PAGE 1 / 14

Image# 201601319005052258

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee						
1. NAME OF T	YPE OR PRINT ▼	Exa	mple: If typin	a. type	1000 AME	Office Use Only
COMMITTEE (in full)			r the lines.	9, 1,70	12FE4M5	
WILLIS NORTH AMERI	CA INC POLI	TICAL ACTI	ON COMI	MITTEE		
ADDRESS (number and street)	7 HANOVER SQU	ARE				
Check if different than previously reported. (ACC)	NEW YORK				NY	10004
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		8	STATE A	ZIP CODE ▲
C C00418731		3. IS THIS REPORT	× (N	EW N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(C) 12-Day PRE-Ele Report fo	Election on	J	2C)	Sep	in the State of
5. Covering Period 07	/ D D / Y	2015	through	12	31	2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the	e best of my kno	wledge and b	elief it is tru	e, correct and	I complete.
Type of Philt Name of Treasurer	ROD Eden					
Signature of Treasurer Rob Ed	'en		[Electronically	<i>Filed]</i> D	ate 01	30 / 2016
NOTE: Submission of false, erroneo	ous, or incomplete in	nformation may su	bject the pers	on signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

WILLIS NORTH AMERICA INC POLITICAL ACTION COMMITTEE

01 2015 2015 Report Covering the Period: 07 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 33574.56 January 1, 2015 (b) Cash on Hand at 29223.97 Beginning of Reporting Period..... 3573.75 3573.75 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 32797.72 37148.31 6(a) and 6(c) for Column B)..... 3561.76 7912.35 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 29235.96 29235.96 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0 Schedule C and/or Schedule D)

×

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. 06/2004)

Write or Type Committee Name

WILLIS NORTH AMERICA INC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From: 07		o: 12 31 2015
	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)	2500.04	2500.04
	(ii) Unitemized(iii) TOTAL (add	863.71	863.71
	Lines 11(a)(i) and (ii)▶	3363.75	3363.75
	(b) Political Party Committees	0	0
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	3363.75	3363.75
12.	Transfers From Affiliated/Other Party Committees	0	0
13.	All Loans Received	0	0
	Loan Repayments Received Offsets To Operating Expenditures	0	0
13.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	210.00	210.00
16.	Refunds of Contributions Made to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts	0	0
18.	(Dividends, Interest, etc.)	0	0
	(from Schedule H3)	0	0
	(b) Levin Funds (from Schedule H5)	0	0
	(c) Total Transfers (add 18(a) and 18(b))	0	0
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3573.75	3573.75
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3573.75	3573.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) A	ting Expenditures: Ilocated Federal/Non-Federal ctivity (from Schedule H4)		Calcinaa Tour to Dato
(i)		0	0
/ii	Non Endoral Share	0	0
•	Non-Federal Sharether Federal Operating		
	xpenditures	791.76	1642.35
	otal Operating Expenditures	701.70	101000
	add 21(a)(i), (a)(ii), and (b))▶ ers to Affiliated/Other Party	791.76	1642.35
	ittees	0	0
3. Contril Federa	butions to all Candidates/Committees		
and O	ther Political Committees	1000.00	4500.00
-	endent Expenditures Schedule E)	0	0
5. Coordi	inated Party Expenditures 5.C. §441a(d))		
(use S	Schedule F)	0	0
· Loon I	Danayananta Mada	0	0
o. Loan i	Repayments Made		
. Loans	Made	0	0
(a) In	ds of Contributions To: dividuals/Persons Other	4770.00	1770.00
Т	han Political Committees	1770.00	1770.00
(b) P	olitical Party Committees	0	0
(c) O	ther Political Committees		
(s	such as PACs)	0	0
(d) To	otal Contribution Refunds		
` / (a	add Lines 28(a), (b), and (c))▶	1770.00	1770.00
). Other	Disbursements	0	0
. Federa	al Election Activity (2 U.S.C. §431(20))		
. ,	llocated Federal Election Activity		
	rom Schedule H6)	0	0
(1)	Federal Share		
(ii) "Levin" Share	0	0
(b) F	ederal Election Activity Paid Entirely	0	0
(c) To	With Federal Funds otal Federal Election Activity (add	0	
` '	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
	Disbursements (add Lines 21(c), 22,	2504.70	
23, 24	-, 25, 26, 27, 28(d), 29 and 30(c))	3561.76	7912.35
2. Total F	Federal Disbursements		
	act Line 21(a)(ii) and Line 30(a)(ii)		70:00
from L	ine 31)	3561.76	7912.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3363.75	3363.75				
4. Total Contribution Refunds (from Line 28(d))	1770.00	1770.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1593.75	1593.75				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	791.76	1642.35				
7. Offsets to Operating Expenditures (from Line 15, page 3)	210.00	210.00				
3. Net Operating Expenditures (subtract Line 37 from Line 36)	581.76	1432.35				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	OR	LINE	NU	MBER	:	PAGE	6	OF	14
(0	che	ck only	or	ne)					
	X	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.

