

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

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
PRE-Election  
Report for the:☐ Primary (12P)☒ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y  
10 24 2016in the  
State of(d) 30-Day  
POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
10 19 2016

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 24 2016

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">192613.19</td></tr></table>	192613.19				
Y	Y	Y	Y	Y													
2016																	
192613.19																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">35642.62</td></tr></table>	35642.62															
35642.62																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">27932.20</td></tr></table>	27932.20					<table><tr><td colspan="5">471979.77</td></tr></table>	471979.77									
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).....	<table><tr><td colspan="5">63574.82</td></tr></table>	63574.82					<table><tr><td colspan="5">664592.96</td></tr></table>	664592.96									
63574.82																	
664592.96																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">10361.82</td></tr></table>	10361.82					<table><tr><td colspan="5">611379.96</td></tr></table>	611379.96									
10361.82																	
611379.96																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">53213.00</td></tr></table>	53213.00					<table><tr><td colspan="5">53213.00</td></tr></table>	53213.00									
53213.00																	
53213.00																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14754.20	276364.12
(ii) Unitemized .....	13178.00	195615.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27932.20	471979.77
(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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27932.20	471979.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27932.20	471979.77

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1211.82	14437.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1211.82	14437.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	595500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	150.00	1442.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	150.00	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
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	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

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27932.20	471979.77
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	1442.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27782.20	470537.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1211.82	14437.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1211.82	14437.46

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

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

FOR LINE NUMBER: PAGE 6 OF 53  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kite, William, , ,**

Mailing Address PO Box 629

City  
Roanoke

State  
VA

Zip Code  
24004-0629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D&S Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016

**Transaction ID : 10845264**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Southan, Tamela, L., ,**

Mailing Address 101 W. Renner Rd., Ste 160

City  
Richardson

State  
TX

Zip Code  
75082-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Solutions By Design

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016

**Transaction ID : 10845270**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Curt, George, G., ,**

Mailing Address 91 Rte 103B Suite #5

City  
Sunapee

State  
NH

Zip Code  
03782-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CBS Insurance Inc. - dba - Curt Insur

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016

**Transaction ID : 10845274**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

707.00

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

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

FOR LINE NUMBER: PAGE 7 OF 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Moore, David, R., ,

Mailing Address PO Box 1006

City  
Burlington

State  
NC

Zip Code  
27216-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David R. Moore, CLU & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2016

Transaction ID : 10845279

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Musser, Ray, M., ,

Mailing Address 404 North Second Avenue, Suite E

City  
Upland

State  
CA

Zip Code  
91786-4793

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ray Musser & Associates Insurance Serv

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2016

Transaction ID : 10845281

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Brannon, William, J., ,

Mailing Address 2 Terrace Way, Suite B

City  
Greensboro

State  
NC

Zip Code  
27403-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Group US, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2016

Transaction ID : 10845282

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Frizen, Bruce, , ,**

Mailing Address 8058 Corporate Center Dr.  
Suite 200

City  
Charlotte

State  
NC

Zip Code  
28226-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.E. Goodgame & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : 10845293**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**B. Schneider, Chad, P., ,**

Mailing Address 360 W. Hubbard St.  
Apt 1105

City  
Chicago

State  
IL

Zip Code  
60654-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Code SixFour

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : 10845295**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Boop, Deborah, R., ,**

Mailing Address 8046 Richard Rd.

City  
Broadview Heights

State  
OH

Zip Code  
44147-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : 10845296**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

160.00



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

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

FOR LINE NUMBER: PAGE 9 OF 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

**A. Meredith, Griffin, , ,**

Mailing Address 550 S 5th St Unit 303

City  
Louisville

State  
KY

Zip Code  
40202-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Insurance Partners

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : 10845297

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Fugitt-Hetrick, Pamela, Leigh, ,**

Mailing Address 1123 Soquel Avenue

City

Santa Cruz

State

CA

Zip Code

95062-2105

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : 10845298

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Warwick, John, L., ,**

Mailing Address 1907 B Mangrove Ave.

