle Initia Lawless, James, A., ,	al) or Full Org	anization Name		Date of	Re	ceij	pt						
	Mailing Address 710 East Main Street Suite 110				<sup>M</sup> 11	1	L	26	L	2018				
	City Lexington	State KY	Zip Code 40502-1602							48019760				
	FEC ID number of contributing federal political committee.	С				. 01	,		,	42.	_			
	Name of Employer (for Individual) Epic Insurance Solutions, LLC	Occup Broker	ation (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 420.00	P/	'R Ded	uctio	on (	(\$42.0	00 Mon	thly)				
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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(check on	ly on	ie)	(check only one)							
111			for each category of the Detailed Summary Page	<b>X</b> 11a	$\square$	11b 14	11c 15	12 16	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the		oose of s	oliciting	contribut	ions					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Bajkowski, Catherine, A., ,	al) or Full O	rganization Name	Date o	of Re	ceipt								
	Mailing Address 188 Industrial Drive, Suite 226			M 11	1	D D D 26	/ Y	ү ү 2018	Y					
	City Elmhurst	State IL	Zip Code 60126-1610					5 <b>1119760</b> is Period						
	FEC ID number of contributing federal political committee.	С				7	-9-	84.0	00					
	Name of Employer (for Individual) CB Health Insurance	Occu Brok	upation (for Individual) ter		lemo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Dec	ductio	on (\$42.0	0 Montł	nly)						
	Full Name of Individual (Last, First, Middle Initia Block, David, M., ,	al) or Full O	rganization Name	Date o	of Re	ceipt								
	Mailing Address P O Box 1809			M N 11	/	D D D 26	/ Y	y y 2018	Y					
	City Candler	State NC	Zip Code 28715-1809					<b>4419760</b> is Period						
	FEC ID number of contributing federal political committee.	С				7	-9-	60.0	00					
	Name of Employer (for Individual) Insurance Specialties, Inc.	Occi Broł	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Dec	ductic	on (\$30.0	0 Month	nly)						
	Full Name of Individual (Last, First, Middle Initia Paulus, Raquel, E., ,	al) or Full O	rganization Name	Date o	of Re	ceipt								
	Mailing Address 1368 Business Park Drive			M 11	/	D D D 26	/ Y	2018 Y	Y					
	City Traverse City	State MI	Zip Code 49686-8640					6 <b>7919760</b> is Period						
	FEC ID number of contributing federal political committee.	С				9	y	60.0	00					
	Name of Employer (for Individual) Peterson McGregor & Associates													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R De	ductio	on (\$30.0	0 Montl	nly)						
s	UBTOTAL of Receipts This Page (optional)					9	,	204.0	00					
Т	OTAL This Period (last page this line number of	nly)	•			7								

