

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

Assurant Inc. Political Action Committee

ADDRESS (number and street) 501 W. Michigan St

Check if different than previously reported. (ACC) Milwaukee WI 53203

2. **FEC IDENTIFICATION NUMBER ▼** C00185694 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Jan 31 (YE)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in 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 12 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015

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

Type or Print Name of Treasurer Robert Schwarz

Signature of Treasurer Robert Schwarz *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Assurant Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		167800.76
(b) Cash on Hand at Beginning of Reporting Period.....	91430.63	
(c) Total Receipts (from Line 19)	6770.56	117450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	98201.19	285250.76
7. Total Disbursements (from Line 31).....	9029.07	196078.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89172.12	89172.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assurant Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 12 / 01 / 2015 To: M M / D D / Y Y Y Y Y 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).....	6719.34	99995.25
(ii) Unitemized	51.22	15454.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6770.56	115450.00
(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)	6770.56	115450.00
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	2000.00
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))..... ▶	6770.56	117450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6770.56	117450.00

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
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	29.07	578.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	29.07	578.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	194500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9029.07	196078.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9029.07	196078.64

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6770.56	115450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6770.56	115450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	29.07	578.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29.07	578.64

**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 6 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Assurant Inc. Political Action Committee

A. Stacia Almquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 22114 W 52nd St
 City Shawnee State KS Zip Code 66226-2856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation SVP, DENTAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 12 / 15 / 2015
Transaction ID : 2015121712758-26
 Amount of Each Receipt this Period
50.00

B. Stacia Almquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 22114 W 52nd St
 City Shawnee State KS Zip Code 66226-2856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation SVP, DENTAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : 20160105145257-26
 Amount of Each Receipt this Period
50.00

C. Mark Berquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 12100 W Cardinal Ct
 City Hales Corners State WI Zip Code 53130-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, HEALTH CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1560.00**

Date of Receipt
 12 / 15 / 2015
Transaction ID : 2015121712758-64
 Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional)..... **165.00**
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 7 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mark Berquist

Mailing Address 12100 W Cardinal Ct

City State Zip Code
 Hales Corners WI 53130-1064

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, HEALTH CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-64

Amount of Each Receipt this Period
 65.00

Full Name (Last, First, Middle Initial)
B. Carey Bongard

Mailing Address 2795 Peachtree Rd NE

City State Zip Code
 Atlanta GA 30305-3793

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

Name of Employer Occupation
 ASSURANT SOLUTIONS EVP, HR & ORG DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-16

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
c. Carey Bongard

Mailing Address 2795 Peachtree Rd NE

City State Zip Code
 Atlanta GA 30305-3793

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

Name of Employer Occupation
 ASSURANT SOLUTIONS EVP, HR & ORG DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-16

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.66

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 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kenneth Bowen

Mailing Address 1575 Oakwood Ln

City State Zip Code
 Liberty MO 64068-3547

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-27

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Kenneth Bowen

Mailing Address 1575 Oakwood Ln

City State Zip Code
 Liberty MO 64068-3547

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 20160105145257-27

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Vera Carley

Mailing Address 123 Harbor Dr

City State Zip Code
 Stamford CT 06902-7493

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

Name of Employer Occupation
 ASSURANT CORPORATE AVP, COMMUNICATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1843.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-39

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.33

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 9 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Vera Carley

Mailing Address 123 Harbor Dr

City State Zip Code
Stamford CT 06902-7493

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

Name of Employer Occupation
ASSURANT CORPORATE AVP, COMMUNICATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1843.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : 20160105145257-39

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Howard Carver

Mailing Address PO Box 2743

City State Zip Code
Silverthorne CO 80498-2743

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

Name of Employer Occupation
Assurant, Inc. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015
Transaction ID : A7BAE73455734A6E9B9A