City

Chico

State

CA

Zip Code

95926-2381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Warwick Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : 10845300

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Kinkade, E. Andrea, , ,

Mailing Address 2340 Detroit Ave

City  
Maumee

State  
OH

Zip Code  
43537-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaminsky & Associates, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : 10845344

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Watkins, Wesley, J., ,

Mailing Address 205 Ansley Blvd  
Suite A

City  
Alexandria

State  
LA

Zip Code  
71303-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UDB Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : 10845428

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Shores, Thomas, E., ,

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : 10845449

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

907.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 53  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Gwin, David, R., ,**

Mailing Address I-20 At Alpine Rd.  
AX-400

City  
Columbia

State  
SC

Zip Code  
29219-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BlueChoice HealthPlan

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2016

**Transaction ID : 10845450**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Lewis, Carolyn, S., ,**

Mailing Address 12401 Folsom Blvd, Suite 324

City

Rancho Cordova

State  
CA

Zip Code  
95742-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lewis Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2016

**Transaction ID : 10845451**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. Stoner, John, R., ,**

Mailing Address 700 Central Avenue, Suite 404

City

Saint Petersburg

State  
FL

Zip Code  
33701-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

John R. Stoner Organization, Inc.

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2016

**Transaction ID : 10845587**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

597.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Manning, Richard, K., ,**

Mailing Address 10315 Woodley Avenue, #216

City  
Granada Hills

State  
CA

Zip Code  
91344-6951

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

**Transaction ID : 10845615**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Harrington, Paula, , ,**

Mailing Address 1332 E Beltline Road

City  
Richardson

State  
TX

Zip Code  
75081-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harrington Insurance Solutions, LLC -

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

**Transaction ID : 10845616**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Maceira, Luis, A., ,**

Mailing Address 4515 S Durango Dr  
Apt 2028

City  
Las Vegas

State  
NV

Zip Code  
89147-6087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Distinctive Insurance

Occupation (for Individual)  
Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

**Transaction ID : 10845617**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Briand, Chelyn, M., ,**

Mailing Address 14750 NW Glacier Lane

City  
Beaverton

State  
OR

Zip Code  
97006-5892

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2016

**Transaction ID : 10845619**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Moore, Robert, L., ,**

Mailing Address 1644 Plank Rd

City  
Duncansville

State  
PA

Zip Code  
16635-8376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.R. Webber Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2016

**Transaction ID : 10845620**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Sherrill, David, M., ,**

Mailing Address 407 Centerpointe Circle, Suite 163

City  
Altamonte Springs

State  
FL

Zip Code  
32701-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sherrill Insurance Brokerage, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2016

**Transaction ID : 10845624**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rianhard, R. Dane, , ,**

Mailing Address 1 E. Pratt St., Unit 902

City  
Baltimore

State  
MD

Zip Code  
21202-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

**Transaction ID : 10845625**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Storz, Ulrich, S., ,**

Mailing Address 987 University Avenue, #14

City  
Los Gatos

State  
CA

Zip Code  
95032-7640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Storz Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

**Transaction ID : 10845648**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Scholz, Paul, Joseph, ,**

Mailing Address 17445 Arbor St  
Suite 310

City  
Omaha

State  
NE

Zip Code  
68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI Insurance and Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

**Transaction ID : 10845650**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Sullivan, Ashley, , ,

Mailing Address PO Box 99565

City  
Louisville

State  
KY

Zip Code  
40269-0565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Zandt Emrich and Cary

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : 10845716

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Riedl, Alycia, , ,

Mailing Address 1600 Utica Ave S

City  
Saint Louis Park

State  
MN

Zip Code  
55416-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willis Towers Watson

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : 10845717

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Griffin, Mary, , ,

Mailing Address 14 Commerce Road

City  
Newtown

State  
CT

Zip Code  
06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TR Paul, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : 10845718

