Image#	20161	024903	4538141
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FEC FORM 3X

10/24/2016 14 : 27

PAGE 1 / 53

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Use	Only	
	IAME OF COMMITTEE (in fu		e or print ▼		mple: If typir r the lines.	ng, type	12FE4M	[5		
Hea	alth Underwri	ters Politi	cal Action Co	mmittee						1
		 _ 1'	212 New York Ave							
ADDR	RESS (number and s	street)	uite 1100							
Π	Check if differe than previously	ent								
	reported. (ACC		Vashington					20005		
2. F		TION NUMB	ER ▼	CITY A		S		Z	IP CODE 🔺	
[C C00283135			3. IS THIS REPORT	~	NEW N) OR		/IENDED)		
	YPE OF REPC Choose One)	ORT (b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov (Non-E Year O	20 (M11) Election Dnly)
(8	a) Quarterly Repo	rts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec	20 (M12) Election
	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)		31 (YE)
	Quarterly F	Report (Q1)	(c) 12-Day		Primary (12P	²) ×	General	(12G)	Runo	ff (12R)
		Report (Q2)	PRE-Election Report for		Convention (12C)	Special	(12S)		
	October 15 Quarterly F	5 Report (Q3)								
	January 31 Year-End I	1 Report (YE)		Election on	10 ^M	24 /	2016		n the State of	
	July 31 Mi Report (No Year Only)	on-election	(d) 30-Day POST -Elec		General (300	à)	Runoff (30R)	Spec	ial (30S)
	Termination (TER)	n Report	Report for	the:	M M /	D - D /	Y Y Y Y Y Y	i	n the	
				Election on					State of	
5. C	overing Period	10 /		2016	through	M M 10	/ D D / 19	2016		
I certi	fy that I have exa		eport and to the b lurphy, Jennifer, , ,	est of my know	wledge and b	pelief it is true	e, correct an	d complete.		
Туре	or Print Name of	Treasurer								
Signat	ture of Treasurer	Murphy, Je	ennifer, , ,		[Electronically	y Filed] Da	ate 10	/ D D D D D D D D D D D D D D D D D D D	201	6 Y Y
NOTE	: Submission of fals	se, erroneous,	, or incomplete info	rmation may su	bject the pers	son signing th	is Report to t	he penalties	of 52 U.S.C). § 30109
	Office Use								FORM 3	x
	Only]		

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:	1 01 2016 To	: 10 / 19 / Y Y Y Y 2016
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		192613.19
	(b) Cash on Hand at Beginning of Reporting Period	35642.62	
	(c) Total Receipts (from Line 19)	27932.20	471979.77
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	63574.82	664592.96
7.	Total Disbursements (from Line 31)	10361.82	611379.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53213.00	53213.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

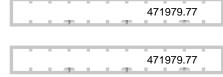
Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	44754.00			
(i) Itemized (use Schedule A)	14754.20	276364.12		
	13178.00	195615.65		
(ii) Unitemized	13170.00			
(iii) TOTAL (add	27932.20	471979.77		
Lines 11(a)(i) and (ii)	21002.20			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	27932.20	471979.77		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
a. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
6. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made		495 495 495		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds	4			
(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))	27932.20	471979.77		
. Total Federal Receipts				
$(a_1, b_1, b_2, a_3, b_1, a_3, a_1, b_2, a_3, b_1, a_3$	27022.20	474070 77		

(subtract Line 18(c) from Line 19)

Page 3

27932.20



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 14437.46 Expenditures 1211.82 (c) Total Operating Expenditures 14437.46 (add 21(a)(i), (a)(ii), and (b)) 1211.82 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 595500.00 and Other Political Committees... 9000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1442.50 150.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 150.00 1442.50 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 10361.82 611379.96 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 10361.82 611379.96

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

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)

Ţ	-			-	27932.20
		-	-		
	-			-7	150.00
					27782.20
4	-			-	21102.20
					1211.82
1	7	1		-7	
1					0.00
	-7-			7	0.00
					1211.82
-	-7-	-		-7-	

					474070 77
	 -7-			-7	471979.77
					1442.50
	 			- 1	1442.50
					470537.27
	7			-	470337.27
					14437.46
	-7	1	1	-7	11101110
1.00					0.00
	7			-7	0.00
					14437.46
1.	 -7-				

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)						
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	_ _	
	y information copied from such Reports and St										
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	e to so	DIICIT COI	TITIC	outions	from sucr		ee.	
	Health Underwriters Political Act	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Init Kite, William, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address PO Box 629				10 ^M	1	D 01	D / Y	y y 2016	Y	
	City Roanoke	State VA	Zip Code 24004-0629					1084526 Receipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>				300.0	00	
	Name of Employer (for Individual) D&S Agency	Occi Broł	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2925.00										
в.	Full Name of Individual (Last, First, Middle Init Southan, Tamela, L., ,	ial) or Full O		Date of	Re	eceipt					
	Mailing Address 101 W. Renner Rd., Ste 160						10 / D D / Y Y Y Y 10 01 2016				
	City Richardson	State TX	Zip Code 75082-2019				tion ID : 10845270 f Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			42.00						
	Name of Employer (for Individual) Occupation (for Individual) Benefit Solutions By Design Broker						Memo Item				
	Receipt For:	Year-to-Date ▼									
	Primary General Other (specify) ▼		1								
с.	Full Name of Individual (Last, First, Middle Init Curt, George, G., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Curt, George, G., ,									
	Mailing Address 91 Rte 103B Suite #5				M = M / D = D / Y = Y = Y = Y 10 01 2016					Y	
	City Sunapee	State NH	Zip Code 03782-2515					: 1084527 Receipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		365.0	00	
	Name of Employer (for Individual) CBS Insurance Inc dba - Curt linsur	BS Insurance Inc dba - Curt linsur Broker				emo	tem Item				
	Receipt For: Primary General Other (specify)	Aggregate]								
s	UBTOTAL of Receipts This Page (optional)			' ▶			, .	. ,	707.0	00	
т	OTAL This Period (last page this line number of	only)		•							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 7 OF

I EIVIIZED RECEIPIS		Detailed Summary Page	★ 11a 11b 11c 12					
		Detailed Summary Page	13 14 15 16 1					
			berson for the purpose of soliciting contributions be 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 Moore, David, R., ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address PO Box 1006			10 02 2016					
City	State NC	Zip Code	Transaction ID : 10845279					
Burlington		27216-1006	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) David R. Moore, CLU & Associates	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		300.00	1					
Full Name of Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name	-					
B. Musser, Ray, M., ,			Date of Receipt					
Mailing Address 404 North Second Ave	1		10 / D D / Y Y Y Y 10 02 2016					
City	State	Zip Code	Transaction ID : 10845281					
Upland	CA	91786-4793	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer (for Individual) Ray Musser & Associates Insurance Se	rv Brol	Memo Item						
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		850.00]					
Full Name of Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2 Terrace Way, Suite	В		10 / 02 / 2016					
City	State	Zip Code	Transaction ID : 10845282					
Greensboro	NC	27403-3663	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
Group US, Inc.	Brok	er						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		270.00	1					
Other (specify)		270.00						
SUBTOTAL of Receipts This Page (option	onal)		145.00					
TOTAL This Period (last page this line r	umber only)							

SCHEDULE A (FEC Form 3X) _____

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

FOR LINE NUMBER:

PAGE 8 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1					
or for commercial purposes, other than us			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, Mid Frizen, Bruce, , ,	Idle Initial) or Full O	organization Name	Date of Receipt					
Mailing Address 8058 Corporate Cente Suite 200			10 / D D / Y Y Y Y 2016					
City Charlotte	State NC	Zip Code 28226-4359	Transaction ID : 10845293 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		45.00					
Name of Employer (for Individual) L.E. Goodgame & Associates	Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 405.00]					
Full Name of Individual (Last, First, Mid 3. Schneider, Chad, P., ,	Idle Initial) or Full O	organization Name	Date of Receipt					
Mailing Address 360 W. Hubbard St. Apt 1105			M M / D D / Y Y Y Y 10 03 2016					
City Chicago	State	Zip Code 60654-5748	Transaction ID : 10845295 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) Code SixFour	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Primary General General							
Full Name of Individual (Last, First, Mid Boop, Deborah, R., ,	Idle Initial) or Full O	organization Name	Date of Receipt					
Mailing Address 8046 Richard Rd.			10 03 2016					
City Broadview Heights	State OH	Zip Code 44147-1241	Transaction ID : 10845296 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) Kaczmarek Insurance Services	Occi Brok	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00]					
SUBTOTAL of Receipts This Page (optic	nal)		160.00					
TOTAL This Period (last page this line n	umber only)							

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

IT.			Use separate schedule(s)	(ch	eck only					
			for each category of the Detailed Summary Page		′ 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	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Meredith, Griffin, , ,	al) or Full O	organization Name		Date of	f Re	eceipt			
	Mailing Address 550 S 5th St Unit 303				^M 10	/	03) / Y	2016	Y
	City Louisville	State KY	Zip Code 40202-4309					1084529 Receipt th	7 iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		85.	00
	Name of Employer (for Individual) Commonwealth Insurance Partners		upation (for Individual) sident		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 805.00							
в.	Full Name of Individual (Last, First, Middle Initi Fugitt-Hetrick, Pamela, Leigh, ,	al) or Full O	organization Name		Date of	f Re	eceipt			
	Mailing Address 1123 Soquel Avenue				10 ^M	1	03		y y 2016	Y
	City Santa Cruz	State CA	Zip Code 95062-2105					1084529 Receipt th	8 iis Period	
	FEC ID number of contributing federal political committee.	С					-		30.	00
	Name of Employer (for Individual) DCD Financial & Insurance Services	Occi Brol	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00							
C.	Full Name of Individual (Last, First, Middle Initi Warwick, John, L., ,	al) or Full O	organization Name		Date of	f Re	eceipt			
	Mailing Address 1907 B Mangrove Ave.				^M 10	1	03		2016	Y
	City Chico	State CA	Zip Code 95926-2381					1084530 Receipt th	io iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	- y	85.	00
	Name of Employer (for Individual) John Warwick Insurance Services	Occu Brok	upation (for Individual) ker		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00]						
s	UBTOTAL of Receipts This Page (optional)						y .	,	200.	00
т	OTAL This Period (last page this line number o	nly)		•						

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ידו		Use separate schedule(s)	(cł	neck only										
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a]11b	110	;	12	_ _			
	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													
A.	Full Name of Individual (Last, First, Middle Initi Kinkade, E. Andrea, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 2340 Detroit Ave				^M 10	1	D 03		Y	y y 2016	Y			
	City Maumee	State OH	Zip Code 43537-3766					: 10845 Receipt						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Kaminsky & Associates, Inc Receipt For:	upation (for Individual) ker		M	emo	o Item								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1										
в.	Full Name of Individual (Last, First, Middle Initi Watkins, Wesley, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 205 Ansley Blvd Suite A	Ctata	Zip Code		10 ^M	/	03		Y	y y 2016	Y			
	City Alexandria	State LA	Zip Code 71303-3964					: 10845 Receipt	-	s Period				
	FEC ID number of contributing federal political committee.	С								365.(00			
	Name of Employer (for Individual) UDB Insurance	Occi Brol	upation (for Individual) ker		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]										
С.	Full Name of Individual (Last, First, Middle Initi Shores, Thomas, E., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 8596 W Bolsa Ct.				10 ^M	1	03		Y	y y 2016	Y			
	City Boise	State ID	Zip Code 83709-5196				-	: 10845 Receipt	-) s Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	,		42.0	00			
	Name of Employer (for Individual) T.A. Shores Inc.	Occu Brok	upation (for Individual) er		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	1										
⊢	UBTOTAL of Receipts This Page (optional)			•			, . , .			907.0	00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