or to	r commercial purposes, other than using the i	name and address of any political committee to	solicit contributions from such committee.
> v		POLITICAL ACTION COMMITTE	E
Fı \. F	ull Name (Last, First, Middle Initial) Ronald L Alexander		Date of Receipt
M	ailing Address 1604 Bingham Dr		12 31 2015
Ci	ity	State Zip Code	Transaction ID: 441-P4147
K	(noxville	TN 37922-8066	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C	354.11 Payroll Deduction
N	ame of Employer	Occupation	Payroli Deduction
	/illis of Tennessee, Inc.	Managing Partner	
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	(\$20.83 Semi-Monthly)
3. <u>C</u> M	ull Name (Last, First, Middle Initial) Deneen M Huber lailing Address 3607 Northridge Dr		Date of Receipt 12 31 2015
	ity	State Zip Code	Transaction ID: 441-P4148
<u>A</u>	Ilison Park	PA 15101-5003	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	916.74
	ame of Employer illis Americas Administration, Inc.	Occupation Senior Resource Consultant	Payroll Deduction
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.08	(\$41.67 Semi-Monthly)
	ull Name (Last, First, Middle Initial) Todd J. Jones		Date of Receipt
M	ailing Address 637 Goose Neck Dr		12 31 2015
	ity	State Zip Code	Transaction ID: 441-P4149
_L	ititz	PA 17543-8368	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	312.45
N	ame of Employer	Occupation	Payroll Deduction
	/illis North America, Inc.	President WNA	
R	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	499.92	(\$20.83 Semi-Monthly)
SUE	BTOTAL of Receipts This Page (optional)	>	1583.30
тот	FAL This Period (last page this line number o	nly)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)				:	PAGE	:	7	OF	14	
(c	he	ck only	or	ne)						
[X	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.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) WILLIS NORTH AMERICA INC	POLITICAL ACTION COMMITTE	E
١.	Full Name (Last, First, Middle Initial) Jay M. Kirschbaum Mailing Address 1520 Woodroyal East Dr		Date of Receipt
	City	State Zip Code	12 31 2015 Transaction ID : 441-P4150
	Chesterfield FEC ID number of contributing federal political committee. Name of Employer Willis Americas Administration, Inc. Receipt For: Primary General Other (specify) ▼	MO 63017-5550 C Occupation Consulting Director Aggregate Year-to-Date ▼ 1000.08	Amount of Each Receipt this Period 916.74 Payroll Deduction (\$41.67 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Receipt For:	C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		
Э.	Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	C	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	916.74
T	OTAL This Period (last page this line number o	nly)	2500.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		LINE			₹:	PAGE	. 8	3 C	F	14
Use separate schedule(s) for each category of the Detailed Summary Page	(che	(check only one)								
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) WILLIS NORTH AMERICA IN	C POLITICAL ACTION COMMITTE	E
Full Name (Last, First, Middle Initial) SunTrust Bank of Nashville Mailing Address P.O. Box 305110		Date of Receipt
		08 04 2015
City	State Zip Code	Transaction ID: 452
Nashville	TN 37230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		210.00
TOTAL This Period (last page this line number	er only)	210.00