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

102.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. McGill, Frank, H., ,

Mailing Address 200 Arbor Lake Dr Ste 200

City  
Columbia

State  
SC

Zip Code  
29223-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthPlan of South Carolina

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : 10845719

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Bikmaz, Joanne, , ,

Mailing Address 1860 Shaded Wood Road

City

Diamond Bar

State

CA

Zip Code

91789-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher & Associates Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : 10845723

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. DeBruin, Teresa, F., ,

Mailing Address 5441 Edgerton Drive

City

Peachtree Corners

State

GA

Zip Code

30092-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DeBruin Benefit Services, Inc./ The La

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : 10845724

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

110.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bremer, Emily, Black, ,**

Mailing Address 8000 Bonhomme Ave., # 213

City  
Saint Louis

State  
MO

Zip Code  
63105-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bremer Conley LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

**Transaction ID : 10845725**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**B. Hartman, William, J., ,**

Mailing Address 215 Airport North Office Park

City  
Fort Wayne

State  
IN

Zip Code  
46825-6702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hartman Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

**Transaction ID : 10845778**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**C. Lorenzen, Kevin, , ,**

Mailing Address 109 Diamond Tail Rd

City  
Placitas

State  
NM

Zip Code  
87043-8342

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2016

**Transaction ID : 10845791**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

458.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Galardini, Richard, F., ,**

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2016

Transaction ID : 10845794

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**B. Balla, Donald, L., ,**

Mailing Address 1320 Grant Building

City

Pittsburgh

State

PA

Zip Code

15219-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Simpson & McCrady LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2016

Transaction ID : 10845795

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Matsushita, David, , ,**

Mailing Address 25B Hanover Road Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2016

Transaction ID : 10845796

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

164.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Graves, Matthew, , ,**

Mailing Address 4808 Broadmoor SE

City

Grand Rapids

State

MI

Zip Code

49512-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lighthouse Insurance Group

Occupation (for Individual)

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2016

**Transaction ID : 10845799**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Maichel, Scott, , ,**

Mailing Address 4180 La Jolla Village Drive  
Suite 450

City

La Jolla

State

CA

Zip Code

92037-1472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AmCheck

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2016

**Transaction ID : 10845801**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Crosby, Neil, R., ,**

Mailing Address 32110 Agoura Road

City

Westlake Village

State

CA

Zip Code

91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Warner Pacific Insurance Services

Occupation (for Individual)

Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2016

**Transaction ID : 10845804**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Buechler, Anthony, C, ,**

Mailing Address 1203 Colonial Circle

City  
Papillion

State  
NE

Zip Code  
68046-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buechler Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 10845806**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Buffington, Tammy, , ,**

Mailing Address 3112 South 13th

City  
Lincoln

State  
NE

Zip Code  
68502-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A+ Brokerage

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 10845809**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Wong, William, W., ,**

Mailing Address 43 Waverly Place

City  
San Francisco

State  
CA

Zip Code  
94108-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bill Wong & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 10845812**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Snowden, Scott, D., ,**

Mailing Address 812 Lyndon Lane, Suite 101

City  
Louisville

State  
KY

Zip Code  
40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snowden & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 10845815**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Baer, Farren, , ,**

Mailing Address 402 Pitt Street

City  
Fredericksburg

State  
VA

Zip Code  
22401-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2016

**Transaction ID : 10845816**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Sklar, Erika, , ,**

Mailing Address 1415 Walton Blvd

City  
Rochester Hills

State  
MI

Zip Code  
48309-1775

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

553.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2016

**Transaction ID : 10845817**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Weilmuenster, Alexis, , ,**

Mailing Address 585 Grove St  
Suite 145

City  
Herndon

State  
VA

Zip Code  
20170-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2016

Transaction ID : 10845819

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Wham, Scott, , ,**

Mailing Address 145 E 5th Avenue

City

Conshohocken

State  
PA

Zip Code  
19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kistler Tiffany Benefits