			Detailed Summary Page	×	11a		11	b	11c	12								
						13		14		15	16	17						
	y information copied from such Reports and for commercial purposes, other than using t																	
			luure		e io sc			Julic		JIII SUCI		ee.						
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	etion Com	mi	ttoo														
/	Realth Onderwhiers Political P			llee														
_	Full Name of Individual (Last, First, Middle I	Initial) or Full C	rgar	nization Name														
۹.	Gwin, David, R., ,					Date of	Re	ecei	pt									
	Mailing Address I-20 At Alpine Rd.				M – M	/		D	/ Y	YY	Υ							
	AX-400	Otata		Zip Code		10 04 2016												
	City Columbia	State SC		29219-0001	Transaction ID : 10845450 Amount of Each Receipt this Period													
			-															
	FEC ID number of contributing federal political committee.	С						-			85.0	00						
	Name of Employer (for Individual)		•	ion (for Individual)	Memo Item													
	BlueChoice HealthPlan Receipt For:	Bro	-		_													
	Primary General	r-to-Date ▼																
	Other (specify) ▼			680.00														
_			7															
	Full Name of Individual (Last, First, Middle I	Initial) or Full C	rgar	nization Name														
В.	Lewis, Carolyn, S., ,					Date of	Re	ecei	pt									
	Mailing Address 12401 Folsom Blvd, Suite 32	24			10 04 Y Y Y Y Y 10 04													
	City	State		Zip Code				L		084545								
	Rancho Cordova	CA		95742-9419							is Period							
	FEC ID number of contributing	0	-															
	federal political committee.	C	1					-			12.0	J0						
	Name of Employer (for Individual)	Occ	upat	tion (for Individual)	Memo Item													
	Lewis Benefits Group	Bro	ker															
	Receipt For:	Aggregate	Yea	r-to-Date ▼														
	Other (specify) ▼																	
	Other (specify) ↓		345.00															
	Full Name of Individual (Last, First, Middle I	Initial) or Full C	rgar	nization Name														
C.	Stoner, John, R., ,					Date of	Re	ecei	pt									
	Mailing Address 700 Central Avenue, Suite 4	404				M M	1			/ Y	Y Y	Y						
	City	State		Zip Code		10 Trans	acti	ion	04	084558	2016							
	Saint Petersburg	FL		33701-3600							is Period							
	FEC ID number of contributing					Amoum	. 01	La			is r enou							
	federal political committee.	С						y			500.0	00						
						М	emc	n lte	m									
	Name of Employer (for Individual) John R. Stoner Organization, Inc.	Occ	upat	ion (for Individual)		IVI	enic	5 110	5111									
	Receipt For:	Aggragata	Vaa	r to Data														
	Primary General	Aggregale	rea	r-to-Date ▼														
	Other (specify)	500.00																
			7-															
							-		-	_	507 (20						
S	UBTOTAL of Receipts This Page (optional)			••••••	-		-	y	_	y	597.0	10						
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

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PAGE 12 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14		11c	12	17			
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nmi	ttee											
A .	Full Name of Individual (Last, First, Middle Initia Manning, Richard, K., , Mailing Address 10315 Woodley Avenue, #216	al) or Full C	Orgai	nization Name		ate of	Re	<u> </u>	D		ÝÝÝ	Y			
	City	State CA		Zip Code	10 05 2016 Transaction ID : 10845615										
	Granada Hills FEC ID number of contributing federal political committee.	C		91344-6951	Amount of Each Receipt this Period 85.00										
	Name of Employer (for Individual) Accessible Health Insurance Services. Receipt For:	Brol	ker	tion (for Individual)	Memo Item										
	Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 510.00											
в.	Full Name of Individual (Last, First, Middle Initia Harrington, Paula, , , Mailing Address 1332 E Beltline Road	al) or Full C	Drgai	nization Name		ate of	Re /	D	D	/ Y	Y Y	Y			
	City Richardson FEC ID number of contributing	State TX	_	Zip Code 75081-3709				on ID		0845610 eceipt th	2016 6 is Period				
	federal political committee.	C Occ	cupa	tion (for Individual)	L [Me	emo	Item	I	-	85.	00			
	Harrington Insurance Solutions, LLC - Receipt For: Primary General Other (specify) ▼	Aggregate	-	ar-to-Date ▼ 460.00											
с.	Full Name of Individual (Last, First, Middle Initia Maceira, Luis, A., ,	al) or Full C	Drgai	nization Name		ate of	Re	ceipt							
	Mailing Address 4515 S Durango Dr Apt 2028 City	State		Zip Code	_ [10 Trans	/ acti	la se a se)5	/ Y 084561	2016 7	Y			
	Las Vegas	NV		89147-6087	A	mount	of	Each	Re	eceipt thi	is Period				
	FEC ID number of contributing federal political committee.	С				-	_	9		 y	30.	00			
	Name of Employer (for Individual) Distinctive Insurance Receipt For:	Ben	efits	tion (for Individual) Consultant		Me	emo	Item	1						
	Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 350.00											
s	UBTOTAL of Receipts This Page (optional)			•				9		9	200.	00			
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 13 OF

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ITEMIZED RECEIPTS		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, Midd Briand, Chelyn, M., ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 14750 NW Glacier Lane			M M / D D / Y Y Y Y 10 05 2016
City Beaverton	State OR	Zip Code 97006-5892	Transaction ID : 10845619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual)	Occ 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, Midd B. Moore, Robert, L., ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1644 Plank Rd			10 / Y Y Y Y 10 05 2016
City Duncansville	State	Zip Code 16635-8376	Transaction ID : 10845620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) L.R. Webber Associates, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00]
Full Name of Individual (Last, First, Midd C. Sherrill, David, M., ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 407 Centerpointe Circle,	Suite 163		10 / D D / Y Y Y Y 2016
City Altamonte Springs	State FL	Zip Code 32701-3446	Transaction ID : 10845624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Sherrill Insurance Brokerage, Inc.	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00	1
SUBTOTAL of Receipts This Page (optional	al)		102.00
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			for each category of the Detailed Summary Page		K 11a		11b	11c	12	<u> </u>	
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	NAME OF COMMITTEE (In Full)			0 10 0							
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Rianhard, R. Dane, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 1 E. Pratt St., Unit 902				^M 10	/	D 05		y y 2016	Y	
	City Baltimore	State MD	Zip Code 21202-1193					: 1084562 Receipt th	25 nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.0	00	
	Name of Employer (for Individual) TriBridge Partners, LLC	Occu Brok	upation (for Individual) ker		Me	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	1							
	Full Name of Individual (Last, First, Middle Initia Storz, Ulrich, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 987 University Avenue, #14	1			м м 10	/	06		ү ү 2016	Y	
	City Los Gatos	State CA	Zip Code 95032-7640					1084564			
	FEC ID number of contributing federal political committee.	С							nis Period 30.0	00	
	Name of Employer (for Individual) Storz Insurance Services	Occi Brol	upation (for Individual) ker		Me	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
	Full Name of Individual (Last, First, Middle Initia Scholz, Paul, Joseph, ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 17445 Arbor St Suite 310	04-4-	7. 0.1		10 ^M	/	06		2016	Y	
	City Omaha	State NE	Zip Code 68130-4645					: 1084565 Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	7	85.0	00	
	Name of Employer (for Individual) OCI Insurance and Financial Services	Occu Brok	upation (for Individual) er		M	em	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 975.00	1							
SI	JBTOTAL of Receipts This Page (optional)			<u> </u>			y	9	145.0	00	
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SCHEDULE A (FEC Form 3X)

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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	olicit cor	ntrib	outions	from such	n committ	ee.	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Sullivan, Ashley, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address PO Box 99565				^M 10	1	D 07	D / Y	2016	Y	
	City Louisville	State KY	Zip Code 40269-0565					1084571 Receipt th	6 nis Period		
	FEC ID number of contributing federal political committee.			<u> </u>				42.0	00		
	Name of Employer (for Individual) Van Zandt Emrich and Cary	Occu Brok	upation (for Individual) ker		Me	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]							
в.	Full Name of Individual (Last, First, Middle Initi Riedl, Alycia, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1600 Utica Ave S				10 ^M	1	D 07) / Y	y y 2016	Y	
	City Spint Louis Park	State MN	Zip Code					1084571			
	Saint Louis Park		55416-1443		Amount	of	Each F	Receipt th	nis Period	_	
	FEC ID number of contributing federal political committee.	С			Ľ.	_	- J-	-	30.0	00	
	Name of Employer (for Individual) Willis Towers Watson	Occi Brol	upation (for Individual) ker		Me	emo	tem				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼		290.00]							
с.	Full Name of Individual (Last, First, Middle Initi Griffin, Mary, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 14 Commerce Road				^M 10	/	D 07		2016 Y	Y	
	City Newtown	State CT	Zip Code 06470-1607					: 1084571 Receipt th	I 8 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		30.	00	
	Name of Employer (for Individual) TR Paul, Inc.	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)			•			y .	. ,	102.0	00	
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SCHEDULE A (FEC Form 3X) _____