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Jay Cohen

Mailing Address 73 Scarlet Oak Dr

City State Zip Code
Wilton CT 06897-1014

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

Name of Employer Occupation
ASSURANT CORPORATE SVP, CHIEF COMPLIANCE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3958.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015
Transaction ID : 2015121712758-40

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jay Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Scarlet Oak Dr
 City Wilton State CT Zip Code 06897-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, CHIEF COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3958.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-40
 Amount of Each Receipt this Period
166.67

B. Joe Cordeiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 8208 S Parkview Ct
 City Oak Creek State WI Zip Code 53154-7458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation MGR, IT
 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
 12 / 15 / 2015
Transaction ID : 2015121712758-73
 Amount of Each Receipt this Period
10.00

C. Joe Cordeiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 8208 S Parkview Ct
 City Oak Creek State WI Zip Code 53154-7458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation MGR, IT
 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
 12 / 31 / 2015
Transaction ID : 20160105145257-73
 Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	186.67
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 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Theresa Dalen

Mailing Address 9475 Oak Ave

City Waconia State MN Zip Code 55387-9638

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

Name of Employer ASSURANT BENEFITS Occupation VP, DISABILITY & LIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 2015121712758-28

Amount of Each Receipt this Period
29.16

Full Name (Last, First, Middle Initial)
B. Theresa Dalen

Mailing Address 9475 Oak Ave

City Waconia State MN Zip Code 55387-9638

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

Name of Employer ASSURANT BENEFITS Occupation VP, DISABILITY & LIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-28

Amount of Each Receipt this Period
29.16

Full Name (Last, First, Middle Initial)
C. Deborah Davis

Mailing Address 4201 Southborough Rd

City Florence State SC Zip Code 29501-8888

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

Name of Employer SPECIALTY PROPERTY Occupation VP, SERVICE CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 2015121712758-17

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **108.32**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
	<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

Full Name (Last, First, Middle Initial)
A. Deborah Davis

Mailing Address 4201 Southborough Rd

City Florence State SC Zip Code 29501-8888

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

Name of Employer SPECIALTY PROPERTY Occupation VP, SERVICE CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-17

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Greg Dechurch

Mailing Address 15161 SW 39th St

City Davie State FL Zip Code 33331-2761

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

Name of Employer ASSURANT CORPORATE Occupation SVP, CHIEF COUNSEL, OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-4

Amount of Each Receipt this Period
 62.50

Full Name (Last, First, Middle Initial)
C. Greg Dechurch

Mailing Address 15161 SW 39th St

City Davie State FL Zip Code 33331-2761

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

Name of Employer ASSURANT CORPORATE Occupation SVP, CHIEF COUNSEL, OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-4

Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<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. Joseph Erdeman
Full Name (Last, First, Middle Initial)

Mailing Address 202 Gold Leaf Ln

City Canton State GA Zip Code 30114-9713

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

Name of Employer ASSURANT SOLUTIONS Occupation EVP, GLOBAL NETWORKS OF EXCELL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-1

Amount of Each Receipt this Period
 80.00

B. Joseph Erdeman
Full Name (Last, First, Middle Initial)

Mailing Address 202 Gold Leaf Ln

City Canton State GA Zip Code 30114-9713

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

Name of Employer ASSURANT SOLUTIONS Occupation EVP, GLOBAL NETWORKS OF EXCELL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 20160105145257-1

Amount of Each Receipt this Period
 80.00

C. John Frobose
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Ettington Dr

City Suwanee State GA Zip Code 30024-3378

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

Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, LENDING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-18

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	243.33
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 14 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John Frobose

Mailing Address 6020 Ettington Dr

City State Zip Code
Suwanee GA 30024-3378

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

Name of Employer Occupation
SPECIALTY PROPERTY PRESIDENT, LENDING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1999.92

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-18

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Paul Gamm

Mailing Address 115 Valley Summit Ct

City State Zip Code
Roswell GA 30075-6816

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

Name of Employer Occupation
SPECIALTY PROPERTY VP, RISK MGMT & UNDERWRITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-14