S 17

SCHEDULE B (FEC Form 3X)			DAGE 0 OF 14						
•	Use separate schedule(s)	FOR LINE							
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	22 23 24 25 26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Staten									
or for commercial purposes, other than using the nam	ne and address of any politic	cal committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
$ \; angle$ WILLIS NORTH AMERICA INC PC	DITICAL ACTION (COMMITTE	:F						
/			· -						
Full Name (Last, First, Middle Initial)									
A. SunTrust Bank of Nashville			Date of Disbursement						
Carriage Barik of Nacifyllio			M M / D D / Y Y Y						
Mailing Address P.O. Box 305110			07 20 2015						
•									
City	State Zip Code								
Nashville	TN 37230		Transaction ID: 411						
Purpose of Disbursement									
Account Analysis Fee		001	Amount of Each Disbursement this Period						
Candidate Name		Onto mamul							
		Category/ Type	170.83						
Office Sought: House Disbursen	nent For:	- 7,70							
	Primary General								
President	Other (specify) ▼								
State: District:	(apasa), V								
Full Name (Last, First, Middle Initial)									
			Date of Disbursement						
B. SunTrust Bank of Nashville									
Moiling Address D.O. Day 005440			08 20 2015						
Mailing Address P.O. Box 305110			08 20 2015						
City	State Zip Code								
Nashville	TN 37230		Transaction ID: 412						
Purpose of Disbursement	07200								
Account Analysis Fee		001	Amount of Each Disbursement this Period						
Candidate Name									
		Category/ Type	123.65						
Office Sought: House Disbursen	nent For:	Турс							
	Primary General								
	Other (specify) ▼								
State: District:	Other (opcony)								
Full Name (Last, First, Middle Initial)			Date of Disbursement						
C. SunTrust Bank of Nashville									
Martin and Address B. O. B. Control			M M / D D / Y Y Y Y						
Mailing Address P.O. Box 305110			09 21 2015						
City	State Zip Code								
Nashville	TN 37230		Transaction ID: 413						
Purpose of Disbursement	37230								
Account Analysis Fee		001	Amount of Each Disbursement this Period						
Candidate Name			Amount of Lacif Dispursement this Period						
		Category/ Type	125.06						
Office Sought: House Disbursen	nent For:	Турс							
Senate	Primary General								
President	Other (specify)								
State: District:	(opoony) ▼								
Journal District.									
CURTOTAL of Dishura are sets This Days (s. 1)			419.54						
SUBTOTAL of Disbursements This Page (optional)		······	7						
TOTAL This Period (last page this line number only)									