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Detailed Summary Page

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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 17
			person 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, Midd A. McGill, Frank, H., ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 200 Arbor Lake Dr Ste 2			M M / D D / Y Y Y Y 10 07 2016
City Columbia	State SC	Zip Code 29223-4516	Transaction ID : 10845719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) HealthPlan of South Carolina	Occ 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, Midd 3. Bikmaz, Joanne, , ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1860 Shaded Wood Roa	d		10 07 2016
City	State	Zip Code	Transaction ID : 10845723
Diamond Bar	CA	91789-4011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Fisher & Associates Insurance Services	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, Midd DeBruin, Teresa, F., ,	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5441 Edgerton Drive			10 / Y Y Y Y 10 07 2016
City Peachtree Corners	State GA	Zip Code 30092-2185	Transaction ID : 10845724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) DeBruin Benefit Services, Inc./ The La	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 675.00]
SUBTOTAL of Receipts This Page (optional	al)		110.00
TOTAL This Period (last page this line nur	nber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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TEWIZED RECEIPTS	Detailed Current Date		11a		11b	11c	12									
		Detailed Summary Page		13		14		15	16	1						
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NAME OF COMMITTEE (In Fu		mittee														
Full Name of Individual (Last, Bremer, Emily, Black, ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt										
Mailing Address 8000 Bonhom	me Ave., # 213		10 / 07 / 2016 Transaction ID : 10845725													
City Saint Louis	State MO	Zip Code 63105-3515	A			-			25 nis Perio	d						
FEC ID number of contributing federal political committee.	C		63.00													
Name of Employer (for Individu Bremer Conley LLC	ial) Occu Brok	upation (for Individual) ker	Memo Item													
Receipt For: Primary Genera Other (specify) ▼	Year-to-Date ▼ 630.00	1														
Full Name of Individual (Last, 1 B. Hartman, William, J., ,		rganization Name		Date of	Re	ceipt										
Mailing Address 215 Airport No	10 / 07 / 2016 Transaction ID : 10845778															
City Fort Wayne	State IN	Zip Code 46825-6702	A			-			' 8 nis Perio	d						
FEC ID number of contributing federal political committee.	C		365.00													
Name of Employer (for Individu Hartman Insurance Services	ual) Occu Brol	upation (for Individual) ker	Memo Item													
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 365.00]													
Full Name of Individual (Last, Lorenzen, Kevin, , ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt										
Mailing Address 109 Diamond	Tail Rd			м м 10	1	DC	D8	/ Y	2016	Ŷ						
City Placitas	State NM	Zip Code 87043-8342	A					084579 ceipt th	91 nis Perio	d						
FEC ID number of contributing federal political committee.	C			_		,		y	30	0.00						
Name of Employer (for Individu Aflac	ual) Occu	upation (for Individual)	Memo Item													
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 210.00	1													
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER:

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Any information copied from such Reports and Statements may not be sold or used by any parson for the purpose of soliciting continue for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com NAME OF COMMITTEE (in Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 7000 Stonewood Dr State Suite 251 Zip Code City State Wexford PA State Zip Code PA 15090-7376 Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: 10845794 Amount of Each Receipt this Per 201 Transaction ID: 10845794 Amount of Each Receipt this Per Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Balla, Donald, L., , Mailing Address 1320 Grant Building C FEC ID number of contributing tedral political committee. C Name of Employer			Detailed Summary Page	X	11a] 11	1b 🗌	11c	: 1	2	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com NAME OF COMMITTEE (in Full) Health Underwritters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Galardini, Richard, F., , Maling Address 7000 Stonewood Dr Suite 251 City State Wexdord PA FEC ID number of contributing tederal political committee C Name of Employer (for Individual) Occupation (for Individual) DRA Advess 1200 Grant Building C City Transaction ID : 10845794 Maiing Address 1320 Grant Building C City Total Contributing tederal political committee Pittburgh State Zip Code Pittburgh State Zip Code Pittburgh State Zip Code Pittburgh C C Receipt For: Prinary General Occupation (for Individual) Balla, Donald, L., , Maling Address 1320 Grant Building C Transaction ID : 10845795 FEC. ID number of contributing federal political committee. Aggregat					13		14	4	15	1	6	17
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Galardini, Richard, F., . Mailing Address 7000 Stonewood Dr Suite 251 City State Yead State PA Isomo of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ Occupation (for Individual) Occupation (for Individual) Other (specify) ▼ Date of Receipt FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Balla, Donald, L., , Mailing Address 1320 Grant Building City Pittsburgh State Zip Code PA 15219-2213 PA FEC ID number of contributing federal political committee. C Transaction ID : 10845795 Name of Employer (for Individual) Simpson & McCrady LLC Occupation (for Individual) Broker Date of Receipt FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name C Individual (Last, First, Middle Initial) or Full Organization Name C. Matsushita, David, , , Aggregate Year-to-Date ▼ Occupation (for Individual) Broker Date of Receipt City City State Zip Code Nount	r for commercial purposes, other than using t											
A. Galardini, Richard, F., Date of Receipt Mailing Address 7000 Stonewood Dr Suite 251 Transaction ID : 10845794 Gity State Zip Code Wextord PA 15090-7376 FEC ID number of contributing federal political committee. C Amount of Each Receipt Ms Per Comparison ID : 10845794 Name of Employer (for Individual) JRG Advisors, LLC C Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 757.00 B. Balla, Donald, L., , Mailing Address 120 Grant Building 757.00 Date of Receipt Gity State Zip Code PA 15219-2213 Transaction ID : 10845785 FEC ID number of contributing federal political committee. C General Occupation (for Individual) Broker Date of Receipt Mame of Employer (for Individual) Simpson & MoCrady LLC Broker Tamsaction ID : 10845785 Amount of Each Receipt this Per Grity Primary General Occupation (for Individual) Broker Occupation Name Date of Receipt City Primary General Occupation Name Date of Receipt City Primary General Occupation Name Memo		Action Com	mittee									
Suite 251 10 08 201 City PA 15090-7376 Transaction ID : 10845794 Name of Employer (for Individual) C Manual of Each Receipt this Periphere (for Individual) JRG Advisors, LLC Chairman & CEO Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Dither (specify) ▼ 757.00 Date of Receipt Individual) B. Balla, Donald, L., , Malling Address 1320 Grant Building C Transaction ID : 10845795 Malling Address 1320 Grant Building C Date of Receipt Individual) Transaction ID : 10845795 Manual of Each Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Individual) Date of Receipt Individual) B. Balla, Donald, L., , Malling Address 1320 Grant Building Occupation (for Individual) Broker Receipt For: PA 15219-2213 Amount of Each Receipt Individual) Broker Receipt For: Aggregate Year-to-Date ▼ Memo Item Memo Item Mailing Address 25B Hanover Road Suite 220 City Memo Item Date of Receipt Individual) Griy Malling Address 25B Hanover Road Suite 220 Transaction ID : 10845795 Amount of Each	Full Name of Individual (Last, First, Middle Galardini, Richard, F., ,		Date of Receipt									
Wextord PA 15090-7376 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) JRG Advisors, LLC C Paceipt For: Aggregate Year-to-Date ▼ Chairman & CEO Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ B. Balla, Donald, L., , 757.00 Mailing Address 1320 Grant Building C City Pt Pittsburgh Pa FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Simpson & McCrady LLC Occupation (for Individual) Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID : 10845795 Aggregate Year-to-Date ▼ Memo Item Mailing Address 25B Hanover Road Suite 220 Mailing Address 25B Hanover Road Suite 220 City State Zip Code Pilot Name of Employer (for Individual) Broker Date of Receipt Mailing Address 25B Hanover Road Suite 220 Mailing Address 25B Hanover Road Suite 220 City NJ Org32:1443 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Savoy Ass	Suite 251											
rederal political committee. Image: Committee com				Transaction ID : 10845794 Amount of Each Receipt this Period								
JRG Advisors, LLC Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ B. Balla, Donald, L., , Mailing Address 1320 Grant Building City PA Pittsburgh PA FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Pittsburgh General Other (specify) ▼ Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Mailing Address 25B Hanover Road Suite 220 Transaction ID : 10845795 City State Zip Code Mailing Address 25B Hanover Road Suite 220 Transaction ID : 10845795 City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Savoy Associates NJ 07932-1443 FEC ID number of contributing federal political committee. C Mailing Address 25B Hanover Road Suite 220 Transaction ID : 10845796 Mame of Employer (for Individual) Senior Account Executive </td <td>•</td> <td>C</td> <td></td> <td colspan="7" rowspan="2">84.00 Memo Item</td> <td>)</td>	•	C		84.00 Memo Item)	
Primary General Other (specify) ▼ 757.00 B. Balla, Donald, L., , Mailing Address 1320 Grant Building Date of Receipt City State Zip Code Pittsburgh PA 15219-2213 FEC ID number of contributing federal political committee. C Anount of Each Receipt this Per PA Name of Employer (for Individual) Occupation (for Individual) Broker Breceipt For: Aggregate Year-to-Date ▼ Memo Item Primary General Other (specify) ▼ Date of Receipt this Per PA City State Zip Code Memo Item Per PA 15219-2213 Memo Item Memo Item Were of Employer (for Individual) Occupation (for Individual) Memo Item Broker Aggregate Year-to-Date ▼ Image: State 10 0 0 2010 City Fill Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 10 0 0 2011 10 0 2011 10 0 2011 10 0 2014 10 0 2014 10 0 <td< td=""><td>JRG Advisors, LLC</td><td></td><td>1 ()</td></td<>	JRG Advisors, LLC		1 ()									
B. Balla, Donald, L., , Date of Receipt Mailing Address 1320 Grant Building Date of Receipt City State Zip Code Pittsburgh PA 15219-2213 FEC ID number of contributing federal political committee. C Transaction ID : 10845795. Name of Employer (for Individual) Occupation (for Individual) Broker Simpson & McCrady LLC Occupation (for Individual) Memo Item Primary General Other (specify) ▼ Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Fach mover Road Suite 220 Transaction ID : 10845796 City State Zip Code Florham Park NJ 07932-1443 FEC ID number of contributing federal political committee. Occupation (for Individual) Savoy Associates Senior Account Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Savoy Associates Senior Account Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation (for Individu	Primary General	Aggregate]									
City State Zip Code Pittsburgh PA 15219-2213 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 25B Hanover Road Suite 220 Transaction ID : 10845796 City State Zip Code Picham Park NJ 07932-1443 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Date of Receipt Transaction ID : 10845796 Amount of Each Receipt Memo Item Ofloat 008 2011 Transaction ID : 10845796 Amount of Each Receipt this Per City State Zip Code FEC ID number of contributing federal political committee. Occupation (for Individual) Savoy Associates Senior Account Executive Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General Other Individual)	. Balla, Donald, L., ,						ecei	ipt				
Pittsburgh PA 15219-2213 Intraaction ID - 108-0150 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Per Name of Employer (for Individual) Simpson & McCrady LLC Doccupation (for Individual) Broker Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Name of contributing federal political committee. Orga2-1443 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Senior Account Executive Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General Occupation (for Individual) Savoy Associates Memo Item	Mailing Address 1320 Grant Building											
federal political committee. Image: Committee of the poly of the po	•										riod	
Simpson & McCrady LLC Broker Broker 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. Matsushita, David, , , Mailing Address 25B Hanover Road Suite 220 Date of Receipt City State Zip Code FIOrham Park NJ 07932-1443 FEC ID number of contributing C Amount of Each Receipt this Per FEC ID number of contributing C Memo Item Mame of Employer (for Individual) Occupation (for Individual) Memo Item Savoy Associates Senior Account Executive Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item	8	С			30.00							
Primary General Other (specify) General State 300,00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 25B Hanover Road Suite 220 Date of Receipt City State Zip Code Florham Park NJ 07932-1443 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Per federal political committee. Name of Employer (for Individual) Occupation (for Individual) Senior Account Executive Receipt For: Aggregate Year-to-Date ▼ Memo Item	Simpson & McCrady LLC				Memo Item							
C. Matsushita, David, , , Date of Receipt Mailing Address 25B Hanover Road Suite 220 Date of Receipt City State Zip Code Florham Park NJ 07932-1443 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Per Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Senior Account Executive Memo Item Primary General Aggregate Year-to-Date ▼ Openeral Openeral	Primary General	Aggregate]								
City State Zip Code Transaction ID : 10845796 Florham Park NJ 07932-1443 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. C Amount of Each Receipt this Per Name of Employer (for Individual) Occupation (for Individual) Memo Item Savoy Associates Aggregate Year-to-Date ▼ Memo Item	Matsushita, David, , ,		rganization Name		Date of	Re	ecei	ipt				
Florham Park NJ 07932-1443 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. C Image: Contributing federal political committee. Image: Contritee. Image: Contributing fede					10	1	L	08	JL	201]
federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Savoy Associates Senior Account Executive Receipt For: Aggregate Year-to-Date ▼ Primary General	-										riod	
Savoy Associates Senior Account Executive Receipt For: Aggregate Year-to-Date ▼	•	C					y		,		50.00	
Primary General General	Savoy Associates			M	emo	o It	em					
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SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional).						y		. ,	1	64.00	