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
C. Paul Gamm

Mailing Address 115 Valley Summit Ct

City State Zip Code
Roswell GA 30075-6816

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

Name of Employer Occupation
SPECIALTY PROPERTY VP, RISK MGMT & UNDERWRITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-14

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ **124.99**

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 15 OF 46
(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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Terry Grigg

Mailing Address 1134 Lincoln Ave

City State Zip Code
 Saint Paul MN 55105-2735

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

Name of Employer Occupation
 ASSURANT HEALTH VP, CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-66

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Terry Grigg

Mailing Address 1134 Lincoln Ave

City State Zip Code
 Saint Paul MN 55105-2735

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

Name of Employer Occupation
 ASSURANT HEALTH VP, CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 20160105145257-66

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Melissa Hall

Mailing Address 410 Central Park W

City State Zip Code
 New York NY 10025-4819

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1166.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-41

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.67

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 16 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Melissa Hall

Mailing Address 410 Central Park W

City State Zip Code
 New York NY 10025-4819

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, TAX

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1166.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-41

Amount of Each Receipt this Period
 41.67

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

Mailing Address 1730 Doonbeg Ct NW

City State Zip Code
 Kennesaw GA 30152-6754

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

Name of Employer Occupation
 SPECIALTY PROPERTY VP, NAT'L SALES & ACCOUNT MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-5

Amount of Each Receipt this Period
 20.83

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

Mailing Address 1730 Doonbeg Ct NW

City State Zip Code
 Kennesaw GA 30152-6754

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

Name of Employer Occupation
 SPECIALTY PROPERTY VP, NAT'L SALES & ACCOUNT MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-5

Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.33

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 17 OF 46
(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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Carol Hillman

Mailing Address 6217 Ranier Ln N

City State Zip Code
 Maple Grove MN 55311-4582

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

Name of Employer Occupation
 ASSURANT HEALTH DIR, CLAIMS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-67

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Carol Hillman

Mailing Address 6217 Ranier Ln N

City State Zip Code
 Maple Grove MN 55311-4582

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

Name of Employer Occupation
 ASSURANT HEALTH DIR, CLAIMS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-67

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Mary Hinderliter

Mailing Address 2414 N 83rd St

City State Zip Code
 Wauwatosa WI 53213-1025

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

Name of Employer Occupation
 ASSURANT HEALTH VP, COMMUNICATION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-68

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.00

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 18 OF 46
(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)
Assurant Inc. Political Action Committee

A. Mary Hinderliter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2414 N 83rd St
 City Wauwatosa State WI Zip Code 53213-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation VP, COMMUNICATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-68
 Amount of Each Receipt this Period
 21.00

B. Julia Hix
 Full Name (Last, First, Middle Initial)
 Mailing Address 29W 128 83rd Street
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, REGULATORY COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-69
 Amount of Each Receipt this Period
 30.00

C. Julia Hix
 Full Name (Last, First, Middle Initial)
 Mailing Address 1941 Broadsmore Dr
 City Algonquin State IL Zip Code 60102-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, REGULATORY COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-69
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 19 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gabriel House
 Mailing Address 11 Wildrose Ln
 City Scarborough State ME Zip Code 04074-8632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation VP, UNDERWRITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-22
 Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Gabriel House
 Mailing Address 11 Wildrose Ln
 City Scarborough State ME Zip Code 04074-8632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation VP, UNDERWRITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-22
 Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Catherine Janik
 Mailing Address 9361 Jonathan Rd
 City Woodbury State MN Zip Code 55125-4821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, MANAGING ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-42
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.83
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 20 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Catherine Janik
 Mailing Address 9361 Jonathan Rd
 City State Zip Code
 Woodbury MN 55125-4821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE VP, MANAGING ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-42
 Amount of Each Receipt this Period
 20.83