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         1								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions								
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initia Thomas, Jeffery, C., , Mailing Address 6200 Reynolds Road	al) or Full O	rganization Name	Date of Receipt								
	City	State	Zip Code	11 26 2018 Transaction ID : PR437385419760								
	Jackson	MI	49201-9386	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer (for Individual) Small Business Assocation of Michigan	Occu Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Cutting, Brenda, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 4356 Bonney Road Suite 2-101	Suite 2-101										
	City Virginia Beach	State VA	Zip Code 23452-1200	Transaction ID : PR437388319760           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		84.00								
	Name of Employer (for Individual) Sterling Benefits, LLC	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 438.00	P/R Deduction (\$42.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2520 Venture Oaks Way #240		1	11 / D D / Y Y Y Y 26 / 2018								
	City Sacramento	State CA	Zip Code 95833-4228	Transaction ID : PR437391219760								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) CoreMark Insurance Services Inc	Occu Brok	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			▶ 244.00								
Т	OTAL This Period (last page this line number or	nly)										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle A. Maddock, Candra, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 107 Parkview Lane	State	Zip Code	11 / 26 / Y Y Y Y 2018									
Brandon	MS	39047-7930	Transaction ID : PR437392919760           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) MS Association of Health Underwriters	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Monthly)									
Full Name of Individual (Last, First, Middle B. Clingan, Nedra, C., ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 13222 Huisache Way			11 26 / Y Y Y Y Y 11 26 2018									
City Helotes	State TX	Zip Code 78023-3606	Transaction ID : PR437397719760 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual) Renaissance Family of Companies	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Middle C. Bogard, Andrea, J., ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 100 W. Court Ave. Suite 207			11 / D D / Y Y Y Y 26 2018									
City Jeffersonville	State IN	Zip Code 47130-3502	Transaction ID : PR437400019760 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) A. Bogard Insurance Group	Occ Brok	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Monthly)									
SUBTOTAL of Receipts This Page (optional	)		130.00									
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	MIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
or f	r information copied from such Reports and Stat or commercial purposes, other than using the n			
\ \	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee	
<b>A.</b>	Full Name of Individual (Last, First, Middle Initial Gutierrez, Antonio, , ,	) or Full O	rganization Name	Date of Receipt
-	Mailing Address 12833 Riverdance Dr.	State	Zip Code	11 26 2018 Transaction ID : PR437402019760
	Raleigh	NC	27613-7093	Amount of Each Receipt this Period
-	FEC ID number of contributing ederal political committee.	С		60.00
	Name of Employer (for Individual) ACA Dudes, Inc.	Occu Brok	upation (for Individual) er	Memo Item
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial Cramer, Valerie, Lynn, ,	) or Full O	rganization Name	Date of Receipt
	Mailing Address 588 - 3 Mile Road, NW Suite 101			11 / D D / Y Y Y Y Y 2018
	City Grand Rapids	State MI	Zip Code 49544-8221	Transaction ID : PR437416419760 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		200.00
	Name of Employer (for Individual) IGG Solutions	Occu Broł	upation (for Individual) ker	Memo Item
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial Hahn, Monique, E., ,	) or Full O	rganization Name	Date of Receipt
	Mailing Address 2024 3rd Ave N Suite 219	1		11 / D D / Y Y Y Y Y 26 2018
-	City Birmingham	State AL	Zip Code 35203-3302	Transaction ID : PR437417019760 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		170.00
	Name of Employer (for Individual) Synergy Benefits & Risk Mgt Inc	Occu Brok	ipation (for Individual) er	Memo Item
l	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 760.00	P/R Deduction (\$85.00 Monthly)
รเ	JBTOTAL of Receipts This Page (optional)			430.00
тс	TAL This Period (last page this line number on	ly)	••••••	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEIVIILED KEGEIFIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Gandy, Hollie, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2920 Duniven Circle, #2			M M / D D / Y Y Y Y 11 26 2018
City Amarillo	State TX	Zip Code 79109-1650	Transaction ID : PR437425019760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Senior Solutions Group	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle B. Clark, Robert, S., , Mailing Address 7548 Preston Road	e Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	11 26 2018
Frisco	TX	75034-5683	Transaction ID : PR437427219760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462,00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middle C. Rosenblum, Joel, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 230 Lipan Way			11 / D D / Y Y Y Y 26 2018
City Boulder	State CO	Zip Code 80303-3635	Transaction ID : PR437427419760           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Insurance for Asset Protection	Occi Brok	upation (for Individual) xer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)
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\	AME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	ımi	ttee											
	ull Name of Individual (Last, First, Middle Initia Mutter, Amy, D., ,	al) or Full O	)rgar	nization Name		Date	e of	Re	ecei	pt					
_	lailing Address 2670 Electric Road	01-11-		7.0.0.1			™ 1	/	L	26	1	Y	y y 2018		
	ity Roanoke	State VA		Zip Code 24018-3511					-		-	-	<b>49197</b> 8 Perio		
	EC ID number of contributing ederal political committee.	С				- -		U	La		JCeipt	uns		90 94.00	
	ame of Employer (for Individual) movative Insurance Group, LLC	Occi Brol	•	tion (for Individual)			Me	emo	) Ite	em					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 462.00		/R [	Dedu	uctio	on (	(\$42.0	00 Mc	nthly	у)		
	ull Name of Individual (Last, First, Middle Initia Anderson, Melinda, S., ,	al) or Full O	)rgar	nization Name		Date	e of	Re	ecei	pt					
_	lailing Address 950 N. Meridian St. Suite 200			1		<sup>™</sup>	™ 1	1	ſ	26	1	Y	y y 2018	Y	
	ity ndianapolis	State IN		Zip Code 46204-1202	A				-				081976 8 Perio		
	EC ID number of contributing ederal political committee.	С	_						<b>,</b>				6	0.00	)
	lame of Employer (for Individual) J Health Plans		cupat oker	tion (for Individual)			Me	emo	) Ite	em					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ , 330.00	P/	'R C	Dedu	uctic	on (	\$30.0	00 Mo	nthly	/)		
	ull Name of Individual (Last, First, Middle Initia Smith, David, C., ,	al) or Full O	)rgar	nization Name		Date	e of	Re	ecei	pt					
_	lailing Address 110 N. Cochran St. #1205	1				1	™ 1	/		26			y 2018		
	ity Durham	State NC		Zip Code 27701									45197 8 Perio		
	EC ID number of contributing ederal political committee.	С	_				Junt	01	,		Jeeipt			0.00	
E	ame of Employer (for Individual) benconcepts Company	Occi Brok	•	tion (for Individual)			Me	emo	o Ite	əm					
н	eceipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1410.00	P	/R [	Dedu	uctio	on	(\$170	).00 N	onth	וy)		
SU	BTOTAL of Receipts This Page (optional)			••••••					,				48	4.00	
то	TAL This Period (last page this line number or	nly)							-					-	

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Creasy, Marcus, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address P. O. Box 220			11 / D D / Y Y Y Y 11 26 2018
City Heber Springs	State AR	Zip Code 72543-0220	Transaction ID : PR437474919760           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle B. Fiala, Colby, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 195 River Vista Place Sui	te #206		11 26 2018
City	State ID	Zip Code	Transaction ID : PR437475119760
Twin Falls FEC ID number of contributing federal political committee.	C	83301-3189	Amount of Each Receipt this Period
Name of Employer (for Individual) Magic Valley Insurance	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle C. Pennington, Carol, C., ,	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 4640 Woodbridge Drive			11 26 / Y Y Y Y 2018
City Kernersville	State NC	Zip Code 27284-8850	Transaction ID : PR437485419760
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Pennington Associates	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	)		180.00
TOTAL This Period (last page this line num	per only)	······	

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	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
11			for each category of the Detailed Summary Page	<b>X</b> 11a 11b		12	<u> </u>
Ar or	y information copied from such Reports and Stal for commercial purposes, other than using the n	ements may ame and ad	y not be sold or used by any p Idress of any political committee	rson for the purpose to solicit contributio	e of soliciting ns from such	contribution committe	17 ons e.
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comi	nittee				
A.	Full Name of Individual (Last, First, Middle Initial Miller, Dawn, M., ,	l) or Full Or	ganization Name	Date of Receip	ot		
	Mailing Address PO Box 847			11 / D	26 / Y	ү ү 2018	Y
	City McMinnville	State OR	Zip Code 97128-0847	Transaction Amount of Eac			
	FEC ID number of contributing federal political committee.	С			· · · ·	50.0	0
	Name of Employer (for Individual) Hagan Hamilton Insurance	Occu Brok	pation (for Individual) er	Memo Ite	m		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 275.00	P/R Deduction (	\$25.00 Month	nly)	
в.	Full Name of Individual (Last, First, Middle Initial Cohn, Barry, S., , Mailing Address 21515 Vanowen St Ste 200	l) or Full Or	ganization Name	Date of Receip		YY	Y
	City	State	Zip Code	11 Transaction	26	2018	
	Canoga Park	CA	91303-2715	Amount of Eac			
	FEC ID number of contributing federal political committee.	С				60.0	0
	Name of Employer (for Individual) RGEB	Occu Brok	pation (for Individual) er	Memo Ite	m		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 330.00	P/R Deduction (	\$30.00 Month	ıly)	
C.	Full Name of Individual (Last, First, Middle Initia Stedt, Margaret, Evelyn, ,	l) or Full Or	ganization Name	Date of Receip	ot		
	Mailing Address 486 Calle Amigo			11	26	2018	Y
	City San Clemente	State CA	Zip Code 92673-3003	Transaction Amount of Eac			
	FEC ID number of contributing federal political committee.	С		,	,	170.0	0
	Name of Employer (for Individual) Stedt Insurance Services	Occu Broke	pation (for Individual) er	Memo Ite	em		
	Receipt For: Primary General Other (specify)	Aggregate	rear-to-Date ▼ 1035.00	P/R Deduction (	\$85.00 Montl	nly)	
-	UBTOTAL of Receipts This Page (optional)				· · · ·	280.00	0

Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		Use separate schedule(s)	(check or	nly oi	ne)			
			for each category of the Detailed Summary Page	<b>×</b> 11a		]11b	11c	12	<u> </u>
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	mittee						
A.	Full Name of Individual (Last, First, Middle Initia Swanson, Cynthia, , ,	l) or Full Oi	rganization Name	Date	of Re	eceipt			
	Mailing Address 501 Shelley Drive			м 11	M /	26	/ Y	2018	Y
	City Tyler	State TX	Zip Code 75701-9540					<b>44919760</b> iis Period	
	FEC ID number of contributing federal political committee.	С						84.0	00
	Name of Employer (for Individual) Hibbs Hallmark & Company	Occu Brok	ipation (for Individual) er		Nemo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R De	ducti	on (\$42.	00 Montł	nly)	
B.	Full Name of Individual (Last, First, Middle Initia Giardina, Charles, J., ,	l) or Full Oi	rganization Name	Date					
	Mailing Address 5440 Mounes Street, Suite 112 City	State	Zip Code	11		26	J L	2018 5 <b>2819760</b>	Y
	New Orleans	LA	70123-3296					is Period	
	FEC ID number of contributing federal political committee.	С					-	60.0	00
	Name of Employer (for Individual) MassMutual	Occu Brok	upation (for Individual) Ker		Nemo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R De	ducti	on (\$30.)	00 Month	nly)	
C.	Full Name of Individual (Last, First, Middle Initia Contorno, David, , ,	l) or Full Oi	rganization Name	Date	of Re	eceipt			
	Mailing Address 106 Colborne dr			11		D D D 26		2018	
	City Mooresville	State NC	Zip Code 28115-8051			-		66619760 iis Period	
	FEC ID number of contributing federal political committee.	С				,	9	60.0	00
	Name of Employer (for Individual) E Powered Benefits	Occu Brok	ipation (for Individual) er		Vemo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R De	ducti	on (\$30.	.00 Montl	hly)	
-	UBTOTAL of Receipts This Page (optional)		<b>r</b>		-	5 .	· ·	204.0	00

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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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_	3	Detailed Summary Pa	ne .ge	11a		11b	11c	12	_
			•	13		14	15	16	1
or for commercial purposes, o	such Reports and Statements r other than using the name and	may not be sold or used by address of any political co	y any person fo mmittee to soli	or the p cit cont	urp tribu	ose of itions fr	soliciting om suc	g contrit h comm	outions littee.
NAME OF COMMITTEE (I Health Underwrite	rs Political Action Cor	mmittee							
Full Name of Individual (La Mobley, Dennis, F., ,	ast, First, Middle Initial) or Full	Organization Name	D	ate of	Rec	eipt			
Mailing Address 137 Exect Suite D	I			<sup>M</sup> <sup>M</sup>	/	D D 26	/ Y	2018	
City Madison	State MS	Zip Code 39110-8456						875197 nis Perio	
FEC ID number of contribution federal political committee.	ŝ.			mount					0.00
Name of Employer (for Ind Mobley Insurance Agency,	,	ccupation (for Individual) roker	[	Me	mo	ltem			
Receipt For: Primary Ge Other (specify) ▼	neral	e Year-to-Date ▼ 550.		R Dedu	ctio	n (\$50.0	0 Mont	hly)	
Full Name of Individual (La B. Waller, Doris, , ,	ast, First, Middle Initial) or Full	Organization Name		ate of	Rec	eipt			
Mailing Address 1778 N. P Suite 310			[	M _ M 11	/	D D D 26	/ Y	2018	Y
City Richardson	State TX	Zip Code 75081-1958						9151976 nis Perio	
FEC ID number of contribution federal political committee.	ŝ.		[			p		8	4.00
Name of Employer (for Inc Pan-American Life Insuranc	Cravin	ccupation (for Individual) roker		Me	mo	ltem			
Receipt For: Primary Ge Other (specify) ▼	neral	e Year-to-Date ▼ 512		R Dedu	ctio	n (\$42.0	0 Mont	hly)	
Full Name of Individual (La C. Robinson, Judith, L	ast, First, Middle Initial) or Full	Organization Name	D	ate of	Rec	eipt			
Mailing Address P O Box 1			[	<sup>M</sup> 11	/	D D D 26	/ Y	2018	Y
City Tyler	State TX	Zip Code 75711-0071	Δ					941197	
FEC ID number of contributed federal political committee.	ŝ.						, socipt in		0.00
Name of Employer (for Ind CFG Insurance	,	ccupation (for Individual) oker		Me	mo	ltem			
Receipt For: Primary Ge Other (specify)	neral Aggregat	e Year-to-Date ▼ 935.	.00	R Dedu	ctio	n (\$85.0	00 Mont	hly)	
					_				