SCHEDULE A (FEC Form 3X)

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for each category of the	
Detailed Summary Page	X 11a 11

FOR LINE NUMBER:

PAGE 19 OF

	d Statements may not be sold or used by any per the name and address of any political committee								
	Action Committee								
Full Name of Individual (Last, First, Middle Graves, Matthew, , ,	Initial) or Full Organization Name	Date of Receipt							
Mailing Address 4808 Broadmoor SE		M M / D D / Y Y Y Y 10 08 2016							
City Grand Rapids	StateZip CodeMI49512-5306	Transaction ID : 10845799 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	30.00							
Name of Employer (for Individual) Lighthouse Insurance Group	Occupation (for Individual) Account Executive	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00								
Full Name of Individual (Last, First, Middle Maichel, Scott, , ,	Date of Receipt								
Mailing Address 4180 La Jolla Village Drive Suite 450	10 / D D / Y Y Y Y 2016								
City La Jolla	StateZip CodeCA92037-1472	Transaction ID : 10845801 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	30.00							
Name of Employer (for Individual) AmCheck	Occupation (for Individual) Principal	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00								
Full Name of Individual (Last, First, Middle Crosby, Neil, R., ,	Initial) or Full Organization Name	Date of Receipt							
Mailing Address 32110 Agoura Road		10 09 2016							
City Westlake Village	StateZip CodeCA91361-4026	Transaction ID : 10845804 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	. 85.00							
Name of Employer (for Individual) Warner Pacific Insurance Services	Occupation (for Individual) Director of Sales	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 765.00]							
SUBTOTAL of Receipts This Page (optional).	▶	145.00							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

	-	Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11			
			person 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 Buechler, Anthony, C, ,	Date of Receipt					
Mailing Address 1203 Colonial Circle			M M / D D / Y Y Y Y 10 09 2016			
City Papillion	State NE	Zip Code 68046-6109	Transaction ID : 10845806 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual) Buechler Insurance Services	Occi Brol	upation (for Individual) ker	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]			
B. Buffington, Tammy, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Buffington, Tammy, , , Mailing Address 3112 South 13th					
City						
Lincoln	NE	68502-4514	Transaction ID : 10845809 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		85.00			
Name of Employer (for Individual) A+ Brokerage	Occ Age	upation (for Individual) ent	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	1			
Full Name of Individual (Last, First, Midd C. Wong, William, W., ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 43 Waverly Place			10 09 2016			
City San Francisco	State CA	Zip Code 94108-2118	Transaction ID : 10845812 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		30.00			
Name of Employer (for Individual) Bill Wong & Associates	Occi Brok	upation (for Individual) xer	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate]				
SUBTOTAL of Receipts This Page (option	al)		145.00			
TOTAL This Period (last page this line nur	mber only)					

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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for each category of the
Detailed Summary Page

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17			Use separate schedule(s)	(che	ck only	y or	ne)	L						
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17				
	y information copied from such Reports and Si for commercial purposes, other than using the				or the		pose o	f soliciting	g contribu	tions				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Init Snowden, Scott, D., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 812 Lyndon Lane, Suite 101					1	09		ү ү 2016	Y				
	City Louisville	State KY	Zip Code 40222-3844					: 1084581 Receipt th	1 5 his Period					
	FEC ID number of contributing federal political committee.	С							30.	00				
	Name of Employer (for Individual) Snowden & Associates, Inc. Receipt For:	Occu Brok		Me	emo) Item								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]										
в.	Full Name of Individual (Last, First, Middle Init Baer, Farren, , ,	ial) or Full O	rganization Name		Date of	ⁱ Re	eceipt							
	Mailing Address 402 Pitt Street						10 / D D / Y Y Y Y Y 2016							
	City Fredericksburg	State VA	Zip Code 22401-3631	-				: 1084581 Receipt th	6 nis Period					
	FEC ID number of contributing federal political committee.	C				30.00								
	Name of Employer (for Individual) NAHU		upation (for Individual) President		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]										
С.	Full Name of Individual (Last, First, Middle Init Sklar, Erika, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1415 Walton Blvd				^M 10	/	D 10		2016	Y				
	City Rochester Hills	State MI	Zip Code 48309-1775	/				: 1084581 Receipt th	17 nis Period					
	FEC ID number of contributing federal political committee.	С					,	9	42.	00				
	Name of Employer (for Individual) Tim Crawford Insurance Agency, Inc. Receipt For:						o Item							
	Primary General Other (specify)	Aggregate Year-to-Date												
s	UBTOTAL of Receipts This Page (optional)						, .	,	102.	00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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PAGE 22 OF

			Detailed Summary Page		×	11a 13		-	11b 14	F	11c 15		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n					or the		rpc	ose		soliciting		ntribu	tions	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	nmittee												
Α.							Date of Receipt								
	Mailing Address 585 Grove St Suite 145 City State Zip Code							10 / Y Y Y Y Y 10 2016							
	Herndon	VA	-	Transaction ID : 10845819 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.00								00			
	Name of Employer (for Individual) Gallagher Benefit Services	Occupation (for Individual) Broker						Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wham, Scott, , ,						Date of Receipt								
	Mailing Address 145 E 5th Avenue														
	City Conshohocken	State PA	Zip Code 19428-1789		Transaction ID : 10845821 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C					42.00 Memo Item						00		
	Name of Employer (for Individual) Kistler Tiffany Benefits	Occupation (for Individual)													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00												
<u> </u>	Full Name of Individual (Last, First, Middle Initial Sterner, Heidi, J., ,) or Full O	Drganization Name)ate d	of Re	ec	eipt	t.					
	Mailing Address 7881 Sw Charleston Blvd				ſ	[™] 10	И /	/		D 11	/ Y)16 [°]	Y	
	City Las Vegas	State NV	Zip Code 89117-8323		A						084584 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) LGBS	Occi Insu		ľ	Ν	/lem	0	Iten	n						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00												
s	UBTOTAL of Receipts This Page (optional)			▶	ļ			,		=		-	102.	00	
т	OTAL This Period (last page this line number on	ly)		🕨				_							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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PAGE 23 OF

IT.	TEMIZED RECEIPTS Use separate schedule(s) for each category of the	(cł	neck only	y or	ne)							
11			for each category of the Detailed Summary Page		× 11a]11b	11		12	<u> </u>	
	y information copied from such Reports and Sta for commercial purposes, other than using the								iting			
$\overline{)}$	NAME OF COMMITTEE (In Full)											
\rangle	Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Ashby, Thomas, F., ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address P. O. Box 70			M M / D D / Y Y Y Y 10 11 2016								
	City Zirconia	State NC	Zip Code 28790-0070	_				: 1084 Receip		2 is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>			30.00				
	Name of Employer (for Individual)Occupation (for Individual)Senior Healthcare Solutions, Inc.Broker					emo	b Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
B	Full Name of Individual (Last, First, Middle Initia Stewart, Diana, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 500 W. 36th Avenue Suite 300						1 ⁻		Y	ү 2016	Ŷ	
	City	State AK	Zip Code					: 1084		-		
	Anchorage FEC ID number of contributing federal political committee.	AK 99503-5805				t of	Each	Receip	n tn	is Period 30.	_	
	Name of Employer (for Individual) Digital Insurance, Inc.	Occupation (for Individual) Sr. Acct Mgr				emo	b Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
С.	Full Name of Individual (Last, First, Middle Initia Lee, Kelli, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 510 L Street Suite 270	1			10 ^M	/	D 1		Y	үүү 2016	Y	
	City Anchorage	State AK	Zip Code 99501-1949				-	: 1084 Receip		is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		9	30.	00	
	Name of Employer (for Individual) Moda Health		upation (for Individual) cutive Director		М	emo	o Item					
	Receipt For: Primary General Other (specify)	General Aggregate Year-to-Date ▼ 240.00										
⊢	UBTOTAL of Receipts This Page (optional)			• -			, .		9	90.	00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 24 OF

ITEIMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	12	_						
				13		14		15	16	17						
Any information copied from such Reports or for commercial purposes, other than usin																
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee														
Full Name of Individual (Last, First, Mide A. Madison, Kelly, A., ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name dison, Kelly, A., ,							Date of Receipt								
Mailing Address 1605 N. 13th Street Suite A City	State	Zip Code		10 11 2016 Transaction ID : 10845885												
Boise	ID	83702-3566	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		200.00													
Name of Employer (for Individual) The Shandro Group	Occi Brok	upation (for Individual) ker	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00]													
Full Name of Individual (Last, First, Mide B. Fisher, Erin, B., ,		Date of Receipt														
Mailing Address 131-6 Courtland Avenue																
City Stamford	State CT	Zip Code 06902-3443		Transaction ID : 10845893 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		50.00						00							
Name of Employer (for Individual) Find Medicare Plans	Occi Brol		Me	emo	Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]													
Full Name of Individual (Last, First, Mide C. Lawless, Jim, , ,	dle Initial) or Full O	rganization Name		Date of Receipt												
Mailing Address Epic Insurance Solution 710 East Main Street				^M 10	/	D 11		/ Y	ү ү 2016	Y						
City Lexington	State KY	Zip Code 40502-1602						845914 eipt this	4 s Period							
FEC ID number of contributing federal political committee.	С					,	_	9	25.	00						
Name of Employer (for Individual) Epic Insurance Solutions, LLC Receipt For:	Insurance Solutions, LLC Broker						Memo Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 403.00														
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu						y y	-	- 1	275.0	00						

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

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for each category of the Detailed Summary Page	X 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 17
			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 Ackerman, Mark, K., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3700 Forest Drive Suite 300			10 / Y Y Y Y 2016
City Columbia	State SC	Zip Code 29204-4010	Transaction ID : 10845917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Insurance Management Group, Inc.	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.00]
Full Name of Individual (Last, First, Mide 3. Reyes, Deborah, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1065 Bonita Ave.	10 11 2016		
City La Verne	State CA	Zip Code 91750-5109	Transaction ID : 10845927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Deborah Reyes Ins. Services	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Mide C. Fomalont, Eva, Jean, ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1804 Juan Tabo NE, St			10 / D D / Y Y Y Y 10 11 2016
City Albuquerque	State NM	Zip Code 87112-3309	Transaction ID : 10845967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Benefit Source	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 725.00	1
SUBTOTAL of Receipts This Page (option	al)		300.00
TOTAL This Period (last page this line nu	mber only)		