Full Name (Last, First, Middle Initial)
B. Stacy Jenison
 Mailing Address 7717 Canterbury St
 City State Zip Code
 Prairie Village KS 66208-3946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT BENEFITS VP, IT & BUSINESS DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-29
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Stacy Jenison
 Mailing Address 7717 Canterbury St
 City State Zip Code
 Prairie Village KS 66208-3946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT BENEFITS VP, IT & BUSINESS DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-29
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.83
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joleen Jepsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 56th PI
 City West Des Moines State IA Zip Code 50266-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation AVP, EBS PAYROLL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-35
 Amount of Each Receipt this Period
 20.00

B. Joleen Jepsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 56th PI
 City West Des Moines State IA Zip Code 50266-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation AVP, EBS PAYROLL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-35
 Amount of Each Receipt this Period
 20.00

C. Shawn Kahle
 Full Name (Last, First, Middle Initial)
 Mailing Address 5056 Coral Reef Dr
 City Johns Island State SC Zip Code 29455-8166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, SR WRITER & EXEC DIR FNDTN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-43
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<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

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)
Assurant Inc. Political Action Committee

A. Shawn Kahle
Full Name (Last, First, Middle Initial)

Mailing Address 5056 Coral Reef Dr

City Johns Island State SC Zip Code 29455-8166

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

Name of Employer ASSURANT CORPORATE Occupation VP, SR WRITER & EXEC DIR FNDTN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-43

Amount of Each Receipt this Period
 50.00

B. Paul Kangas
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Princeton Dr

City Alexandria State VA Zip Code 22307-1350

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

Name of Employer ASSURANT CORPORATE Occupation VP, FED POLICY & GOV RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-44

Amount of Each Receipt this Period
 104.17

C. Paul Kangas
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Princeton Dr

City Alexandria State VA Zip Code 22307-1350

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

Name of Employer ASSURANT CORPORATE Occupation VP, FED POLICY & GOV RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-44

Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional).....▶	258.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<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	

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)
Assurant Inc. Political Action Committee

A. Brian Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 367 Longbeach Pkwy

City Bay Village State OH Zip Code 44140-1324

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

Name of Employer ASSURANT BENEFITS Occupation SENIOR SALES REPRESENTATIVE

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
 12 / 15 / 2015
Transaction ID : 2015121712758-33

Amount of Each Receipt this Period
 18.75

B. Brian Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 367 Longbeach Pkwy

City Bay Village State OH Zip Code 44140-1324

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

Name of Employer ASSURANT BENEFITS Occupation SENIOR SALES REPRESENTATIVE

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
 12 / 31 / 2015
Transaction ID : 20160105145257-33

Amount of Each Receipt this Period
 18.75

C. Shaun Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 3841 River Mansion Dr

City Peachtree Corners State GA Zip Code 30096-6148

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

Name of Employer ASSURANT CORPORATE Occupation SVP, ENT TRANS & GLOB DEL OFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-45

Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.16

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 24 OF 46
(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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Shaun Kelly

Mailing Address 3841 River Mansion Dr

City State Zip Code
 Peachtree Corners GA 30096-6148

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, ENT TRANS & GLOB DEL OFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 999.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-45

Amount of Each Receipt this Period
 41.66

Full Name (Last, First, Middle Initial)
B. Ronny Lancaster

Mailing Address 822 Capitol Square PI SW

City State Zip Code
 Washington DC 20024-2437

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP,PUBLIC AFFAIRS/GOV'T REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-46

Amount of Each Receipt this Period
 208.33

Full Name (Last, First, Middle Initial)
C. Ronny Lancaster

Mailing Address 822 Capitol Square PI SW

City State Zip Code
 Washington DC 20024-2437

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP,PUBLIC AFFAIRS/GOV'T REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-46

Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.32

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 25 OF 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. David Madigan