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SCHEDULE B (F			FOR LINE NUMBER: PAGE 10							10	OF	14	
ITEMIZED DISBU	RSEMENTS		arate schedule(s) category of the	1 (01100	ck only	′			_ 	24 25			
			Summary Page	<u>×</u>	21b 27	22 28a		:3 :8b		4 Bc	25 29		26 30b
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	s, other than using the nam												
NAME OF COMMITTE	E (In Full)												
angle WILLIS NORTH	AMERICA INC PO	DLITICA	L ACTION (COMM	ITTE	ΞE							
Full Name (Last, First,	Middle Initial												
A. SunTrust Bank	,					Date o	f Disb	ursem	nent				
	or radirvillo					M M	/	D D) /	Υ	ΥΥΥ	Υ	
Mailing Address P.O. B	ox 305110			10	JL	21		2	2015				
City	9	State	Zip Code										
Nashville	`	TN	37230			Trans	sactio	n ID :	414				
Purpose of Disburseme	nt				$\overline{}$								
Account Analysis Fee				001		Amoun	t of E	ach D)isbur	semer	nt this	Perio	d
Candidate Name				Catego							123	3.76	П
Office Sought:	House Disburser	ment For:		Туре	•		7			7		_	
	Senate	Primary	General										
	President	Other (spec	cify) 🔻										
State: Distr	ict:												
Full Name (Last, First,	,												
B. SunTrust Bank	of Nashville					Date o	_						
Mailing Address P.O. E	Box 305110					м - м 11	/	20			y	Y	
	50X 000110												
City								n ID :	415				
Nashville Purpose of Disburseme	nt	TN	37230										
Account Analysis Fee	•••			001		Amoun	t of E	ach D	Disbur	semer	nt this	Perio	d
Candidate Name									4.50	П			
				Catego Type			7			7	124	4.56	_
Office Sought:	House Disburser Senate		General										
		Primary Other (spec											
State: Distr		(-p	····/										
Full Name (Last, First,	Middle Initial)												
C. SunTrust Bank	of Nashville					Date o	f Disb	ursem	nent				
Mailing Address D.O. D	005440					м = м 12	/	D D	_		Y Y	Υ	
Mailing Address P.O. B	0X 305110					12		18		4	2015	_	
City	(State	Zip Code			Tron	sactio	, ID .	424				
Nashville		TN	37230			ITAIIS	Saction	. טו וו	421				
Purpose of Disburseme Account Analysis Fee	nt			001			–						
Candidate Name					_	Amoun	it of Ea	ach D	Isbur	semer	nt this	Perio	d
				Catego Type				_			123	3.90	
Office Sought:	House Disburser									,			
	Senate	Primary	General										
State: Distr	President	Other (spec	CIIY) 🔻										
Jiaie. Distr	lot.												_
SUBTOTAL of Dishursem	nents This Page (optional)										372	2.22	
						-	- 1	+		7	-	=	=
TOTAL This Period (last	page this line number only)				. •					,	791	.76	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 14							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.						
II EINIIZED DISDUMSEINIEN IS	for each category of the	21b	22 🔀 23 24 25 26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions						
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
WILLIS NORTH AMERICA INC PO	I ITICAL ACTION (COMMITTE	F						
/ WILLIO HORTITA MILITIOA MITO I C									
Full Name (Last, First, Middle Initial)									
A. RYAN FOR CONGRESS	Date of Disbursement								
	Mailing Address DO DOV 4400								
Mailing Address PO BOX 1488			10 07 2015						
City	State Zip Code								
JANESVILLE	WI 53547		Transaction ID: 416						
Purpose of Disbursement									
Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	4000.00						
PAUL D. RYAN		Type	1000.00						
	nent For: 2016								
	Primary General								
President	Other (specify) ▼								
State: WI District: 01									
Full Name (Last, First, Middle Initial)			Data of Diskumannant						
В.			Date of Disbursement						
Mailing Address	Apiling Address								
Mailing Address									
City	State Zip Code								
Purpose of Disbursement	Purpose of Disbursement								
Occadistate Manage			Amount of Each Disbursement this Period						
Candidate Name		Category/							
Office Sought: House Disbursen	aont For:	Туре							
Senate Disburser	Primary General								
President	Other (specify)								
State: District:	outer (opeony)								
Full Name (Last, First, Middle Initial)									
C.	Date of Disbursement								
			M M / D D / Y Y Y						
Mailing Address									
City	State Zip Code								
Purpose of Disbursement	urnose of Dishursement								
. d.pece e. 2.624.comen	Amount of Each Disbursement this Period								
Candidate Name		Catagony	Amount of Lacif Disbursement this Penou						
		Category/ Type							
Office Sought: House Disburser	nent For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
SUBTOTAL of Disbursements This Page (optional)			1000.00						
			1000.00						
TOTAL This Period (last page this line number only)			1000.00						