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SCHEDULE A (FEC Form 3X)

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PAGE 26 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Init Durand, Tina, , ,	Date of Receipt									
	Mailing Address P.O.Box 61157	10 / Y Y Y Y 10 11 2016									
	City Corpus Christi	State TX	Zip Code 78466-1157	Transaction ID : 10845978 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) Heavin & Associates Insurance	Occi Broł	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 403.00]							
В.	Full Name of Individual (Last, First, Middle Init Schreder, Lynn, M., ,	Date of Receipt									
	Mailing Address 130 North 25th Street			10 11 2016							
	City Fort Dodge	State IA	Zip Code 50501-4338	Transaction ID : 10845979 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) KHI Solutions	Occ	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.00]							
<u></u> с.	Full Name of Individual (Last, First, Middle Init Diani, Jim, , ,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 6472 Camden Ave., # 102			10 11 2016							
	City San Jose	State CA	Zip Code 95120-2827	Transaction ID : 10845988 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) Protected Profits Ins. Services, Inc.	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 150.00	1							
s	UBTOTAL of Receipts This Page (optional)			225.00							
т	OTAL This Period (last page this line number	only)									

SCHEDULE A (FEC Form 3X) -

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PAGE 27 OF

IT.			Use separate schedule(s)	(ch	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b 14	11c	12	Г	17			
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Diani, Jim, , ,	al) or Full O	Organization Name	Date of Receipt										
	Mailing Address 6472 Camden Ave., # 102			10 / D D / Y Y Y Y 10 11 2016										
	City San Jose	State CA	Zip Code 95120-2827	Transaction ID : 10845989 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>				15	0.00				
	Name of Employer (for Individual) Protected Profits Ins. Services, Inc.	Осси	upation (for Individual)		M	emc	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
в.	Full Name of Individual (Last, First, Middle Initi Wilson, Thomas, R., ,	al) or Full O	Organization Name		Date of	Re	· .				_			
	Mailing Address 701 Lamar	State		10	1	11) / Y	2016	Y					
	Wichita Falls	TX	Zip Code 76301-6824					1084600 Receipt th		d				
	FEC ID number of contributing federal political committee.	C			100.00									
	Name of Employer (for Individual) Boley Featherston Insurance Agency		Occupation (for Individual) Broker				ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 860.00											
с.	Full Name of Individual (Last, First, Middle Initi Seifert, Gregory, J., ,	al) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address PO Box 189 916 Main Street City	State	Zip Code		10 Trans	'	11 11		2016	Y				
	Vancouver	WA	98666-0189					Receipt th	-	d				
	FEC ID number of contributing federal political committee.	С			Ľ.		y .	. ,	5	0.00				
	Name of Employer (for Individual) Biggs Insurance Services Receipt For:	Brok			M	emo) Item							
	Primary General Other (specify)	Aggregate	ggregate Year-to-Date ▼ 815.00											
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	30(0.00				
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SCHEDULE A (FEC Form 3X) ...

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for each category of the Detailed Summary Page	X 11a 11b								

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIWIIZED REGEIPIS		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.								
NAME OF COMMITTEE (In Full)	-										
> Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mide McFerrin, Dwane, C., ,		rganization Name	Date of Receipt								
Mailing Address 8420 West Dodge Road Suite 510			10 / Y Y Y Y 2016								
City Omaha	State NE	Zip Code 68114-3432	Transaction ID : 10846024 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Senior Market Sales, Inc.	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.00]								
Full Name of Individual (Last, First, Mide 3. Lindstrom, Betty, J. , ,											
Mailing Address PO Box 4026			10 11 2016								
City	State	Zip Code	Transaction ID : 10846030								
Felton	CA	95018-0349	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		200.00								
Name of Employer (for Individual) Lindstrom Insurance	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 470.00]								
Full Name of Individual (Last, First, Mide C. Hill, Donna, D., ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2905 Premiere Parkway Suite 285			10 / D D / Y Y Y Y 10 11 2016								
City Duluth	State GA	Zip Code 30097-5246	Transaction ID : 10846034 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) E2E Benefits Services Inc	Occ Broł	upation (for Individual) ser	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 403.00]								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
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Mailing Address 323 W. 39th Street 11th Floor			M M / D D / Y Y Y Y 10 11 2016									
City New York	State NY	Zip Code 10018-1390	Transaction ID : 10846060 Amount of Each Receipt this Period									
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Name of Employer (for Individual) MBL Benefits Consulting	Occi Brol	upation (for Individual) ker	Memo Item									
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Full Name of Individual (Last, First, Mide B. White, Raymond, M., ,	Date of Receipt											
Mailing Address PO Box 10487			10 / D D / Y Y Y Y 10 11 2016									
City Bedford	State NH	Zip Code 03110-0487	Transaction ID : 10846062 Amount of Each Receipt this Period									
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Name of Employer (for Individual) Cornerstone Benefit & Retirement Group	Occ Bro	upation (for Individual) ker	Memo Item									
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Full Name of Individual (Last, First, Mide C. Grosjean, David, C., ,		rganization Name	Date of Receipt									
Mailing Address 4600 Jefferson Lane NE	E, Suite C		10 / Y Y Y Y 10 11 2016									
City Albuquerque	State NM	Zip Code 87109-2134	Transaction ID : 10846064 Amount of Each Receipt this Period									
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Name of Employer (for Individual) Grosjean Insurance Agency, Inc.	Occi Brok	upation (for Individual) xer	Memo Item									
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	NAME OF COMMITTEE (In Full)			0 10 3					iii commu				
\rangle	Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Watts, Jessica, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 401 Congress Ave				10 / Y Y Y Y 10 11 2016								
	City Austin	State TX	Zip Code 78701-4071					: 1084607 Receipt th	4 nis Period				
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в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cagliola, David, A., ,					Re	eceipt						
	Mailing Address 1550 Liberty Ridge Drive Suite 250	01-1-	7: 0.4		10 / D D / Y Y Y Y 2016								
	City Chesterbrook	State PA	Zip Code 19087-5567					1084607	is Period				
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с.	Full Name of Individual (Last, First, Middle Initi Shepherd, Melissa, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1183 N. Henderson St.				^M 10	1	D 11		ү ү 2016	Y			
	City Galesburg	State IL	Zip Code 61401-2523					: 1084613 Receipt th	35 nis Period				
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee											
Full Name of Individual (Last, First, Midd A. Doolittle, Cynthia, L., ,	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 6299 Nall Ave Suite 101				10 / Y Y Y Y Y 2016									
City Mission	State KS	Zip Code 66202-3552		Transaction ID : 10846139 Amount of Each Receipt this Period									
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Name of Employer (for Individual) Rogers Benefit Group	Occ Bro	upation (for Individual) ker		Mem	o Item								
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Full Name of Individual (Last, First, Midd B. Webb, Yolanda, Marie, ,													
Mailing Address 6117 Clover Ct.			M 10		11) / Y	2016	Y					
City Chino	State CA	Zip Code 91710-5337				1084614 Receipt th	6 iis Period						
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Name of Employer (for Individual) Webb Insurance Solutions				Mem	o Item								
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Mailing Address 11335 NE 122nd Way Ste 105			10)	/ D 11	J L	2016	Ŷ					
City Kirkland	State WA	Zip Code 98034-6933				1084615 Receipt th	is Period						
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Name of Employer (for Individual) Sun Street Securities		Occupation (for Individual) Broker											
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NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mic	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3511 Camino Del Rio S Suite 303	1		10 / Y Y Y Y Y 2016								
City San Diego	State CA	Zip Code 92108-4043	Transaction ID : 10846173 Amount of Each Receipt this Period								
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Name of Employer (for Individual) Countywide Health Ins. Services, Inc. Receipt For:	Age		Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00									
Full Name of Individual (Last, First, Mid 3. Bowman, Jim, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bowman, Jim, , ,										
Mailing Address 2312 Coleshire Dr			Date of Receipt								
City Plano	State TX	Zip Code 75075-7446	Transaction ID : 10846178 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) Bowman & Bowman Consultants, Inc.	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]								
Full Name of Individual (Last, First, Mic Holland, Robert, V., ,	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 698			10 / Y Y Y Y 10 11 2016								
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : 10846187 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		200.00								
Name of Employer (for Individual) Centralia General Agencies	Occi Brok	upation (for Individual) xer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 470.00									
SUBTOTAL of Receipts This Page (option	nal)		▶ 350.00								
TOTAL This Period (last page this line n	umber only)		•								

PAGE 33 OF

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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ITEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b	11c	12						
				13		14	15	16	17					
Any information copied from such R or for commercial purposes, other th														
NAME OF COMMITTEE (In Full) Health Underwriters Po	olitical Action Com	mittee												
Full Name of Individual (Last, Fir Girdler, Richard, R., ,	st, Middle Initial) or Full C	rganization Name	Da	Date of Receipt										
Mailing Address 5110 Maryland V	Vay, Suite 250			м м 10	/	D D 12	/ Y	2016	Y					
City	State TN	Zip Code	-	Transa	acti	on ID :	1084619	2						
Brentwood		37027-7508	Ar	mount	of I	Each R	eceipt th	is Period						
FEC ID number of contributing federal political committee.	C		125.00											
Name of Employer (for Individual Cowan, a Division of HUB Internat	, ,	upation (for Individual) ker		Me	emo	ltem								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		1075.00]											
Full Name of Individual (Last, Fir B. Johnson, David, S., ,	st, Middle Initial) or Full C	rganization Name	Di	ate of	Ree	ceipt								
Mailing Address 12138 Big Canor	9			^M 10	/	D D 12	/ Y	2016	Y					
City	State	Zip Code		Transa	actio	on ID : '	1084619	3						
Big Canoe	GA	30143-5157	Ar	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	C					-	100.	00					
Name of Employer (for Individual David S. Johnson Insurance	l) Occ Bro	upation (for Individual) ker		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		1150.00	1											
Full Name of Individual (Last, Fir C. Banchy, Kate, , ,	st, Middle Initial) or Full C	rganization Name	Di	ate of	Red	ceipt								
Mailing Address 4233 Southtown	e Drive			^M 10	/	D D 12	/ Y	y y 2016	Y					
City	State	Zip Code		Transa	acti	on ID :	1084619	4						
Eau Claire	WI	54701-2652	Ar	mount	of I	Each R	eceipt th	is Period						
FEC ID number of contributing federal political committee.	C					,	, ,	30.	00					
Name of Employer (for Individual) Occ	upation (for Individual)		Me	emo	ltem								
Spectrum Insurance Group	Brok	ker												
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify)		300.00	1											
SUBTOTAL of Receipts This Page	(optional)					, .	- y	255.	00					
TOTAL This Period (last page this	line number only)					,								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 35 OF

ITEIMIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17					
Any information copied from such Reports or for commercial purposes, other than usin							soliciting	g contribu	itions					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee												
Full Name of Individual (Last, First, Mide Buza, Raymond, F., , Mailing Address 214 East Lakewood Roa		organization Name	Date of Receipt											
-				10		12		2016						
City West Palm Beach	State FL	Zip Code 33405-3316				-	1084619							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occ 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, Mide B. Wolfe, Rosanne, , ,	dle Initial) or Full C	organization Name		Date of	Re	ceipt								
Mailing Address PO Box 17236							/ Y	2016	Y					
City Tucson	State AZ	Zip Code 85731-7236					1084620	4 iis Perioc	1					
FEC ID number of contributing federal political committee.	С			anount	UI .				.00					
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Bro	upation (for Individual) ker		Me	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 725.00												
Full Name of Individual (Last, First, Mide C. Skinner, Douglas, , ,	dle Initial) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address PO Box 1277				10 ^M	/	D D D 12	/ Y	2016	Y					
City Bloomington	State IN	Zip Code 47402-1277					1084620							
FEC ID number of contributing federal political committee.	С			Amount	of	Each R	eceipt th	iis Perioc 30	_					
Name of Employer (for Individual) Hoosier Dental Plans	Occ	upation (for Individual) ker		Me	emo	Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00												
SUBTOTAL of Receipts This Page (option	ial)					, .		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:

PAGE 36 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)							
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	47		
	r information copied from such Reports and Sta or commercial purposes, other than using the											
<u> </u>	NAME OF COMMITTEE (In Full)					TUTIL	JULIONS	nom suc		ee.		
	Health Underwriters Political Act	ion Com	mittee									
A .	Full Name of Individual (Last, First, Middle Initia Holley, Greg, , ,	rganization Name	Date of Receipt									
1	Mailing Address 1135 E 33rd Place					M M / D D / Y Y Y Y 10 12 2016						
	City Tulsa	State OK	Zip Code 74105-2501					: 1084620 Receipt th)9 nis Period			
	FEC ID number of contributing rederal political committee.	С						12.(00			
F	Name of Employer (for Individual) Flex Plan Administrators	Occupation (for Individual) Partner				emo	o Item					
ł	Receipt For: Primary General Other (specify) ▼	Aggregate	1									
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alberts, Suzetta, E., ,					f Re	eceipt					
-	Mailing Address 26555 Evergreen Drive Ste 535	Ste 535					10 / Y Y Y Y 2016					
	City Southfield	State MI	Zip Code 48076-4213		Transaction ID : 10846213 Amount of Each Receipt this Period							
F	FEC ID number of contributing ederal political committee.	С										
	Name of Employer (for Individual) Comprehensive Benefits	al) Occupation (for Individual) Broker				Memo Item						
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 956.00										
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schneider, JoEllen, , ,					f Re	eceipt					
-	Mailing Address 1818 W State St					10 13 / Y Y Y Y 2016						
	City Boise	State ID	Zip Code 83702-3955					: 1084639 Receipt th	94 nis Period			
	FEC ID number of contributing ederal political committee.	С			<u> </u>		y	. ,	30.0	00		
I	Name of Employer (for Individual) Insurance Professionals, Inc.	Occi Own	upation (for Individual) ner		М	em	o Item					
ľ	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00										
SU	BTOTAL of Receipts This Page (optional)			<u> </u>			,	,	67.0	00		
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SCHEDULE A (FEC Form 3X)

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PAGE 37 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	-
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 Γ	17
			person for the purpose of soliciting contribution e to solicit contributions from such committee	ns
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee		
Full Name of Individual (Last, First, Midd A. Green, J. J., , ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 1219 W. 2nd St.			M M / D D / Y Y Y Y 10 13 2016	1
City Grand Island	State NE	Zip Code 68801-5709	Transaction ID : 10846397 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 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, Midd B. Smith, Kevin, W., ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 2000 RiverEdge Parkway Suite 1010		Zin Oode	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
City Sandy Springs	State GA	Zip Code 30328-4657	Transaction ID : 10846399 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С			
Name of Employer (for Individual) KSA Insurance Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]	
Full Name of Individual (Last, First, Midd C. Schiebel, Al, C., ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 200 Sandy Springs Pl., #	1		10 / Y Y Y Y Y 2016]
City Atlanta	State GA	Zip Code 30328-3854	Transaction ID : 10846402 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 Shopben	Occ Brok	upation (for Individual) xer	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]	
SUBTOTAL of Receipts This Page (optional	al)		125.00	
TOTAL This Period (last page this line nur	nber 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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16				etailed Summary Page	×	11a		1	1b	11c		12	
				oraneu ourninary raye		13		1	14 15 16 pose of soliciting contribution from such committee ceipt 13 2016 on ID : 10846425 Each Receipt this Period 250.00 Item ceipt 13 2016 0 ID : 10846425 Each Receipt this Period 250.00 Item ceipt 13 2016 500.00 Item	17			
or	/ 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	mit	tee									
١.	Full Name of Individual (Last, First, Middle Init Tellesbo-Kembel, Marsha, , ,	tial) or Full O	rgan	ization Name		Date of	Re	ece	eipt				
	Mailing Address 1001 4th Avenue, Suite 3200					^M 10	1	l		/			Y
	City Seattle	State WA		Zip Code 98154-1003								eriod	
	FEC ID number of contributing federal political committee.	С				_		,				250.0	0
	Name of Employer (for Individual) Tellesbo & Company	Occu Brok	•	on (for Individual)		M	emo	o l'	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1453.00									
	Full Name of Individual (Last, First, Middle Init Swartzbaugh, Robert, F., ,	tial) or Full O	rgan	ization Name		Date of	Re	ece	eipt				
	Mailing Address 1015 N 98th Street #221					м м 10	/	l	-	/			Y
	City Omaha	State NE		Zip Code 68114-2362							-	'eriod	
	FEC ID number of contributing federal political committee.	С				_		,		- 1	_	500.0	0
	Name of Employer (for Individual) Swartzbaugh-Farber & Associates, Inc.	Occi Brol	•	on (for Individual)		M	emo	o l'	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 600.00									
	Full Name of Individual (Last, First, Middle Init Meyer, Charles, A, ,	tial) or Full O	rgan	ization Name		Date of	Re	ece	eipt				
	Mailing Address 2824 Park Avenue, Suite C	1				^M 10	/	l					Y
	City Merced	State CA		Zip Code 95348-3394								'eriod	
	FEC ID number of contributing federal political committee.	С						7		y		1000.0	0
	Name of Employer (for Individual) Chuck Meyer Insurance	Occu Brok	•	on (for Individual)		M	emo	5 I	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 1000.00									
S	JBTOTAL of Receipts This Page (optional)			•••••	.			7		,	1	1750.0	0
т	OTAL This Period (last page this line number of	only)						-		-			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 39 OF

ıт.			Use separate schedule(s)) (check only one)							
11			for each category of the Detailed Summary Page)	X 11a 11b 11c 13 14 15 n for the purpose of soliciting contributions from such contributing from such contributions from such contring from such	12	Г	17			
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pe Iddress of any political committee	rson to se	for the	pur ntrik	pose of	f soliciting	g contril	butio	ns
$\overline{\ }$	NAME OF COMMITTEE (In Full)	ED RECEIPTS for each category Detailed Summary nation copied from such Reports and Statements may not be sold or use mercial purposes, other than using the name and address of any political OF COMMITTEE (In Full) th Underwriters Political Action Committee me of Individual (Last, First, Middle Initial) or Full Organization Name en, Kimberley, , , Address 3975 Fair Ridge Drive 110-N State Zip Code 200 committee. of Employer (for Individual) Of Cocupation (for Individual) Of Employer (for Individual) Occupation (for Individual) Of Employer (for Individual) Of Employer (for Individual) Of Employer (for Individual) Of Engloyee Benefits Consult There (specify) ▼ me of Individual (Last, First, Middle Initial) or Full Organization Name ner, Clayton, M., , Address 8500 Stockdale Highway Suite 200 field State Of Employer (for Individual) Onmber of contributing Political committee. Of Employer (for Individual) Political committee. Of Employer (fo									
	Health Underwriters Political A	ction Com	mittee								
Α.	Molthen, Kimberley, , ,	nitial) or Full O	organization Name		Date of	f Re	eceipt				
						1			2016		
	City Fairfax									od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		8	85.00	
	Name of Employer (for Individual) BB&T		upation (for Individual) ployee Benefits Consultant & Vice I	P	М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00								
в.	Full Name of Individual (Last, First, Middle Ir Koerner, Clayton, M., ,	nitial) or Full O	organization Name		Date of	f Re	eceipt				
		Ototo			/			2016	Ý		
	City Bakersfield			-						od	
	FEC ID number of contributing federal political committee.	С								3.00	
	Name of Employer (for Individual) Insurica Insurance Management Network	Occ	upation (for Individual)	_	М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 226.13								
<u>_</u> .	Full Name of Individual (Last, First, Middle Ir Morris, Stacy, , ,	nitial) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address PO Box 7809					/			2016		1
	City Visalia			_						od	
	FEC ID number of contributing federal political committee.	С					y	. ,	36	5.00	
	Name of Employer (for Individual) Employer Driven Insurance Services	Осси	upation (for Individual)		М	em	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00								
s	UBTOTAL of Receipts This Page (optional)		•				y .	. ,	56	3.00	
Т	OTAL This Period (last page this line number	only)	••••••							-	