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2016

Transaction ID : 10845821

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Sterner, Heidi, J., ,**

Mailing Address 7881 Sw Charleston Blvd

City

Las Vegas

State  
NV

Zip Code  
89117-8323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LGBS

Occupation (for Individual)  
Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : 10845841

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ashby, Thomas, F., ,**

Mailing Address P. O. Box 70

City  
Zirconia

State  
NC

Zip Code  
28790-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Healthcare Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845842**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Stewart, Diana, , ,**

Mailing Address 500 W. 36th Avenue  
Suite 300

City  
Anchorage

State  
AK

Zip Code  
99503-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Digital Insurance, Inc.

Occupation (for Individual)  
Sr. Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845849**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Lee, Kelli, , ,**

Mailing Address 510 L Street  
Suite 270

City  
Anchorage

State  
AK

Zip Code  
99501-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moda Health

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845851**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Madison, Kelly, A., ,**

Mailing Address 1605 N. 13th Street  
Suite A

City  
Boise

State  
ID

Zip Code  
83702-3566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Shandro Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845885**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Fisher, Erin, B., ,**

Mailing Address 131-6 Courtland Avenue

City

Stamford

State  
CT

Zip Code  
06902-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Find Medicare Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845893**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Lawless, Jim, , ,**

Mailing Address Epic Insurance Solutions, LLC  
710 East Main Street

City

Lexington

State  
KY

Zip Code  
40502-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Epic Insurance Solutions, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845914**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

275.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ackerman, Mark, K., ,**

Mailing Address 3700 Forest Drive  
Suite 300

City  
Columbia

State  
SC

Zip Code  
29204-4010

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845917**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Reyes, Deborah, A., ,**

Mailing Address 1065 Bonita Ave.

City

La Verne

State

CA

Zip Code

91750-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deborah Reyes Ins. Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845927**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Fomalont, Eva, Jean, ,**

Mailing Address 1804 Juan Tabo NE, Ste A

City

Albuquerque

State

NM

Zip Code

87112-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Source

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845967**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Durand, Tina, , ,**

Mailing Address P.O.Box 61157

City  
Corpus Christi

State  
TX

Zip Code  
78466-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heavin & Associates Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845978**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Schreder, Lynn, M., ,**

Mailing Address 130 North 25th Street

City  
Fort Dodge

State  
IA

Zip Code  
50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845979**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Diani, Jim, , ,**

Mailing Address 6472 Camden Ave., # 102

City  
San Jose

State  
CA

Zip Code  
95120-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Protected Profits Ins. Services, Inc.

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10845988**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Diani, Jim, , ,**Mailing Address **6472 Camden Ave., # 102**

City  
San Jose

State  
CA

Zip Code  
95120-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Protected Profits Ins. Services, Inc.

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : **10845989**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. **Wilson, Thomas, R., ,**Mailing Address **701 Lamar**

City  
Wichita Falls

State  
TX

Zip Code  
76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : **10846004**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. **Seifert, Gregory, J., ,**

Mailing Address **PO Box 189**  
**916 Main Street**

City  
Vancouver

State  
WA

Zip Code  
98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Biggs Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : **10846005**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McFerrin, Dwane, C., ,**

Mailing Address 8420 West Dodge Road  
Suite 510

City  
Omaha

State  
NE

Zip Code  
68114-3432

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846024**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Lindstrom, Betty, J., ,**

Mailing Address PO Box 4026

City  
Felton

State  
CA

Zip Code  
95018-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lindstrom Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846030**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Hill, Donna, D., ,**

Mailing Address 2905 Premiere Parkway  
Suite 285

City  
Duluth

State  
GA

Zip Code  
30097-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E2E Benefits Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846034**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hutchison, Jon, C., ,**