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

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				etailed Summary Page	×	11a 13		11b		11c		12 16	17
An or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay no addre:	t be sold or used by any poss of any political committee	erson for to sol	or the	purp ntrib	pose	of s s frc	oliciting	con	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmit	tee									
A.	Full Name of Individual (Last, First, Middle In Swinton, Ryan, R., ,	nitial) or Full O	Organi	zation Name	[	Date of	Re	eceipt					
	Mailing Address 1128 Lincoln Mall Suite 200					м м 11	/	2	26	/ Y	۲ 20	1. A 1.	Y
	City Lincoln	State NE		Zip Code 68508-2878	A					R43759 ceipt th			
	FEC ID number of contributing federal political committee.	C						-		-7-		170.0	0
	Name of Employer (for Individual) UNICO Group, Inc.	Occi Brol	•	on (for Individual)		Me	emo	lterr	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 935.00	P/	'R Ded	uctio	on (\$8	35.0	0 Month	ıly)		
	Full Name of Individual (Last, First, Middle In Burns, Patrick, , ,	nitial) or Full O	Organi	zation Name		Date of	Re	eceipt					
	Mailing Address 5653 Maxwelton Road					м м 11	/		26	/ Y	201	18 <sup>°</sup>	Ŷ
	City Oakland	State CA		Zip Code 94618-2654	A			-		<b>R43760</b> ceipt th			_
	FEC ID number of contributing federal political committee.	C				_		-		-9		170.0	0
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occ Bro		on (for Individual)		Me	emo	lterr	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 935.00	P/	R Dedi	uctio	on (\$8	35.00	0 Month	ly)		
C.	Full Name of Individual (Last, First, Middle In Starks, Eugene, , ,	nitial) or Full O	Organi	zation Name		Date of	Re	eceipt					
	Mailing Address 613 Crescent Circle Suite 201					<sup>м</sup> М 11	/		26	/ Y	201	18 <sup>°</sup>	Ŷ
	City Ridgeland	State MS		Zip Code 39157-8686	A			-		R43760 ceipt th			
	FEC ID number of contributing federal political committee.	C						9		9		170.0	0
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occi Brok	•	on (for Individual)		M	emc	b Item	I				
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 1060.00	P	/R Ded	ucti	on (\$	35.0	0 Month	ıly)		
s	UBTOTAL of Receipts This Page (optional)							5		9		510.0	0
т	OTAL This Period (last page this line number	only)		••••••				-		-			

Use separate schedule(s)

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			Use separate schedule(s)	(check only one)
	ZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
Any info	rmation copied from such Reports and St mmercial purposes, other than using the	atements ma name and ad	y not be sold or used by any p ddress of any political committee	13     14     15     16       erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\ \	e of COMMITTEE (In Full) alth Underwriters Political Act	ion Com	mittee	
	lame of Individual (Last, First, Middle Initi ams, George, , ,	al) or Full O	rganization Name	Date of Receipt
Mailin	g Address 4109 Woodway Dr.			M M / D D / Y Y Y Y 11 26 2018
City Monr	oe	State LA	Zip Code 71201-2218	Transaction ID : PR437605719760 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		60.00
Finan	e of Employer (for Individual) cial Planning Resources	Occu Brok	ipation (for Individual) er	Memo Item
Recei	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)
<b>B.</b> LaR	lame of Individual (Last, First, Middle Initi Cocco, Andrew, M., ,	al) or Full O	rganization Name	Date of Receipt
Mailin City	g Address 5880 Live Oak Parkway, # 230	State	Zip Code	11 / 26 / Y Y Y Y 2018
Norci	ross	GA	30093-1740	Transaction ID : PR437640919760 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		80.00
	e of Employer (for Individual) aRocco Companies	Occu Brok	upation (for Individual) ker	Memo Item
Recei	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$40.00 Monthly)
	lame of Individual (Last, First, Middle Initi ael, Steven, , ,	al) or Full O	rganization Name	Date of Receipt
	g Address 4204 Manor Forest Trail			M M / D D / Y Y Y Y 11 26 2018
City Boyn	ton Beach	State FL	Zip Code 33436-8851	Transaction ID : PR437654419760           Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		84.00
S. Flo	e of Employer (for Individual) orida Affiliated Health Insurers,	Occu Brok	ipation (for Individual) er	Memo Item
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)
	TAL of Receipts This Page (optional)			224.00

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

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TEMIZED RECEIPTS			ummary Page	×	-		11b	11c	12	<u> </u>
Any information copied from such Reports an										
or for commercial purposes, other than using	the name and a	ddress of any	political committe	e to so	licit cor	ntrib	utions f	rom suc	h committ	ee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle <b>A.</b> Siciliano, Dominic, , ,	e Initial) or Full C	rganization Na	ame		Date of	Re	ceipt			
Mailing Address 500 Cascade Road SE Su	iite 106				м м 11	/	D 26	) / Y	2018	Y
City	State	Zip Code			Trans	acti	on ID :	PR4376	69519760	
Grand Rapids	MI	49546-2	2166	/	Amount	of	Each R	leceipt th	nis Period	
FEC ID number of contributing federal political committee.	C						<b>,</b>		60.	00
Name of Employer (for Individual) Benefit Profiles, Inc.	Occ Bro	upation (for In ker	dividual)		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date	▼							
Primary General Other (specify) ▼			330.00	]   P	/R Ded	uctio	on (\$30.	.00 Mont	hly)	
Full Name of Individual (Last, First, Middle B. Strouse, Marcie, , ,	Initial) or Full C	rganization Na	ame		Date of	Re	ceipt			
Mailing Address 9854 Colby Ave					M M 11	/	26	/ Y	2018	Y
City	State	Zip Code			Trans	acti	on ID :	PR4376	83119760	
Clive	IA	50325-6	6422	/	Amount	of	Each R	leceipt th	nis Period	
FEC ID number of contributing federal political committee.	С						<del>,</del>	- 7	170.	00
Name of Employer (for Individual) KHI Solutions	Occ Bro	upation (for In ker	dividual)		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	899.00	Р,	/R Dedi	uctic	on (\$85.	00 Montl	hly)	
Full Name of Individual (Last, First, Middle C. Atkinson, Lynn, , ,	Initial) or Full C	rganization Na	ame		Date of	Ro	ceint			
Mailing Address 3800 Electric Road, # 406					11 <sup>M</sup>	/	26		y y 2018	Y
City	State	Zip Code	•		Trans	acti	ion ID :	PR4376	87319760	
Roanoke	VA	24018-4	568	/	Amount	of	Each R	leceipt th	nis Period	
FEC ID number of contributing federal political committee.	С						,	9	60.	00
Name of Employer (for Individual) Humana	Occ Brok	upation (for In	dividual)		M	emo	Item			
Receipt For:		Year-to-Date	▼							
Primary General Other (specify)			330.00	P	P/R Ded	uctio	on (\$30	.00 Mont	thly)	
SUBTOTAL of Receipts This Page (optional	)								290.0	00
TOTAL This Period (last page this line numl	·			·			, ,	,		