Mailing Address 3470 Condor Ridge Rd

City Yorba Linda	State CA	Zip Code 92886-6970
---------------------	-------------	------------------------

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

Name of Employer SPECIALTY PROPERTY	Occupation SVP, PROD LIN EXEC - LS
----------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : 2015121712758-19

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
B. David Madigan

Mailing Address 3470 Condor Ridge Rd

City Yorba Linda	State CA	Zip Code 92886-6970
---------------------	-------------	------------------------

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

Name of Employer SPECIALTY PROPERTY	Occupation SVP, PROD LIN EXEC - LS
----------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 20160105145257-19

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
C. Katharine McDonald

Mailing Address 11640 SW 64th Ave

City Pinecrest	State FL	Zip Code 33156-4806
-------------------	-------------	------------------------

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

Name of Employer SPECIALTY PROPERTY	Occupation SVP, CHANNEL EXECUTIVE
----------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : 2015121712758-6

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 26 OF 46
(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)
Assurant Inc. Political Action Committee

A. Katharine McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 11640 SW 64th Ave
 City State Zip Code
 Pinecrest FL 33156-4806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECIALTY PROPERTY SVP, CHANNEL EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-6
 Amount of Each Receipt this Period
 125.00

B. William McDonnell
 Full Name (Last, First, Middle Initial)
 Mailing Address W158N10485 Fieldstone Pass
 City State Zip Code
 Germantown WI 53022-4197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE AVP, ANALYSIS & PLANNING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-55
 Amount of Each Receipt this Period
 20.83

C. William McDonnell
 Full Name (Last, First, Middle Initial)
 Mailing Address W158N10485 Fieldstone Pass
 City State Zip Code
 Germantown WI 53022-4197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE AVP, ANALYSIS & PLANNING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-55
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.66
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 27 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Matthew McGuire

Mailing Address 55 Peppertree Ct

City State Zip Code
 Marietta GA 30068-3865

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1749.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-58

Amount of Each Receipt this Period
 72.91

Full Name (Last, First, Middle Initial)
B. Matthew McGuire

Mailing Address 55 Peppertree Ct

City State Zip Code
 Marietta GA 30068-3865

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1749.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 20160105145257-58

Amount of Each Receipt this Period
 72.91

Full Name (Last, First, Middle Initial)
C. Kevin Michels

Mailing Address 33 Beacon Ln

City State Zip Code
 Aberdeen NJ 07747-2301

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, ASSISTANT TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-47

Amount of Each Receipt this Period
 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.82

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Assurant Inc. Political Action Committee

A. Kevin Michels
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Beacon Ln
 City Aberdeen State NJ Zip Code 07747-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, ASSISTANT TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-47
 Amount of Each Receipt this Period
 55.00

B. Stephanie Missey
 Full Name (Last, First, Middle Initial)
 Mailing Address 14313 Farley St
 City Overland Park State KS Zip Code 66221-7525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-48
 Amount of Each Receipt this Period
 68.75

C. Stephanie Missey
 Full Name (Last, First, Middle Initial)
 Mailing Address 14313 Farley St
 City Overland Park State KS Zip Code 66221-7525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-48
 Amount of Each Receipt this Period
 68.75

SUBTOTAL of Receipts This Page (optional).....▶	192.50
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 29 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Patricia Neubauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Millridge St
 City Shawnee State KS Zip Code 66218-8995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation OFFICER-BEHAVIORAL SVS MED U/W
 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
 12 / 15 / 2015
Transaction ID : 2015121712758-30
 Amount of Each Receipt this Period
 10.00

B. Patricia Neubauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Millridge St
 City Shawnee State KS Zip Code 66218-8995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation OFFICER-BEHAVIORAL SVS MED U/W
 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
 12 / 31 / 2015
Transaction ID : 20160105145257-30
 Amount of Each Receipt this Period
 10.00

c. Sheryle Ohme
 Full Name (Last, First, Middle Initial)
 Mailing Address 7409 W 105th St
 City Bloomington State MN Zip Code 55438-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation SVP, CUSTOMER ADVOCACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-31
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.66
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Sheryle Ohme
Full Name (Last, First, Middle Initial)