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 12 OF 14									
	EMIZED DISBURSEMENTS	Use separate schedule(s	s) (a	CH LINE	NOMBER:								
• •	LIVILED DISDUTISLIVILIVIS	for each category of the	`	21b	22 23 24 25 26								
		Detailed Summary Page		27	X 28a 28b 28c 29 30b								
Ar	ny information copied from such Reports and Staten	nents may not be sold or u	used by	anv pers	son for the purpose of soliciting contributions								
	for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full)												
$ \; angle$	WILLIS NORTH AMERICA INC PO	DI ITICAL ACTION	COM	1МІТТЕ	= F								
/	WILLIO HOR HIT AMERICA HITO I C	DETITIONE MOTION	OOIV										
_	Full Name (Last, First, Middle Initial)												
A.	Deneen Huber	Date of Disbursement											
					M M / D D / Y Y Y Y								
	Mailing Address 375 South End Ave AptK	08 12 2015											
	Cit.	Otata 7:- Oada											
	City S New York	State Zip Code NY 10280		Transaction ID: 447									
	Purpose of Disbursement	10200											
	Refund			010	Amount of Each Disbursement this Period								
	Candidate Name		Cot	ogon/									
				egory/ ype	500.04								
	Office Sought: House Disburser	ment For:		-									
	Senate	Primary General											
	President	Other (specify) ▼											
	State: District:												
	Full Name (Last, First, Middle Initial)												
В.	Gary Windt				Date of Disbursement								
					08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	Mailing Address 707 S School St												
	City												
	Lombard	State Zip Code IL 60148			Transaction ID : 445								
	Purpose of Disbursement			_									
	Refund		11.	010	Amount of Each Disbursement this Period								
	Candidate Name		Cat	egory/	120.00								
			T	уре	120.00								
	Office Sought: House Disburser												
	Senate President	Other (energify) — General											
	State: District:	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)												
C.	Jay Kirschbaum				Date of Disbursement								
•	Jay Miscribaum				M M / D D / Y Y Y Y								
	Mailing Address 1520 Woodroyal East Dr				08 10 2015								
		State Zip Code			Transaction ID: 444								
	Chesterfield Purpose of Disbursement	TN 63017											
	Refund			010									
	Candidate Name				Amount of Each Disbursement this Period								
				egory/ ype	500.04								
	Office Sought: House Disburser	ment For:	<u> </u>	71	7								
	Senate	Primary General											
	President	Other (specify) ▼											
	State: District:	•											
	'												
s	SUBTOTAL of Disbursements This Page (optional)				1120.08								
\vdash				· ·									
Iт	OTAL This Period (last nage this line number only)	1											