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	INILED REVEILIS		for each category of the Detailed Summary Page	×	11a		4 1	_		<u> </u>
	r information copied from such Reports and Sta or commercial purposes, other than using the r						pose of	soliciting	g contribut	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee							
	Full Name of Individual (Last, First, Middle Initia Granado, Arthur, , ,	al) or Full Oi	rganization Name	D	ate of	f Re	eceipt			
1	Mailing Address 418 Peoples, # 505				™ _ M 11	1		) / Y	ү ү 2018	Y
	City Corpus Christi	State TX	Zip Code 78401-2350							
	FEC ID number of contributing ederal political committee.	С						-	170.0	00
	Name of Employer (for Individual) The Granado Group	Occu Brok	upation (for Individual) ter		M	emo	ttem			
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	P/I	R Ded	ucti	on (\$85	.00 Mont	hly)	
	Full Name of Individual (Last, First, Middle Initia Webb, Yolanda, Marie, ,	al) or Full Oi	rganization Name	D	Date of	f Re	eceipt			
I	Mailing Address 6117 Clover Ct.				™ M 11	/	26	) / Y	2018	Ŷ
	City Chino	State CA	Zip Code 91710-5337				-		05619760 nis Period	_
	FEC ID number of contributing rederal political committee.	С							50.0	00
	Name of Employer (for Individual) Nebb Insurance Solutions	Occu Brok	upation (for Individual) ker		M	emo	o Item			
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/F	२ Dedi	uctio	on (\$25.	00 Montl	nly)	
	Full Name of Individual (Last, First, Middle Initia Kirsch, Cara, , ,	al) or Full Oi	rganization Name		ate of	f Re	eceipt			
-	Mailing Address 12027 S. 79th Avenue	Ototo	Zin Oode		<sup>M</sup> 11		26		2018	
	City Papillion	State NE	Zip Code 68046-4609	A					31119760 nis Period	
	FEC ID number of contributing rederal political committee.	С		ļļ	_		,	,	170.0	00
:	Name of Employer (for Individual) SilverStone Group		upation (for Individual) President		M	emo	o Item			
ľ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	P/	R Ded	lucti	on (\$85	.00 Mont	hly)	
รเ	JBTOTAL of Receipts This Page (optional)		•				,	. ,	390.0	00
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		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle Berry, Ernest, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5121 69th St., A9A			M M / D D / Y Y Y Y 11 26 2018								
City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737419760 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Berry Agency	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)								
Full Name of Individual (Last, First, Middle B. Conto, Teresa, , , Mailing Address 15800 Crabbs Branch Way		rganization Name	Date of Receipt								
City	State	Zip Code	11 26 2018 Transaction ID : PR437740819760								
Rockville	MD	20855-2697	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer (for Individual) Gallagher Benefit Services	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle C. Williams, Leslie, A., ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2295 Hilltop Drive Suite 5	State	Zin Code	11 26 2018								
City Redding	CA	Zip Code 96002-0515	Transaction ID : PR437742919760           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		84.00								
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$42.00 Monthly)								
SUBTOTAL of Receipts This Page (optional)	·		244.00								

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				Detailed Summary Page	×	-		11		11c		12	□										
	y information copied from such Reports and St for commercial purposes, other than using the								se of s														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act																						
A.	Full Name of Individual (Last, First, Middle Initi Edwards, Susan, Christensen, ,	ial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt														
	Mailing Address 40 S. Roop St.					11 26 Y Y Y Y 11 26 2018																	
	City Susanville	State CA		Zip Code 96130-4336	A					R4377													
	FEC ID number of contributing federal political committee.	С				_		-		-9		100.0	0										
	Name of Employer (for Individual) E. Christensen Insurance Agency, Inc.	Occ Brol		tion (for Individual)		M	emo	o Ite	em														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 550.00	P/	'R Ded	uctio	on (	(\$50.0	0 Month	nly)												
в.	Full Name of Individual (Last, First, Middle Initi Perlson, Les, , ,	ial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt														
	Mailing Address 250 Crossways Park Dr					м м 11	1		26	/ Y	ү 20	)18	Y										
	City Woodbury	State NY		Zip Code 11797-2015	Transaction ID : PR437767 Amount of Each Receipt this																		
	FEC ID number of contributing federal political committee.	С						-		-9-	_	60.0	0										
	Name of Employer (for Individual) CB Planning	Occ Bro	•	tion (for Individual)		M	emo	o Ite	em														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00	P/	R Ded	uctio	on (	(\$30.0	) Month	nly)												
с.	Full Name of Individual (Last, First, Middle Initi Cade, Kareim, R., ,	ial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt														
	Mailing Address 28411 Northwestern Hwy., Ste					™ 11	1		26	/ Y		)18 )18	Y										
	City Southfield	State MI		Zip Code 48034-5515	A					ceipt th													
	FEC ID number of contributing federal political committee.	С						9		y		170.0	0										
	Name of Employer (for Individual) Great Lakes Benefit Group	Occ Brok	•	tion (for Individual)		М	emc	o Ite	em														
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 935.00	P/	P/R Deduction (\$85.00 Monthly)																	
s	UBTOTAL of Receipts This Page (optional)			••••••				5		y		330.0	0										
т	OTAL This Period (last page this line number of	only)		••••••	. [			-		-y-													