Mailing Address 5 Sierragate Plaza, Suite 340

City  
Roseville

State  
CA

Zip Code  
95678-6600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hutchinson Financial Group Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846045**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Bergsma, Lori, , ,**

Mailing Address Balanced Rock Insurance  
643 Canyon Drive

City  
Twin Falls

State  
ID

Zip Code  
83301-3014

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846047**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Mutter, Amy, D., ,**

Mailing Address 2670 Electric Road

City  
Roanoke

State  
VA

Zip Code  
24018-3511

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846049**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

565.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Mandell, Joshua, , ,**

Mailing Address 323 W. 39th Street  
11th Floor

City  
New York

State  
NY

Zip Code  
10018-1390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MBL Benefits Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2016

**Transaction ID : 10846060**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. White, Raymond, M., ,**

Mailing Address PO Box 10487

City  
Bedford

State  
NH

Zip Code  
03110-0487

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cornerstone Benefit & Retirement Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2016

**Transaction ID : 10846062**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Grosjean, David, C., ,**

Mailing Address 4600 Jefferson Lane NE, Suite C

City  
Albuquerque

State  
NM

Zip Code  
87109-2134

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2016

**Transaction ID : 10846064**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Watts, Jessica, J., ,**

Mailing Address 401 Congress Ave

City  
Austin

State  
TX

Zip Code  
78701-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance

Occupation (for Individual)  
VP, Benefits Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846074**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Cagliola, David, A., ,**

Mailing Address 1550 Liberty Ridge Drive  
Suite 250

City

Chesterbrook

State  
PA

Zip Code  
19087-5567

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radnor Benefits Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846076**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Shepherd, Melissa, , ,**

Mailing Address 1183 N. Henderson St.

City

Galesburg

State  
IL

Zip Code  
61401-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Way Insurance Services

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846135**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Doolittle, Cynthia, L., ,**

Mailing Address 6299 Nall Ave  
Suite 101

City  
Mission

State  
KS

Zip Code  
66202-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rogers Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : 10846139

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Webb, Yolanda, Marie, ,**

Mailing Address 6117 Clover Ct.

City  
Chino

State  
CA

Zip Code  
91710-5337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Webb Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : 10846146

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Williams, Ken, , ,**

Mailing Address 11335 NE 122nd Way  
Ste 105

City  
Kirkland

State  
WA

Zip Code  
98034-6933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sun Street Securities

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : 10846150

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

225.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Freeman, Michael, J., ,**

Mailing Address 3511 Camino Del Rio South  
Suite 303

City  
San Diego

State  
CA

Zip Code  
92108-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Countywide Health Ins. Services, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846173**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Bowman, Jim, , ,**

Mailing Address 2312 Coleshire Dr

City  
Plano

State  
TX

Zip Code  
75075-7446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bowman & Bowman Consultants, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846178**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Holland, Robert, V., ,**

Mailing Address PO Box 698

City  
Centralia

State  
WA

Zip Code  
98531-0698

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centralia General Agencies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : 10846187**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Girdler, Richard, R., ,

Mailing Address 5110 Maryland Way, Suite 250

City  
Brentwood

State  
TN

Zip Code  
37027-7508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cowan, a Division of HUB International

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : 10846192

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Johnson, David, S., ,

Mailing Address 12138 Big Canoe

City  
Big Canoe

State  
GA

Zip Code  
30143-5157

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : 10846193

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Banchy, Kate, , ,

Mailing Address 4233 Southtowne Drive

City  
Eau Claire

State  
WI

Zip Code  
54701-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spectrum Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : 10846194

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

255.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Buza, Raymond, F., ,**

Mailing Address 214 East Lakewood Road

City  
West Palm Beach

State  
FL

Zip Code  
33405-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Palm Beach Insurance Advisory Group, I

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 12 / 2016

**Transaction ID : 10846197**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Wolfe, Rosanne, , ,**

Mailing Address PO Box 17236

City  
Tucson

State  
AZ

Zip Code  
85731-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wolfe Insurance & Consultants, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