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 OF 14										
	EMIZED DISBURSEMENTS	Use separate schedule(s)) FOR LINE I (check only			. ITOMBEIT.						<u> </u>	• •	
• •		for each category of the Detailed Summary Page	`		21b [22		23	24	. [25		26	
_		_ standa daninary r ago			27	X 28a		28b	28	С	29		30b	
	y information copied from such Reports and Stater													
or	for commercial purposes, other than using the nan	ne and address of any politic	cal cor	nmitt	ee to s	solicit c	ontril	outions	s trom s	uch c	ommi	ttee.		
	NAME OF COMMITTEE (In Full) WILLIS NORTH AMERICA INC PC			11.41-		_								
/	WILLIS NORTH AMERICA INC PC	DEFFICAL ACTION (COIV	IIVII	116	=								
_	Full Name (Last, First, Middle Initial)													
A.	Kenneth Vincent					Date of Disbursement								
		Address 40440 Over the days Divin					M M / D D / Y Y Y Y							
	Mailing Address 10419 Greenhedges Drive		ate Zip Code				08 12 2015 Transaction ID : 449							
	City	State Zip Code												
	Tampa	FL 33626				Trar	isact	tion ID	: 449					
	Purpose of Disbursement Refund			24.0	\neg	A			Distance.			Desir		
	Candidate Name			010	<u> </u>	Amou	IIL OT	⊏acn	Disburs	erner	it this	rerio	u	
	Carrage Harris			egory ype	y/					_	7	5.00		
	Office Sought: House Disburser	ment For:		71					,					
	Senate	Primary General												
	President	Other (specify) ▼												
_	State: District:													
B	Full Name (Last, First, Middle Initial) Ron Alexander					Date	of Di	isburse	ement					
٠.	Non Alexander					Man / Dad / Yayayay								
	Mailing Address 1604 Bingham Dr					08	_		0		2015			
	City Stronyville	State Zip Code TN 37922				Trar	nsact	tion ID	: 443					
	Purpose of Disbursement	37922			_									
	Refund	010				Amount of Each Disbursement this Period							d	
	Candidate Name			egory	y/						24	19.96		
	Office Sought: House Disburser	and Fam.	Т	ype			-	7				0.00	-	
	Office Sought: House Disburser Senate	Primary General												
	President	Other (specify)												
	State: District:	•												
	Full Name (Last, First, Middle Initial)													
C.	Scot Housh					Date of Disbursement								
	Mailing Address 4209 Country Club Rd					08 10 2015								
	Maning Address 4209 Country Club Ru					00		-	J		-010	_		
	,	State Zip Code				Tran	isaci	tion ID	: 446					
	Edina Purpose of Disbursement	MN 55424							•					
	Refund 010					Атон	nt of	Each	Disburs	omor	at thic	Porio	d	
	Candidate Name			Category/			iii oi	Lacii	Disbuis	emer	11 11115	reno	u	
				ype	,			7			3	0.00		
	Office Sought: House Disburser													
	Senate President	Other (specify) —												
	State: District:	Other (specify) ▼												
Г	2.00.00					-	_	-			-		_	
s	UBTOTAL of Disbursements This Page (optional)				•		_				35	4.96		
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Т	OTAL This Period (last page this line number only)				•			7				-	╝	

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 14							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:							
	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30b							
Any information conical from such Deports and State	monto move not be cold or use									
Any information copied from such Reports and State or for commercial purposes, other than using the nar	me and address of any politication	al committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
$ \hspace{.05cm} \rangle$ WILLIS NORTH AMERICA INC PO	OLITICAL ACTION C	OMMITTE	Ε							
Full Name (Last, First, Middle Initial)										
A. Todd Jones			Date of Disbursement							
Mailing Address 74011 F. D. I			M M / D D / Y Y Y Y Y							
Mailing Address 713 Honey Farm Road			08 12 2015							
City	State Zip Code		Transaction ID : 448							
Lititz	PA 17543		Hallsaction ID . 440							
Purpose of Disbursement Refund		010	Amount of Each Disbursement this Period							
Candidate Name		Category/								
		Type	294.96							
Office Sought: House Disburse Senate	ment For: Primary General									
President	Other (specify)									
State: District:	· · · · · · · · · · · · · · · · · · ·									
Full Name (Last, First, Middle Initial)										
В.			Date of Disbursement							
Mailing Address			M = M / D = D / Y = Y = Y							
City	State Zip Code									
Purpose of Disbursement										
			Amount of Each Disbursement this Period							
Candidate Name		Category/								
Office Sought: House Disburse	ment For:	Туре	7 7							
Senate	Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) C.	Date of Disbursement									
			M M / D D / Y Y Y Y							
Mailing Address										
City	City State Zip Code									
Purpose of Disbursement										
Tarpece of Biodarcomonic		Amount of Each Disbursement this Period								
Candidate Name		Category/ Type								
Office Sought: House Disburse	ment For:	1,700								
Senate	Primary General									
President State: District:	Other (specify) ▼									
State: District:										
SUBTOTAL of Disbursements This Page (optional)			294.96							
			4770.00							
TOTAL This Period (last page this line number only)		1770.00							