

**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 19 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Christopher Dowler
Full Name (Last, First, Middle Initial)

Mailing Address N54W20859 Carters Crossing Cir

City	State	Zip Code
Menomonee Falls	WI	53051-6281

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ASSURANT HEALTH	SVP, CHIEF INFO OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1026.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : 6282013-D102

Amount of Each Receipt this Period

85.58

B. Steven Dziedzic
Full Name (Last, First, Middle Initial)

Mailing Address 2016 N Hubbard St

City	State	Zip Code
Milwaukee	WI	53212-3340

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ASSURANT HEALTH	SVP, NEW BUSINESS DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : 6142013-D91

Amount of Each Receipt this Period

200.00

C. Steven Dziedzic
Full Name (Last, First, Middle Initial)

Mailing Address 2016 N Hubbard St

City	State	Zip Code
Milwaukee	WI	53212-3340

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ASSURANT HEALTH	SVP, NEW BUSINESS DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : 6282013-D89

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶	485.58
TOTAL This Period (last page this line number only).....▶	