10 / 12 / 2016

**Transaction ID : 10846204**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Skinner, Douglas, , ,**

Mailing Address PO Box 1277

City  
Bloomington

State  
IN

Zip Code  
47402-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hoosier Dental Plans

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 12 / 2016

**Transaction ID : 10846208**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Holley, Greg, , ,**

Mailing Address 1135 E 33rd Place

City  
Tulsa

State  
OK

Zip Code  
74105-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flex Plan Administrators

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

**Transaction ID : 10846209**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**B. Alberts, Suzetta, E., ,**

Mailing Address 26555 Evergreen Drive  
Ste 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

**Transaction ID : 10846213**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Schneider, JoEllen, , ,**

Mailing Address 1818 W State St

City  
Boise

State  
ID

Zip Code  
83702-3955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Professionals, Inc.

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : 10846394**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

67.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Green, J. J., ,**

Mailing Address 1219 W. 2nd St.

City  
Grand Island

State  
NE

Zip Code  
68801-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Primark, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : 10846397

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. **Smith, Kevin, W., ,**

Mailing Address 2000 RiverEdge Parkway  
Suite 1010

City  
Sandy Springs

State  
GA

Zip Code  
30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KSA Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : 10846399

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. **Schiebel, Al, C., ,**

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schiebel & Associates, LLC dba Shopben

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : 10846402

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

125.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1453.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : 10846425**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Swartzbaugh, Robert, F., ,**

Mailing Address 1015 N 98th Street  
#221

City  
Omaha

State  
NE

Zip Code  
68114-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swartzbaugh-Farber & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : 10846426**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Meyer, Charles, A., ,**

Mailing Address 2824 Park Avenue, Suite C

City  
Merced

State  
CA

Zip Code  
95348-3394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chuck Meyer Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : 10846432**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Molthen, Kimberley, , ,**

Mailing Address 3975 Fair Ridge Drive  
110-N

City  
Fairfax

State  
VA

Zip Code  
22033-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BB&T

Occupation (for Individual)

Employee Benefits Consultant & Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : 10846433**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Koerner, Clayton, M., ,**

Mailing Address 8500 Stockdale Highway  
Suite 200

City

Bakersfield

State  
CA

Zip Code  
93311-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Insurica Insurance Management Network

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.13

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : 10846473**

Amount of Each Receipt this Period

113.00

☐ Memo Item

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

**C. Morris, Stacy, , ,**

Mailing Address PO Box 7809

City

Visalia

State  
CA

Zip Code  
93290-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Employer Driven Insurance Services

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : 10846477**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

563.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Scott, John, Thomas, ,**

Mailing Address 11000 Milestone Drive

City  
Mechanicsville

State  
VA

Zip Code  
23116-5846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Experient Health-A-Farm Bureau Company

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 14 / 2016

**Transaction ID : 10847242**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Welden, Thomas, , ,**

Mailing Address 79 S Elmwood Road

City  
Hancock

State  
NH

Zip Code  
03449-5702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Granite Group Benefits, LLC/UBA Partne

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 14 / 2016

**Transaction ID : 10847257**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Weinstein, Joshua, , ,**

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Northrim Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

555.00

Date of Receipt

10 / 15 / 2016

**Transaction ID : 10847562**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

560.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Gant, Tom, , ,**

Mailing Address 100 North Weinbach Avenue

City  
Evansville

State  
IN

Zip Code  
47711-6006

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

**10 / 15 / 2016**

**Transaction ID : 10847563**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Stevenson, Kenneth, Thomas, ,**

Mailing Address 3131 Lonnbladh Road

City  
Tallahassee

State  
FL

Zip Code  
32308-4255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Earl Bacon Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

**10 / 15 / 2016**

**Transaction ID : 10847565**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Banchy, Kate, , ,**

Mailing Address 4233 Southtowne Drive

City  
Eau Claire

State  
WI

Zip Code  
54701-2652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Spectrum Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