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee								
A. Riddle, Tammy, M., ,	I Name of Individual (Last, First, Middle Initial) or Full Organization Name iddle, Tammy, M., , iling Address 3718 W. Lancer Rd.									
City	State	Zip Code	11 26 2018 Transaction ID : PR437786519760							
Peoria	IL	61615-2517	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Pearl Benefits	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$20.00 Monthly)								
Full Name of Individual (Last, First, Mic B. Heider, Ryan, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 195 River Vista Place			M         M         /         D         /         Y							
City Twin Falls	State ID	Zip Code 83301-3189	Transaction ID : PR437792219760 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		60.00							
Name of Employer (for Individual) Magic Valley Ins.	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Mic C. Schell, Gregory, J., ,	ddle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 545 South Third Street Suite 300			11 / 26 / Y Y Y Y 2018							
City Louisville	State KY	Zip Code 40202-1936	Transaction ID : PR437797619760							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Sterling G. Thompson Company	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	P/R Deduction (\$85.00 Monthly)							
SUBTOTAL of Receipts This Page (optio	nal)	•••••	270.00							
TOTAL This Period (last page this line n	umber only)	••••••								

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116				or each category of the Detailed Summary Page	×	11a 13		1 <sup>-</sup>	1b 4	11 1:	1c 5	12 16	17	
or	<i>i</i> information copied from such Reports and State for commercial purposes, other than using the national states of the states o											contribu	utions	
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	imi	ttee										
<b>A.</b>	Full Name of Individual (Last, First, Middle Initial) Waters, Lindsey, Paige, ,	or Full O	rga	nization Name	C	Date (	of R	ece	ipt					
	Mailing Address 5311 Patterson Ave	State		Zip Code	_ [	11 26 2018 Transaction ID : PR43780801976								
	Richmond	VA		23226-2041								s Period		
	FEC ID number of contributing federal political committee.	С	l			Inou		1 Lc		iecei	Ji in;		.00	
	Name of Employer (for Individual) First National Brokerage Corp.	Occu Brok	•	ion (for Individual)		N	/lem	io It	em					
	Receipt For:     A       Primary     General       Other (specify) ▼	For: imary General Aggregate Year-to-Date ▼										ly)		
	Full Name of Individual (Last, First, Middle Initial) Purcilly, Amy, , ,	or Full O	rga	nization Name		Date of	of R	ece	ipt					
	Mailing Address PO Box 7028			1		<sup>™</sup> 11	VI	′	D D 26		Y	y y 2018	Y	
	City Troy	State MI		Zip Code 48007-7028		Transaction ID : PR437814919760 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			T T T T T T						60	.00		
	Name of Employer (for Individual) Mason-McBride, Inc.	Occi Brol	•	tion (for Individual)		N	/lem	io It	em					
	Receipt For:     A       Primary     General       Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 380.00	P/R Deduction (\$30.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initial) Taggart, Liz, , ,	or Full O	rga	nization Name		Date (	of R	ece	ipt					
	Mailing Address 7134 Brunswick Circle					<sup>™</sup> 11	VI	1	26		Y	2018 Y	Y	
	City Boynton Beach	State FL		Zip Code 33472-2534								511976 s Period	-	
	FEC ID number of contributing federal political committee.	С						1 L.c		lecen	J. 111		.00	
	Name of Employer (for Individual) United Healthcare Medicare Solutions	Occu Brok	•	ion (for Individual)		N	Nem	no It	em					
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Yea	r-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)									
รเ	JBTOTAL of Receipts This Page (optional)			••••••							,	160	.00	
т	TAL This Period (last page this line number only	/)		•••••				,			,			

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FOR LINE NUMBER:

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or for commercial purposes, c		w not be cold or used by only n	13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	n Full) rs Political Action Com	mittee							
A. Hediger, Debbie, R., ,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 600 Cleve		Zin Codo	11 / D D / Y Y Y Y 26 / 2018						
City Clearwater	State FL	Zip Code 33755-4151	Transaction ID : PR437852419760						
FEC ID number of contribution federal political committee.	ŝ.		Amount of Each Receipt this Period 84.00						
Name of Employer (for Ind HUB International Limited	lividual) Occu Brok	upation (for Individual) ter	Memo Item						
Receipt For:		Year-to-Date ▼ 420.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (La <b>B.</b> Little, Cathy, , ,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1145 2nd #A-269			11 26 / Y Y Y Y 2018						
City Brentwood	State CA	Zip Code 94513-2292	Transaction ID : PR437855619760 Amount of Each Receipt this Period						
FEC ID number of contribution federal political committee.	ŝ.		60.00						
Name of Employer (for Ind Essential Exchange Insuran		upation (for Individual) ker	Memo Item						
Receipt For: Primary Gen Other (specify) ▼	neral Aggregate	Year-to-Date ▼ , 330.00	P/R Deduction (\$30.00 Monthly)						
<b>c.</b> Emidy, Mike, , ,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address P O Box 2			11 26 / Y Y Y Y 2018						
City Ridgeland	State MS	Zip Code 39158-2021	Transaction ID : PR437878319760						
FEC ID number of contributed federal political committee.			Amount of Each Receipt this Period 60.00						
Name of Employer (for Ind Colonial Life	ividual) Occu Brok	upation (for Individual)	Memo Item						
Receipt For:		Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This	Page (optional)	••••••	204.00						