Mailing Address 7409 W 105th St

City Bloomington State MN Zip Code 55438-2118

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

Name of Employer ASSURANT BENEFITS Occupation SVP, CUSTOMER ADVOCACY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-31

Amount of Each Receipt this Period
41.66

B. Larry Port
Full Name (Last, First, Middle Initial)

Mailing Address 75 Wall St

City New York State NY Zip Code 10005-3160

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

Name of Employer ASSURANT CORPORATE Occupation SVP, CORPORATE DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3349.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-49

Amount of Each Receipt this Period
139.58

C. Larry Port
Full Name (Last, First, Middle Initial)

Mailing Address 75 Wall St

City New York State NY Zip Code 10005-3160

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

Name of Employer ASSURANT CORPORATE Occupation SVP, CORPORATE DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3349.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-49

Amount of Each Receipt this Period
139.58

SUBTOTAL of Receipts This Page (optional)..... ▶ **320.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<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. Karen Porter-Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 13501 SW 102nd Ave

City Miami State FL Zip Code 33176-6127

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

Name of Employer ASSURANT SOLUTIONS Occupation SVP, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-9

Amount of Each Receipt this Period
 83.33

B. Karen Porter-Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 13501 SW 102nd Ave

City Miami State FL Zip Code 33176-6127

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

Name of Employer ASSURANT SOLUTIONS Occupation SVP, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 20160105145257-9

Amount of Each Receipt this Period
 83.33

C. Peter Post
Full Name (Last, First, Middle Initial)

Mailing Address 200 Woodhaven Dr

City Smithville State MO Zip Code 64089-9637

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

Name of Employer ASSURANT CORPORATE Occupation VP, IT FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-56

Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional).....▶	187.49
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
	<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

Full Name (Last, First, Middle Initial)
A. Peter Post

Mailing Address 200 Woodhaven Dr

City Smithville State MO Zip Code 64089-9637

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

Name of Employer ASSURANT CORPORATE Occupation VP, IT FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-56

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
B. Raymond Rafferty

Mailing Address 9903 Cape Ct

City Dublin State OH Zip Code 43017-7063

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

Name of Employer SPECIALTY PROPERTY Occupation VP, SERVICE CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1999.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 2015121712758-20

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Raymond Rafferty

Mailing Address 9903 Cape Ct

City Dublin State OH Zip Code 43017-7063

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

Name of Employer SPECIALTY PROPERTY Occupation VP, SERVICE CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1999.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-20

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	187.49
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 33 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lisa Salter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 N 90th St
 City Wauwatosa State WI Zip Code 53226-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation VP, BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-75
 Amount of Each Receipt this Period
 16.67

B. Lisa Salter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 N 90th St
 City Wauwatosa State WI Zip Code 53226-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation VP, BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-75
 Amount of Each Receipt this Period
 16.67

C. Judith Sawyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 13807 Knotty Pine Ln
 City Rapid City State SD Zip Code 57702-7342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT SOLUTIONS Occupation DIR, CUSTOMER OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-59
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.34
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 34 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Judith Sawyer
 Mailing Address 13807 Knotty Pine Ln
 City State Zip Code
 Rapid City SD 57702-7342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT SOLUTIONS DIR, CUSTOMER OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-59
 Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Tammy Schultz
 Mailing Address 3431 Nicklaus Dr
 City State Zip Code
 Rapid City SD 57702-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT SOLUTIONS EXEC VP & PRES, PRENEED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-60
 Amount of Each Receipt this Period
 20.83