**10 / 15 / 2016**

**Transaction ID : 10847569**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

342.00

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hynes, Bernard, J., ,**

Mailing Address 2999 N. 44th Street Suite 325

City  
Phoenix

State  
AZ

Zip Code  
85018-7259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hynes Benefits Consulting, LLC

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2016

Transaction ID : 10847573

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Waren, M. Hughes, , ,**

Mailing Address P.O. Box 7661

City  
Wilmington

State  
NC

Zip Code  
28406-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2016

Transaction ID : 10847576

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Getner, Victoria, M., ,**

Mailing Address 901 Wilshire Drive  
Suite 330

City  
Troy

State  
MI

Zip Code  
48084-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilshire Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2016

Transaction ID : 10847583

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1060.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Brooks, Mark, , ,

Mailing Address P. O. Box 10876

City  
Lynchburg

State  
VA

Zip Code  
24506-0876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Design Financial Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : 10847585

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Purcilly, Amy, , ,

Mailing Address PO Box 7028

City  
Troy

State  
MI

Zip Code  
48007-7028

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : 10847586

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Lujan, Michael, D., ,

Mailing Address 645 Harrison Street #200

City  
San Francisco

State  
CA

Zip Code  
94107-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Limelight Health, Inc.

Occupation (for Individual)  
Technology for Agents

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : 10847587

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

145.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Blomgren, Laura, , ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : 10847590**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Hyland Ziegler, Catherine, , ,**

Mailing Address 2001 Route 46 , Suite 310

City

Parsippany

State  
NJ

Zip Code  
07054-1315

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : 10847591**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Tompkins, Daniel, R., ,**

Mailing Address 1720 Windward Concourse  
Suite 290

City

Alpharetta

State  
GA

Zip Code  
30005-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Admin America, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : 10847593**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

157.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Taylor, Layne, C., ,**

Mailing Address 1701 48th St Ste 102

City

West Des Moines

State

IA

Zip Code

50266-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Taylor Benefits, Inc.

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : 10884189**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Cogdill, Barry, , ,**

Mailing Address 4710 4th Street  
Ste. 300

City

La Mesa

State

CA

Zip Code

91941-5384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Business Choice Insurance Services

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 10921258**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Fitzgerald, Robert, Mark, ,**

Mailing Address 2842 Landing Way

City

Marietta

State

GA

Zip Code

30066-2362

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 10921260**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

480.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Riley, Mark, , ,**

Mailing Address PO Box 1635

City  
Irmo

State  
SC

Zip Code  
29063-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Benefit Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 10921262**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Trevino, Terrie, L., ,**

Mailing Address P O Box 7408

City  
Boise

State  
ID

Zip Code  
83707-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross of Idaho

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 10921265**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Pierce, Jeffrey, L., ,**

Mailing Address 730 Manzano

City  
Wolverine Lake

State  
MI

Zip Code  
48390-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthwise Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 10921267**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

172.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hayes, Judith, A., ,**

Mailing Address 1802 West Crescent Drive

City  
Odessa

State  
TX

Zip Code  
79761-1566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hayes Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : 10921276**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Johnson, Sandra, , ,**

Mailing Address 12500 Network Blvd, # 403

City  
San Antonio

State  
TX

Zip Code  
78249-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hairston, Johnson & Associates, PLLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 10922598**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Grooms, Christine, M., ,**

Mailing Address 160 East Main Street  
P O Box 638

City  
Lake Zurich

State  
IL

Zip Code  
60047-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grooms Insurance Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 10922604**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

142.00

# **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 48 OF 53

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Mulvaney, William, M., ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BenAxis, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 10922605**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Pittman, Joseph, E., ,**

Mailing Address P O Box 24133

City

Omaha

State

NE

Zip Code

68124-0133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Creative Association Management