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FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usir			13     14     15     16     17       erson for the purpose of soliciting contributions     to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Mide A. McDonald, Jesse, D., ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 111 River St 	State	Zip Code	11 26 2018							
Milford	CT	06460-3326	Transaction ID : PR437887919760 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		60.00							
Name of Employer (for Individual) Modern Insurance	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Midd B. McDonald, Monica, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2717 N 118th St Ste 300	)		11 26 / Y Y Y Y 2018							
City Omaha	State NE	Zip Code 68164-9684	Transaction ID : PR468300419760 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		24.00							
Name of Employer (for Individual) United Healthcare		upation (for Individual) ount Executive	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 282.00	P/R Deduction (\$12.00 Monthly)							
Full Name of Individual (Last, First, Midd C. Waltman, Jessica, Fulginiti, ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10 Doyle Road			11 / D D / Y Y Y Y 11 26 2018							
City	State PA	Zip Code	Transaction ID : PR470100119760							
Wayne	PA	19087-3903	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Forward Health Consulting		upation (for Individual) cipal	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1010.00	P/R Deduction (\$85.00 Monthly)							
SUBTOTAL of Receipts This Page (option	al)		. 254.00							
TOTAL This Period (last page this line nur	mber only)	•								

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				Detailed Summary Page	×	-		11	- I	11c		12					
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	for commercial purposes, other than using the																
$\backslash$	NAME OF COMMITTEE (In Full)																
$\Big\rangle$	Health Underwriters Political Act	tion Com	۱mi	ttee													
Α.	Full Name of Individual (Last, First, Middle Initi Riley, Amanda, Danielle, ,	al) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 22706 SE 279th ST.					м м 11	/	Г	26	/ Y	ү 2(	ү ү ү 2018					
	City	State		Zip Code		Trans	acti	ion	n ID : P	R4766	8681	9760					
	Maple Valley	WA		98038-5112	A	moun	t of	Ea	ach Re	ceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С						-		-y-	_	60.0	0				
	Name of Employer (for Individual) HealthEquity, Inc.		•	tion (for Individual) al Sales Director		М	emc	o Ite	em								
	Receipt For:		<u> </u>	ar-to-Date 🔻	_												
	Primary General	Aggregate	100		P/	'R Ded	uctio	on	(\$30.0	0 Montl	hly)						
	Other (specify) ▼	L	7	530.00							,						
В.	Full Name of Individual (Last, First, Middle Initi Wakamoto-Lee, Sue, , ,	al) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 235 Main St.					м м 11	/	Γ	26	/ Y	20	)18	Y				
	City	State		Zip Code		Trans	acti	ion	ID : P	R47690	0811	9760					
	Pleasanton	CA		94566-8206	A	moun	t of	Ea	ach Re	ceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С				_		-		- 1	_	84.0	0				
	Name of Employer (for Individual) Herzog Insurance Agency		•	tion (for Individual) er/ Consultant		М	emc	o Ite	em								
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻													
	Primary General Other (specify) ▼		<b>,</b>	638.00	P/	R Ded	uctio	on (	(\$42.0	0 Month	וy)						
с.	Full Name of Individual (Last, First, Middle Initi Stevens, Kenneth, W., ,	al) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 4916 Bellemeade Ave					M M 11		_	D D D 26	/ Y		)18 )18	Y				
	City	State		Zip Code		Trans	sact	tion	ו ID : P	R4963	2381	9760					
	Evansville	IN		47715-4130	A	moun	t of	Ea	ach Re	ceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С						9		y		170.0	00				
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	-	М	emo	o Ite	em								
	Stevens Insurance Advisors		•	dent Agent & Broker													
	Receipt For:	1		ar-to-Date ▼													
	Primary General				P/	R Ded	lucti	ion	(\$85.0	0 Mont	hly)						
	Other (specify)		7	765.00													
s	UBTOTAL of Receipts This Page (optional)			••••••								314.0	0				
т	OTAL This Period (last page this line number o	only)						-		-							

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       person for the purpose of soliciting contributions       be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle A. Sabin, Michael, L., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 16257 S. Lennox St			M M / D D / Y Y Y Y 11 26 2018
City Olathe	State KS	Zip Code 66062-4042	Transaction ID : PR499279419760           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) The Sabin Agency	Occi Owr	upation (for Individual) ner	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middle MORELLI, Vincent, M., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 746 5th St	State	Zip Code	11 26 2018
Lyndhurst	NJ	07071-3214	Transaction ID : PR511041219760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Aflac		upation (for Individual) jional Sales Coordinator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middle C. Hibbits, Laura, R., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 12303 Hwy 707 Suite B	State	Zin Oode	11 / 26 / Y Y Y Y 11 / 26 / 2018
City Murrells Inlet	State	Zip Code 29576-9740	Transaction ID : PR742659119760           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Hibbits Insurance Inc	Occi CFC	upation (for Individual) )	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional	, 		53515.00