Full Name (Last, First, Middle Initial)
C. Tammy Schultz
 Mailing Address 3431 Nicklaus Dr
 City State Zip Code
 Rapid City SD 57702-0572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT SOLUTIONS EXEC VP & PRES, PRENEED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-60
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.66
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 35 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John Sheehan

Mailing Address 117 Antonia Ct

City Lincroft State NJ Zip Code 07738-1537

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

Name of Employer ASSURANT CORPORATE Occupation VP, LAW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
12 / 15 / 2015
Transaction ID : 2015121712758-50

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. John Sheehan

Mailing Address 117 Antonia Ct

City Lincroft State NJ Zip Code 07738-1537

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

Name of Employer ASSURANT CORPORATE Occupation VP, LAW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : 20160105145257-50

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Terri Sloan

Mailing Address 5016 Lynnwood Ct

City Loveland State CO Zip Code 80537-8782

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

Name of Employer ASSURANT SOLUTIONS Occupation DIR, SHARED SERVICES PORTFOLIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.84**

Date of Receipt
12 / 15 / 2015
Transaction ID : 2015121712758-10

Amount of Each Receipt this Period
16.66

SUBTOTAL of Receipts This Page (optional)..... ▶ **76.66**

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 36 OF 46
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Terri Sloan

Mailing Address 5016 Lynnwood Ct

City Loveland State CO Zip Code 80537-8782

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

Name of Employer ASSURANT SOLUTIONS Occupation DIR, SHARED SERVICES PORTFOLIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-10

Amount of Each Receipt this Period
16.66

Full Name (Last, First, Middle Initial)
B. Jean Smith

Mailing Address 439 Kimberly Dr

City Waukesha State WI Zip Code 53188-3319

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

Name of Employer ASSURANT HEALTH Occupation VP, MEDICAL RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 2015121712758-71

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
C. Jean Smith

Mailing Address 439 Kimberly Dr

City Waukesha State WI Zip Code 53188-3319

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

Name of Employer ASSURANT HEALTH Occupation VP, MEDICAL RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-71

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... **99.98**

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 37 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Karen Smith

Mailing Address 26645 Oak Ln

City Wind Lake State WI Zip Code 53185-2105

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

Name of Employer ASSURANT HEALTH Occupation VP, IT PMO & INTEGRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 12 / 15 / 2015
Transaction ID : 2015121712758-76

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
B. Karen Smith

Mailing Address 26645 Oak Ln

City Wind Lake State WI Zip Code 53185-2105

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

Name of Employer ASSURANT HEALTH Occupation VP, IT PMO & INTEGRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : 20160105145257-76

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Jack Stewart

Mailing Address 133 Forty Love Pt

City Chapin State SC Zip Code 29036-8869

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

Name of Employer SPECIALTY PROPERTY Occupation DIR, P&C CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 12 / 15 / 2015
Transaction ID : 2015121712758-7

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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 38 OF 46
(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)
Assurant Inc. Political Action Committee

A. Jack Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Forty Love Pt
 City State Zip Code
 Chapin SC 29036-8869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECIALTY PROPERTY DIR, P&C CLAIMS
 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
 12 / 31 / 2015
Transaction ID : 20160105145257-7
 Amount of Each Receipt this Period
 100.00

B. Sheila Sweeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 10255 67th Dr
 City State Zip Code
 Forest Hills NY 11375-2887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE VP,HEALTH POLICY & SHARED SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-51
 Amount of Each Receipt this Period
 83.33

C. Sheila Sweeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 10255 67th Dr
 City State Zip Code
 Forest Hills NY 11375-2887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE VP,HEALTH POLICY & SHARED SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-51
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.66
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 39 OF 46
(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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Connie Turnipseed

Mailing Address 11803 E 47th Ter

City State Zip Code
 Kansas City MO 64133-2487

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

Name of Employer Occupation
 ASSURANT CORPORATE SR PARALEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 699.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-52