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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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 usin	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Committee	
Full Name of Individual (Last, First, Mide A. Scott, John, Thomas, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 11000 Milestone Drive		10 / Y Y Y Y 10 14 2016
City Mechanicsville	StateZip CodeVA23116-5846	Transaction ID : 10847242 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer (for Individual) Experient Health-A-Farm Bureau Compar Receipt For:	Occupation (for Individual) ny Broker Aggregate Year-to-Date ▼	Memo Item
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Mide B. Welden, Thomas, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 79 S Elmwood Road		10 / Y Y Y Y 10 14 2016
City Hancock	StateZip CodeNH03449-5702	Transaction ID : 10847257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Granite Group Benefits, LLC/UBA Partne	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Mide C. Weinstein, Joshua, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3111 C St. Suite 500		10 / 15 / 2016
City Anchorage	StateZip CodeAK99503-3973	Transaction ID : 10847562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Northrim Benefits Group	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 555.00	
SUBTOTAL of Receipts This Page (option	al)	560.00
TOTAL This Period (last page this line nu	mber 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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	Detailed Summary Page	×	11a 13		11b	11c	12		17	
Any information copied from such R or for commercial purposes, other th				or the		pose of	soliciting	g contri	ibutio	ons
NAME OF COMMITTEE (In Full) Health Underwriters Po	olitical Action Com	mittee								
Full Name of Individual (Last, Fir A. Gant, Tom, , ,	st, Middle Initial) or Full C	organization Name		Date of	Re	eceipt				
Mailing Address 100 North Weint	pach Avenue			м м 10	1	D D D 15	/ Y	۲ 2016	У У 5	
City Evansville	State	Zip Code 47711-6006				ion ID :				
FEC ID number of contributing federal political committee.	C	47711-0000	A	mount	of	Each R	eceipt th		iod 42.00)
Name of Employer (for Individual Schultheis Life & Health Agency) Occ Age	upation (for Individual) ent		Me	emc	tem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00]							
Full Name of Individual (Last, Fir B. Stevenson, Kenneth, Tho		organization Name		Date of	Re	eceipt				
Mailing Address 3131 Lonnbladh				м м 10	1	^{D D} 15	/ Y	2016	Y Y	
City Tallahassee	State FL	Zip Code 32308-4255				i on ID : Each R			od	
FEC ID number of contributing federal political committee.	C							Ę	50.00)
Name of Employer (for Individua Earl Bacon Agency) Occ Bro	upation (for Individual) ker		Me	emc	tem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 563.00]							
Full Name of Individual (Last, Fir C. Banchy, Kate, , ,		organization Name		Date of	Re	eceipt				
Mailing Address 4233 Southtown	1			м м 10	1	D D D 15	JL	y 2016		
City Eau Claire	State WI	Zip Code 54701-2652				ion ID : Each R				
FEC ID number of contributing federal political committee.	С			inouni	OI	,	eceipt tr		50.00)
Name of Employer (for Individual Spectrum Insurance Group) Occ Brok	upation (for Individual) ker		Me	emo	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]							
SUBTOTAL of Receipts This Page				-		,	, , ,	34	12.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	X 11a 11b 11c 12
			13 14 15 16 1 person for the purpose of soliciting contributions per 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. Hynes, Bernard, J., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2999 N. 44th Street Su	ite 325		M M / D D / Y Y Y Y 10 16 2016
City Phoenix	State AZ	Zip Code 85018-7259	Transaction ID : 10847573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Hynes Benefits Consulting, LLC		upation (for Individual) cipal	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Mid Waren, M. Hughes, , , Mailing Address P.O. Box 7661	ddle Initial) or Full O	rganization Name	Date of Receipt
City Wilmington	State	Zip Code 28406-7661	10 16 2016 Transaction ID : 10847576
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Ebenconcepts, Inc.	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
Full Name of Individual (Last, First, Mic Getner, Victoria, M., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 901 Wilshire Drive Suite 330 City	State	Zip Code	10 / 16 / 2016 Transaction ID : 10847583
Troy	MI	48084-5611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Wilshire Benefits Group Receipt For:	Brok		Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optic	nal)		1060.00
TOTAL This Period (last page this line n	umber only)		

SCHEDULE A (FEC Form 3X) _____

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a				12	
	y information copied from such Reports and St						pose of	f soliciting		
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committe		Slicit cor	ITL	outions	from suc	n committ	ee.
	Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Brooks, Mark, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address P. O. Box 10876				^M 10	1			ү ү 2016	Y
	City Lynchburg	State VA	Zip Code 24506-0876							
	FEC ID number of contributing federal political committee.	С							30.0	00
	Name of Employer (for Individual) Personal Design Financial Services, In	Occu Broł	upation (for Individual) Ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
в.	Full Name of Individual (Last, First, Middle Init Purcilly, Amy, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 7028			10 17 2016						
	City Troy	State MI								
	FEC ID number of contributing federal political committee.	С							30.0	00
	Name of Employer (for Individual) Mason-McBride, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Lujan, Michael, D., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 645 Harrison Street #200				^M 10	/	17		ү ү 2016	Y
	City San Francisco	State CA	Zip Code 94107-3624							
	FEC ID number of contributing federal political committee.	С			Ē		y .		85.0	00
	Name of Employer (for Individual) Limelight Health, Inc.		upation (for Individual) nnology for Agents		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00]						
s	UBTOTAL of Receipts This Page (optional)			•		1	,	. ,	145.0	00
Т	OTAL This Period (last page this line number o	only)		►	—			T		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 44 OF

ידו			Use separate schedule(s)	(cł	neck only	y or	11b 11c 12 14 15 16 purpose of soliciting contributi tributions from such committee Receipt / 17 2016 action ID : 10847590 of Each Receipt this Period 30.0 mo Item / 2016 Receipt / 2016 / 17 2016 action ID : 10847591 of Each Receipt this Period 0f Each Receipt this Period 42.0 mo Item / 2016 action ID : 10847593 42.0 mo Item / 2016 action ID : 10847593 85.0 mo Item /			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	13 14 15 or the purpose of soliciting licit contributions from such Date of Receipt M / 17 Transaction ID : 1084759 Amount of Each Receipt M / Date of Receipt Memo Item Date of Receipt Memo Item				
	y information copied from such Reports and S				for the		pose of	soliciting	g contribut	
or		name and a	doress of any political committe	e to s	olicit cor	ntric	outions	from suc	n committe	ee.
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Blomgren, Laura, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 935 National Parkway Suite 93550					1		D / Y		Y
	City Schaumburg	State IL	Zip Code 60173-5150							
	FEC ID number of contributing federal political committee.	С						-	30.0	00
	Name of Employer (for Individual) BenAxis Inc.	Occi Brol	upation (for Individual) ker		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 610.00	1						
в.	Full Name of Individual (Last, First, Middle Init Hyland Ziegler, Catherine, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2001 Route 46 , Suite 310					1) / Y		Ŷ
	City	State NJ	Zip Code							
	Parsippany	INJ	07054-1315		Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	C			Ľ.	_			42.0	00
	Name of Employer (for Individual) The Hyland Group, Inc.	Occ Bro	upation (for Individual) ker		Me	emc	o Item			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) V	L	420.00							
C.	Full Name of Individual (Last, First, Middle Init Tompkins, Daniel, R., ,	tial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1720 Windward Concourse Suite 290				10	/	17		2016	Y
	City Alpharetta	State GA	Zip Code 30005-2291							
	FEC ID number of contributing federal political committee.	С					9	7	85.0	00
	Name of Employer (for Individual) Admin America, Inc.	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			y	7	157.0	0
Т	OTAL This Period (last page this line number	only)		•						

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 45 OF

ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check on	13 14 15 16 or the purpose of soliciting contribuicit contributions from such committed in the purpose of soliciting contributions from such contrelating thends from such contributions from such cont			
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a			<i>4 →</i>	
			erson for the	purpose of	f soliciting	g contributi	
NAME OF COMMITTEE (IN F Health Underwriters		nmittee					
Full Name of Individual (Last, A . Taylor, Layne, C., ,		Organization Name	Date o	f Receipt			
Mailing Address 1701 48th St	Ste 102						Y
City West Des Moines	State IA	Zip Code 50266-6723					
FEC ID number of contributing federal political committee.	C					365.0	0
Name of Employer (for Indivic Taylored Benefits, Inc.	ual) Occ	upation (for Individual)	M	lemo Item			
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 365.00]				
Full Name of Individual (Last, B. Cogdill, Barry , , ,	First, Middle Initial) or Full C	Organization Name	Date o	f Receipt			
Mailing Address 4710 4th Stre Ste. 300						2016	Y
City La Mesa	State CA	Zip Code 91941-5384					
FEC ID number of contributing federal political committee.	C				-	30.0	0
Name of Employer (for Individ Business Choice Insurance Se	m dia a a	supation (for Individual)	M	lemo Item			
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ , 300.00]				
Full Name of Individual (Last, C. Fitzgerald, Robert, Ma		Organization Name	Date o	f Receipt			
Mailing Address 2842 Landing			10	18		2016	Y
City Marietta	State GA	Zip Code 30066-2362					
FEC ID number of contributing federal political committee.	C				,	85.0	0
Name of Employer (for Individ Robert Fitzgerald Insurance Ag		upation (for Individual) ker		lemo Item			
Receipt For: Primary Gener Other (specify)		Year-to-Date ▼ 975.00]				
SUBTOTAL of Receipts This Pa	age (optional)					480.0	0
TOTAL This Period (last page t	his line number only)	······					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 46 OF

171			Use separate schedule(s)	(ch	eck only	11b 11c 12 14 15 16 e purpose of soliciting contribution from such committee of Receipt 1 18 2016 saction ID : 10921262 nt of Each Receipt this Period 100.0 Memo Item of Receipt 4 18 2016 saction ID : 10921262 nt of Each Receipt this Period 18 2016 saction ID : 10921265 nt of Each Receipt this Period 42.0 Memo Item of Receipt of Receipt				
			for each category of the Detailed Summary Page		11a 13					1
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Riley, Mark, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address PO Box 1635				м м 10	/				Y
	City Irmo	State SC	Zip Code 29063-1635							d
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		100).00
	Name of Employer (for Individual) American Benefit Services, LLC	Occi Broł	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
в.	Full Name of Individual (Last, First, Middle Init Trevino, Terrie, L., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address P O Box 7408		Zip Code		10 ^M	1				Y
	City Boise	State ID							d	
	FEC ID number of contributing federal political committee.	С						-	42	2.00
	Name of Employer (for Individual) Blue Cross of Idaho	Occ	upation (for Individual) ker		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]						
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Pierce, Jeffrey, L., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 730 Manzano				10 ^M	/				Ý
	City Wolverine Lake	State MI	Zip Code 48390-2029							d
	FEC ID number of contributing federal political committee.	С			Ľ.		y	,	30).00
	Name of Employer (for Individual) Healthwize Insurance Agency	Occi Brok	upation (for Individual) er		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	172	2.00
Т	OTAL This Period (last page this line number of	only)		•						

SCHEDULE A (FEC Form 3X) ...

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

FOR LINE NUMBER:

PAGE 47 OF

	, DTC		Use separate schedule(s)	(che	(check only one) 11a 11b 11c 12 13 14 15 16 16					
ITEMIZED RECEI	F13		for each category of the Detailed Summary Page	×	-			-		17
			not be sold or used by any political committee		for the		ose of	soliciting	contribut	tions
NAME OF COMMITTE	E (In Full) iters Political Action	n Comm	littee							
A. Hayes, Judith, A, ,	(Last, First, Middle Initial)	or Full Org	anization Name		Date of	Ree	ceipt			
Mailing Address 1802		_			м м 10	/	D D 18	/ Y	ү ү 2016	Y
City Odessa		State TX	Zip Code 79761-1566					1092127 eceipt th	6 is Period	
FEC ID number of con federal political commit	ş	C					y	- 7-	100.0)0
Name of Employer (for Hayes Insurance Servic	,	Occup Broker	ation (for Individual)		Me	emo	Item			
Receipt For: Primary Other (specify) ▼	General	ggregate Ye	ear-to-Date ▼ 700.00							
Eull Name of Individua B. Johnson, Sandra, Mailing Address 12500		or Full Org	anization Name		Date of	[:] Red	ceipt	/ Y	YY	Y
City		State TX					1092259			
San Antonio FEC ID number of con federal political commit	ş		Amount of Each Receipt this Period 30.00							
Name of Employer (for Hairston, Johnson & As		Occup Broke	ation (for Individual) r		Me	emo	Item			
Receipt For: Primary Other (specify)	General	ggregate Ye	ear-to-Date ▼ 300.00]						
Full Name of Individua c. Grooms, Christir	(Last, First, Middle Initial) ie, M., ,	or Full Org	anization Name		Date of	Red	ceipt			
	ox 638	<u></u>			10 ^M	/	D D D 19		2016	Y
City Lake Zurich		State IL	Zip Code 60047-2418					1092260 eceipt th	is Period	
FEC ID number of con federal political commit	U U	C			<u> </u>		,	9	12.0	00
Name of Employer (for Grooms Insurance Asso Receipt For:	ociates	Broker	ation (for Individual) ear-to-Date ▼		Me	emo	ltem			
Primary Other (specify)	General		345.00	1						
SUBTOTAL of Receipts	This Page (optional)			•			,		142.0	00
TOTAL This Period (last	page this line number only)		•			7	-		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