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : 10922611**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. Maxwell, Denise, Ann, ,**

Mailing Address 5475 N Mitchum Ave

City

Meridian

State

ID

Zip Code

83646-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life & Accident Insurance Com

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : 10927440**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$150.00 This  
changes the YTD Total to \$12.00

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

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

60.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Reese, Robert, J., ,**

Mailing Address 120 W. Lexington Ave.  
Ste. 304

City  
Elkhart

State  
IN

Zip Code  
46516-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RJ Reese Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

**Transaction ID : PR437190614385**

Amount of Each Receipt this Period

240.20

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

240.20

14754.20

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address 7300 Chapman Way

City  
KnoxvilleState  
TNZip Code  
37920Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
10			03			2016					

FEC Identification Number

C

Transaction ID : 10927430

Amount of Each Disbursement this Period

308.81

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

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

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
10			19			2016					

FEC Identification Number

C

Transaction ID : 10927436

Amount of Each Disbursement this Period

903.01

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1211.82

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

1211.82

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. King For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Mailing Address 202 W 2nd St.  
PO Box 398City  
Wall LakeState  
IAZip Code  
51466Purpose of Disbursement  
Local 10/10 Fundraiser

011

Category/  
Type

Candidate Name

**King, Steve, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District: 05

FEC Identification Number

C C00373563

**Transaction ID : 10845365**

Amount of Each Disbursement this Period

1000.00

Local 10/10 Fundraiser

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address P. O. Box 713

City  
WheatonState  
ILZip Code  
60187Purpose of Disbursement  
Local Event 10/21

011

Category/  
Type

Candidate Name

**Roskam, Peter, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 06

FEC Identification Number

C C00410969

**Transaction ID : 10845609**

Amount of Each Disbursement this Period

1000.00

Local Event 10/21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of John McCain Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Mailing Address 1020 N. Fairfax St.  
Suite 201City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Void - Friends Of John McCain Inc

011

Category/  
Type

Candidate Name

**McCain, John, , Mr.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ

District:

FEC Identification Number

C C00341891

**Transaction ID : 10904511**

Amount of Each Disbursement this Period

-2500.00

Void - Friends Of John McCain Inc

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

-500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of John McCain Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Mailing Address 1020 N. Fairfax St.  
Suite 201City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
9/14 Breakfast

011

Category/  
Type

Candidate Name

**McCain, John, , Mr.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AZ

District:

FEC Identification Number

C C00341891

**Transaction ID : 10904553**

Amount of Each Disbursement this Period

2500.00

9/14 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Todd Young, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Mailing Address PO Box 1053

City  
BloomingtonState  
INZip Code  
47402Purpose of Disbursement  
Local Oct Event

011

Category/  
Type

Candidate Name

**Young, Todd, , ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: IN

District: 09

FEC Identification Number

C C00459255

**Transaction ID : 10912875**

Amount of Each Disbursement this Period

4000.00

Local Oct Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Mailing Address PO Box 3176

City  
Long BranchState  
NJZip Code  
07740Purpose of Disbursement  
10/27 Local Dinner

011

Category/  
Type

Candidate Name

**Pallone, Frank, , , Jr**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NJ

District: 06

FEC Identification Number

C C00226928

**Transaction ID : 10921277**

Amount of Each Disbursement this Period

1000.00

10/27 Local Dinner

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

7500.00

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

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

PAGE 53 OF 53

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City  
WadsworthState  
OHZip Code  
44281Purpose of Disbursement  
10/21 Breakfast

011

Category/  
Type

Candidate Name

**Renacci, James, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

C C00466359

**Transaction ID : 10922666**

Amount of Each Disbursement this Period

1000.00

10/21 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CPAT PAC**Mailing Address 228 S. Washington St.  
Suite 115City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Comp Event

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

C

**Transaction ID : 10922674**

Amount of Each Disbursement this Period

1000.00

Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2000.00

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

9000.00