Amount of Each Receipt this Period
 29.16

Full Name (Last, First, Middle Initial)
B. Connie Turnipseed

Mailing Address 11803 E 47th Ter

City State Zip Code
 Kansas City MO 64133-2487

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

Name of Employer Occupation
 ASSURANT CORPORATE SR PARALEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 699.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 20160105145257-52

Amount of Each Receipt this Period
 29.16

Full Name (Last, First, Middle Initial)
C. Stacey Vogler

Mailing Address 210 Hialeah Way

City State Zip Code
 Roswell GA 30075-2166

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

Name of Employer Occupation
 ASSURANT SOLUTIONS VP, DIGITAL MARKETING COE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : 2015121712758-12

Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Stacey Vogler

Mailing Address 210 Hialeah Way

City Roswell State GA Zip Code 30075-2166

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

Name of Employer ASSURANT SOLUTIONS Occupation VP, DIGITAL MARKETING COE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-12

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
B. Jayne Waggoner

Mailing Address 907 Enchanted Pines Dr

City Rapid City State SD Zip Code 57701-9266

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

Name of Employer ASSURANT CORPORATE Occupation DIR, ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 2015121712758-61

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
C. Jayne Waggoner

Mailing Address 907 Enchanted Pines Dr

City Rapid City State SD Zip Code 57701-9266

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

Name of Employer ASSURANT CORPORATE Occupation DIR, ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 20160105145257-61

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	110.83
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 41 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kelly Whiting
 Full Name (Last, First, Middle Initial)
 Mailing Address 4811 Riva Ridge Rd
 City State Zip Code
 Rapid City SD 57702-6951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE VP, SR ACTUARY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-62
 Amount of Each Receipt this Period
 15.00

B. Kelly Whiting
 Full Name (Last, First, Middle Initial)
 Mailing Address 4811 Riva Ridge Rd
 City State Zip Code
 Rapid City SD 57702-6951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE VP, SR ACTUARY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-62
 Amount of Each Receipt this Period
 15.00

C. Daniel Woodward
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Wentworth Downs Ct
 City State Zip Code
 Duluth GA 30097-7120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT SOLUTIONS VP, OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-2
 Amount of Each Receipt this Period
 10.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.42
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Daniel Woodward
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Wentworth Downs Ct
 City Duluth State GA Zip Code 30097-7120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT SOLUTIONS Occupation VP, OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-2
 Amount of Each Receipt this Period
 10.42

B. Craig Yopp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1388 141st St
 City New Richmond State WI Zip Code 54017-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, INVESTMENT ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-53
 Amount of Each Receipt this Period
 60.00

c. Craig Yopp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1388 141st St
 City New Richmond State WI Zip Code 54017-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, INVESTMENT ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-53
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	130.42
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 43 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Doreen Zacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 595 E Shepard Hills Dr
 City State Zip Code
 Oak Creek WI 53154-5143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT HEALTH DIR, FIELD COMPENSATION SUPPT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2015121712758-77
 Amount of Each Receipt this Period
 10.00

B. Doreen Zacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 595 E Shepard Hills Dr
 City State Zip Code
 Oak Creek WI 53154-5143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT HEALTH DIR, FIELD COMPENSATION SUPPT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 20160105145257-77
 Amount of Each Receipt this Period
 10.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	6719.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. USbank

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6CBEA281342F961C364

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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 Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Huizenga for Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464-1509

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
William Patrick Huizenga

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 02

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : **5C253BC59EEE2C116D1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address PO Box 2042

City Topeka State KS Zip Code 66601-2042

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Lynn Michelle Jenkins

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KS District: 02

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **6AC5D6B5E79917CD7BF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Manchin for West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Joseph Manchin III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WV District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : **7339F286B42D73F38ED**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patrick L. Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : 07374089AF369F81668

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Synergy PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Synergy PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : 058A405536F3283A5DA

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Amount of Each Disbursement this Period

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

4500.00

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

9000.00