	EMIZED RECEIPTS			itegory of the immary Page	×	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															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mulvaney, William, M., ,							Date of Receipt								
	Mailing Address 935 National Parkway Suite 93550 City		10 / D D / Y Y Y Y 2016													
	Schaumburg	State IL		Transaction ID : 10922605 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			25.00											
	Name of Employer (for Individual) BenAxis, Inc.	Occ Brol	upation (for Ind		M	lemo	b Iter	m								
	Receipt For: Primary General Other (specify) ▼		-													
B.	Full Name of Individual (Last, First, Middle Initia Pittman, Joseph, E., ,		Date of Receipt													
	Mailing Address P O Box 24133															
	City Omaha	State NE	Zip Code 68124-0			Transaction ID : 10922611 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			35.00											
	Name of Employer (for Individual) Creative Association Management	Occ Bro	upation (for Ind	dividual)	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	350.00												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Maxwell, Denise, Ann, ,							eceip	ot							
	Mailing Address 5475 N Mitchum Ave		M M / D D / Y Y Y Y 10 03 2016													
	City Meridian	State ID	Zip Code 83646-00							092744 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer (for Individual) Colonial Life & Accident Insurance Com	Occ Brok	upation (for Ind ker													
	Receipt For: Primary General Other (specify)	Aggregate						le B Tot al to \$1:		\$150	.00 This					
s	UBTOTAL of Receipts This Page (optional)							9		9		60.0	0			
т	OTAL This Period (last page this line number o	nly)		•••••				-		_						

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 49 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and	d Statements ma	Ay not be sold or used by any	13 14 15 16 1 person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committe	ee to solicit contributions from such committee.								
Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle A. Reese, Robert, J., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reese, Robert, J., ,										
Mailing Address 120 W. Lexington Ave. Ste. 304	Ste. 304										
City Elkhart	State IN	Zip Code 46516-3117	Transaction ID : PR437190614385 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		240.20								
Name of Employer (for Individual) RJ Reese Insurance Agency											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.20	P/R Deduction (\$10.00 Monthly)								
Full Name of Individual (Last, First, Middle B.	Date of Receipt										
Mailing Address											
City	State	Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]								
Full Name of Individual (Last, First, Middle C.	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address											
City	State	Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]								
SUBTOTAL of Receipts This Page (optional)			240.20								
TOTAL This Period (last page this line numb	er only)		14754.20								

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 50 OF 53							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)							
		Summary Page	× 21b 28a	22 23 26 27 28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions							
Health Underwriters Political Actio	n Comm	littee									
Full Name (Last, First, Middle Initial) A. Merchant Services				Date of Disbursement							
Mailing Address 7300 Chapman Way				10 / D D / Y Y Y Y 2016							
City Knoxville	State TN	Zip Code 37920		FEC Identification Number							
Purpose of Disbursement Credit Card Fees			001	C Transaction ID : 10927430							
Candidate Name			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General Gify) ▼		308.81 Credit Card Fees							
State: District:		- , , ,		Memo Item							
Full Name (Last, First, Middle Initial) B. PayPal				Date of Disbursement							
Mailing Address 2211 North First Street	10 19 2016										
City San Jose	State CA	Zip Code 95131		FEC Identification Number C Transaction ID : 10927436 Amount of Each Disbursement this Period 903.01 Credit Card Fees							
Purpose of Disbursement Credit Card Fees			001								
Candidate Name			Category/ Type								
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General									
State: District:		- ,,		Memo Item							
Full Name (Last, First, Middle Initial)				Date of Disbursement							
Mailing Address											
City	State Zip Code										
Purpose of Disbursement			· · · ·]	C Amount of Each Disbursement this Period							
Candidate Name			Category/ Type								
Office Sought: House Disburse											
State: District:	Other (spe	cify) ▼		Memo Item							
SUBTOTAL of Disbursements This Page (optional).				1211.82							
TOTAL This Period (last page this line number only				1211.82							

SCHEDULE B (FEC Form 3X)			FOR LINE						
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Stat 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. King For Congress									
Mailing Address 202 W 2nd St. PO Box 398				10 / D D / Y Y Y Y 2016					
	State IA	Zip Code 51466		FEC Identification Number					
Purpose of Disbursement Local 10/10 Fundraiser			011	С соозтз563					
Candidate Name			Category/	Transaction ID : 10845365 Amount of Each Disbursement this Period					
King, Steve, , ,			Туре						
Office Sought: K House Disburs	ement For: 2			1000.00					
President	Primary Other (spe	••		Local 10/10 Fundraiser Memo Item					
State: IA District: 05									
Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Date of Disbursement								
Mailing Address P. O. Box 713	10 04 2016								
City Wheaton	State IL	Zip Code 60187		FEC Identification Number					
Purpose of Disbursement Local Event 10/21			011	C C00410969					
Candidate Name			Category/	Transaction ID : 10845609 Amount of Each Disbursement this Period					
Roskam, Peter, , ,			Туре						
Office Sought: Kenate Disburs	ement For: ; Primary			1000.00					
State: IL District: 06	Other (spec			Local Event 10/21 Memo Item					
Full Name (Last, First, Middle Initial)									
Friends Of John Mccain Inc				Date of Disbursement					
Mailing Address 1020 N. Fairfax St. Suite 201				10 17 2016					
City Alexandria	State VA	Zip Code 22314		FEC Identification Number					
Purpose of Disbursement Void - Friends Of John Mccain Inc			011	C C00341891 Transaction ID : 10904511					
Candidate Name			Category/	Amount of Each Disbursement this Period					
McCain, John, , Mr., Office Sought: House Disburs	ement For: 2	2016	Туре	-2500.00					
Senate President	Primary Other (spec	x General		Void - Friends Of John Mccain					
State: AZ District:				Memo Item					
SUBTOTAL of Disbursements This Page (optional))		••••••	-500.00					
TOTAL This Period (last page this line number on	ly)		····· ►						

	CHEDULE B (FEC Form 3X)	Use sep	parate schedule(s)	FOR LINE (check only							
	EMIZED DISBURSEMENTS		category of the Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b						
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-									
	Health Underwriters Political Actio	on Comm	nittee								
Α.	Full Name (Last, First, Middle Initial) Friends Of John Mccain Inc		Date of Disbursement								
	Mailing Address 1020 N. Fairfax St. Suite 201				FEC Identification Number						
	City	State	Zip Code								
	Alexandria Purpose of Disbursement	VA 22314									
	9/14 Breakfast			011	C C00341891						
	Candidate Name				Transaction ID : 10904553						
	McCain, John, , Mr.,			Category/ Type	Amount of Each Disbursement this Period						
		ement For:	2016	512 -	2500.00						
	× Senate	Primary	X General		9/14 Breakfast						
	Ctato: AZ District:	Other (spe	ecify) 🔻		Memo Item						
	State: AZ District:										
В.	Full Name (Last, First, Middle Initial) Friends Of Todd Young, Inc.				Date of Disbursement						
	Mailing Address PO Box 1053	1									
	City	State IN	Zip Code		FEC Identification Number						
	Bloomington Purpose of Disbursement	11.4	47402		C C00459255						
	Local Oct Event			011							
	Candidate Name			Category/	Transaction ID : 10912875 Amount of Each Disbursement this Period						
	Young, Todd, , ,			Туре							
		ement For:	·		4000.00						
	Senate President	Primary Other (spe	General		Local Oct Event						
	State: IN District: 09		Jony)		Memo Item						
_	Full Name (Last, First, Middle Initial)				Data of Dishurgers and						
υ.	Pallone For Congress				Date of Disbursement						
	Mailing Address PO Box 3176				10 / D D / Y Y Y Y 10 18 2016						
	City Long Branch	State NJ	Zip Code 07740		FEC Identification Number						
	Purpose of Disbursement				C C00226928						
	10/27 Local Dinner			011	Transaction ID : 10921277						
	Candidate Name	Category/			Amount of Each Disbursement this Period						
	Pallone, Frank, , , Jr Office Sought: K House Disburse	ement For:	2016	Туре	1000.00						
	Senate	Primary	2016 x General								
	President				10/27 Local Dinner Memo Item						
	State: NJ District: 06	ite: NJ District: 06									
s	UBTOTAL of Disbursements This Page (optional)			····· ►	7500.00						
т	OTAL This Period (last page this line number only	y)		••••••	, ,						

S	CHEDULE B (FEC Form 3X)			FO	RIN		JMBER				PAGE	53 C	F 53		
ITEMIZED DISBURSEMENTS		Use separation Use separation Use separation use and the separation of the second seco			nly o	y one)									
			Detailed Summary Page			a	22 X 23 26 28b 28c 29				27 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		.:												
	Health Underwriters Political Action	on Comm	littee												
Α.	Full Name (Last, First, Middle Initial) Jim Renacci For Congress							Date of Disbursement							
	Mailing Address 150 Smokerise Drive			ip Code FEC Identific						19 2016					
	City Wadsworth	State OH	Zip Code 44281						FEC Identification Number						
	Purpose of Disbursement 10/21 Breakfast	On	44201	01	11		C C00466359								
	Candidate Name		Cat				Transaction ID : 10922666 Amount of Each Disbursement this Period								
	Renacci, James, , ,			Ty											
	Office Sought: X House Disburse Senate President	Primary	ment For: 2016 Primary X General Other (specify) V					1000.00 10/21 Breakfast							
	State: OH District: 16						IVIE	emo	item						
В.	Full Name (Last, First, Middle Initial)						Date o	_			Y	Y	Y		
	Mailing Address 228 S. Washington St. Suite 115							10 / D D / Y Y Y Y 10 19 2016							
	City Alexandria	StateZip CodeVA22314					FEC Identification Number								
	Purpose of Disbursement Comp Event Candidate Name			011		C Transaction ID : 10922674									
			Category/ Type		Amount of Each Disbursement this Period 1000.00 Comp Event						eriod				
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe													
	State: District:				Me	emo	ltem	I							
C.	Full Name (Last, First, Middle Initial)						Date o	_							
	Mailing Address														
	City	State	Zip Code				FEC Id	lentifi	catior	n Numb	er	_			
Purpose of Disbursement								С							
	Candidate Name		Category/ Type					Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate	ement For: Primary													
	State: District:	Other (spe					Me	emo	ltem						
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s	UBTOTAL of Disbursements This Page (optional).				•••• ►		ļ.		,			2000.0			
Т	OTAL This Period (last page this line number only	/)			🕨				,			9000.0	U		