SC	HEDULE B (FEC Form 3X)			F	OR I	LINE N	IUMBER	:			P	AGE	247 0	F 249				
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		Detailed	Summary Page		×	21b 28a	22 28b	-	23 28c		26	-	27 30b					
	y information copied from such Reports and State for commercial purposes, other than using the na					perso	n for the		pose (		soliciti		ontributio					
$\backslash$	NAME OF COMMITTEE (In Full)	•																
	Health Underwriters Political Action	on Comm	littee															
	Full Name (Last, First, Middle Initial) PayPal						Date o	f Dis	sburse	eme	ent							
	Mailing Address 2211 North First Street						11 26 2018											
	City	State CA	Zip Code				FEC Identification Number											
	San Jose Purpose of Disbursement Credit Card Fees	CA	95131	0	01													
	Candidate Name			Cate T	egor ype	ſy∕					) : 126 sburse	emen	t this Po					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼					mo	Item	Cre	edit Ca		1602.24 ees					
	State: District:							51110	nem									
В.	Full Name (Last, First, Middle Initial) American Express						Date o	_	D	D	ent		Y					
	Mailing Address PO Box 53852								11 21 2018									
	City Phoenix	State AZ	Zip Code 85072				FEC lo	lenti	ficatio	n١	Numbe	er						
	Purpose of Disbursement Credit Card Fees	nent 001						C Transaction ID : 12600926										
	Candidate Name			Cate	egor ype	y/	Amount of Each Disbursement this I							eriod				
	Senate	Irsement For:			, , , , , , , , , , , , , , , , , , , ,		89.16 Credit Card Fees											
	State: District:	Other (spe	спу)				Me	emo	Item									
-	Full Name (Last, First, Middle Initial)						Date o	_			ent							
	Mailing Address 7300 Chapman Way						M M	/	2	21	/		018					
	City Knoxville	State TN	Zip Code 37920				FEC lo	lenti	ficatio	n١	Numbe	er	-					
	Purpose of Disbursement Credit Card Fees Candidate Name			0 Cate	01 2001	2/	C Transaction ID : 12601083 Amount of Each Disbursement this Period											
		. –	<i>J'</i>								11							
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼				L	emo	Item	Cr	edit C	ard F	200.22 ees					
_	State: District:																	
⊢	<b>JBTOTAL</b> of Disbursements This Page (optional).						F						1891.62 1891.62	-				
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	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)					:			PAG	E	248 OF 249			
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page		-	21b 28a	22 28b	×	23 28c	$\square$	26 29		27 30b			
	y information copied from such Reports and State for commercial purposes, other than using the na															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee													
Α.	Full Name (Last, First, Middle Initial) Jason Lewis For Congress, Inc.		Date of Disbursement													
	Mailing Address 13800 Nicollet Blvd. PO Box 3055						10 18 2018									
	City Burnsville Purpose of Disbursement	State MN	Zip Code 55337				FEC Identification Number									
	Future Comp Event Candidate Name				)11			ansa	ction	ID :	12497					
	Lewis, Jason, , Rep.,	ement For:	2018		egory ype	y/	Amoun	t of	Each	Disb	ursem	2	this Period 000.00			
	State: MN District: 02	Primary Other (spe	General (Cify) ▼				Me	emo		Futu	e Corr					
B.	Full Name (Last, First, Middle Initial) Coffman For Congress						Date o	_	burse			Y	Y Y			
	Mailing Address 4950 S Yosemite Street F2 #511							0	L		18					
	City Greenwood Village Purpose of Disbursement	State CO	Zip Code 80111			_	FEC Identification Number									
	Void - Coffman For Congress Candidate Name			Cate	011 egory	y/	Tra	ansa	ction	ID :	1 <b>2503</b> ursem		this Period			
	Coffman, Michael, , , Office Sought:	ement For: Primary Other (spe	X General		ype		Me	emo		Void	- Coffr		000.00 For Congress			
С.	Full Name (Last, First, Middle Initial) Coffman For Congress						Date o	f Dis	burse	men	:					
	Mailing Address 4950 S Yosemite Street F2 #511						м м 10	/	D 3		/ Y		18 18			
	City Greenwood Village	State CO	Zip Code 80111				FEC Id			-	mber		_			
	Purpose of Disbursement Future Comp Event Candidate Name			Cate	)11 egory	y/		ansa		ID :	1 <b>2503</b> ursem		this Period			
	Coffman, Michael, , , Office Sought:  House Senate President State: CO District: 06	ement For: 2 Primary Other (spe	X General		уре		Me	emo		Futu	re Con		000.00 Event			
⊢	UBTOTAL of Disbursements This Page (optional).					-				-	-	2	2000.00			

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		DR LIN			:		PA	AGE	249 OF 249					
ITEMIZED DISBURSEMENTS		category of the Summary Page		2	1b Ba	22 28b	×	23 28c	26		27 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na																
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee														
Full Name (Last, First, Middle Initial) A. Lea Marquez Peterson For Congr Mailing Address PO Box 40935	ess					Date of 11	_	sburser 06	D /		018					
City Tucson	State AZ	Zip Code 85717				FEC lo	denti	fication	Numbe	r						
Purpose of Disbursement Void - Lea Marquez Peterson For Congress		[	0	11		C	1	066305 action	4 ID : 125	0910 <sup>,</sup>	4					
Candidate Name Peterson Lea, Marquez, , , Office Sought: x House Disburs	ement For: 2		Cate T	egory/ /pe		Amour	nt of	Each I	Disburse		t this Period 2000.00					
Senate President	Senate Primary X General President Other (specify) ▼								/oid - Le Congress	a Ma s	rquez Peterson Fo					
State: AZ District: 02 Full Name (Last, First, Middle Initial) B.						Date o	of Di	sburser	nent							
Mailing Address						M = N	/	D	D /	Y Y	YYY					
City	State	Zip Code				-	denti	fication	Numbe	r	-					
Purpose of Disbursement		Category/					Amount of Each Disbursement this F									
Senate	ement For: Primary	Type ment For: Primary General														
State: District:	Other (spec	сіту)				Memo Item										
Full Name (Last, First, Middle Initial)						Date o	of Di	sburser		Y Y	YYY					
Mailing Address																
City	State	Zip Code				FEC lo	denti	fication	Numbe	r						
Purpose of Disbursement						С	_									
Candidate Name			Cate T	egory/ /pe		Amour	nt of	Each I	Disburse	emen	t this Period					
Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General cify) ▼					emo	Item								
State: District:	_															
SUBTOTAL of Disbursements This Page (optional)				🕨				-		-	2000.00					
TOTAL This Period (last page this line number onl	y)			🕨	•			,	,		0.00					