



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Underwriters 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"/>	<input type="text" value="93747.37"/>	<input type="text" value="93747.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79187.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="92081.17"/>	<input type="text" value="124450.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="171268.86"/>	<input type="text" value="218197.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="72059.55"/>	<input type="text" value="119259.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="99209.31"/>	<input type="text" value="98938.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

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).....	58586.00	59936.00
(ii) Unitemized .....	33495.17	61084.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	92081.17	121020.34
(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) .....	92081.17	121020.34
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	3430.05
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	92081.17	124450.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92081.17	124450.39

**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 .....	2559.55	4259.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2559.55	4259.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	115000.00
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	0.00
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)) ..	72059.55	119259.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72059.55	119259.13

**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) .....	92081.17	121020.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	92081.17	121020.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2559.55	4259.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3430.05
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2559.55	829.08

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Adding a disbursement for Credit card Fees

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Lynn Rust Henderson**

Mailing Address 2550 Denali Street  
Suite 1404

City Anchorage State AK Zip Code 99503-2753

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

Name of Employer Premera Blue Cross Blue Shield of Alas Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2015

**Transaction ID : 9803203**

Amount of Each Receipt this Period  
365.00

Annual Contribution

Full Name (Last, First, Middle Initial)  
**B. Michael A. Gomes**

Mailing Address 4851 LBJ Freeway, Suite 1100

City Dallas State TX Zip Code 75244-6025

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

Name of Employer BenefitMall Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 9803212**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Nicholas A. Moriello**

Mailing Address 260 Chapman Road  
Suite 107

City Newark State DE Zip Code 19702-5410

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

Name of Employer Health Insurance Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 9803214**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3365.00
<b>TOTAL</b> 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 8 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Candius Michelle Stearns</b>		Date of Receipt
Mailing Address 1250 Stephenson Hwy Suite 300		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Troy	State MI	Zip Code 48083-1115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 9803372</b>
Name of Employer DFBenefits		Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Christine McPike</b>		Date of Receipt
Mailing Address 1040 N. Cotner Blvd.		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Lincoln	State NE	Zip Code 68505-2229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 9803377</b>
Name of Employer Compensation Programs, Inc.		Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	
		Amount of Each Receipt this Period <input type="text" value="365.00"/>
		Member Contribution

Full Name (Last, First, Middle Initial) <b>C. Daniel T. Wheeler</b>		Date of Receipt
Mailing Address 4775 East 91st St., # 200 Southern Woods Park		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City Tulsa	State OK	Zip Code 74137-2805
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 9803415</b>
Name of Employer Plan Benefit Analysts of Tulsa, Inc.		Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 9 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Craig Hensley**

Mailing Address 517 Swift Fox Run

City Madisonville State LA Zip Code 70447-3119

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

Name of Employer Allstate Workplace Division Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : 9803541**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Art Jetter**

Mailing Address 11305 Chicago Circle

City Omaha State NE Zip Code 68154-2633

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

Name of Employer Art Jetter & Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : 9803545**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Lisa A. Martin**

Mailing Address 192 Liberty Chapel Rd

City Appomattox State VA Zip Code 24522-8853

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

Name of Employer D&S Agency, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 9803553**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5615.00

**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 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Michael R Coppola**  
Full Name (Last, First, Middle Initial)

Mailing Address 2857 Riviera Drive, Unit 100

City Fairlawn	State OH	Zip Code 44333-3469
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FEC ID number of contributing federal political committee. **C**

Name of Employer Brunswick Companies	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : 9803569**

Amount of Each Receipt this Period  
500.00

Member Contribution

**B. Mark B. Schwendeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Putnam Street

City Marietta	State OH	Zip Code 45750-2924
------------------	-------------	------------------------

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

Name of Employer Schwendeman Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

**Transaction ID : 9803571**

Amount of Each Receipt this Period  
500.00

Member Contribution

**C. Todd Thams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1209 Broadway

City Denison	State IA	Zip Code 51442-2632
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FEC ID number of contributing federal political committee. **C**

Name of Employer Thams Agency	Occupation Broker
----------------------------------	----------------------

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
02	/	19	/	2015

**Transaction ID : 9803585**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 11 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. James Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address 4010 Oleander Drive  
Suite 11

City State Zip Code  
Wilmington NC 28403-6810

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

Name of Employer Occupation  
JWB Insurance Group Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : 9803626**

Amount of Each Receipt this Period  
365.00

**B. Stephen J. Salamon**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4252

City State Zip Code  
Timonium MD 21094-4252

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

Name of Employer Occupation  
The Salamon Agency Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : 9805314**

Amount of Each Receipt this Period  
1000.00

**C. Thomas R. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Lamar

City State Zip Code  
Wichita Falls TX 76301-6824

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

Name of Employer Occupation  
Boley Featherston Insurance Agency Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : 9805315**

Amount of Each Receipt this Period  
340.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1705.00
<b>TOTAL</b> 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 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Guy V. Furay**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Trade Street

City Greer State SC Zip Code 29651-3428

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

Name of Employer The Insurance Source Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : 9805316**

Amount of Each Receipt this Period  
 500.00

**B. Stephen Honig**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Quakerbridge Rd. Suite 216

City Mercerville State NJ Zip Code 08619-1288

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

Name of Employer OCA Benefit Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : 9805317**

Amount of Each Receipt this Period  
 365.00

**C. Ronald S. Buffum**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 South Harris Street # 237

City Round Rock State TX Zip Code 78664-6081

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

Name of Employer The Buffum Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : 9805325**

Amount of Each Receipt this Period  
 175.00

Reception

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1040.00

**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 13 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

**A. Robert Mark Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2842 Landing Way  
 City Marietta State GA Zip Code 30066-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Fitzgerald Insurance Agency, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **263.00**

Date of Receipt **02 / 23 / 2015**  
**Transaction ID : 9805326**  
 Amount of Each Receipt this Period **200.00**  
 Reception

**B. Michael King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 White Spruce Blvd Suite C  
 City Rochester State NY Zip Code 14623-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Century Benefits Group, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 23 / 2015**  
**Transaction ID : 9805327**  
 Amount of Each Receipt this Period **365.00**

**C. Samuel Nigro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 697  
 City Elkhorn State NE Zip Code 68022-0697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Compass Benefit Advisors Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 23 / 2015**  
**Transaction ID : 9805328**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **930.00**  
**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 14 OF 75  
(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
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Gerald J. Stricker**

Mailing Address 201 E. Fifth St., Ste. 1000

City Cincinnati	State OH	Zip Code 45202-4188
--------------------	-------------	------------------------

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

Name of Employer Walter P. Dolle Ins. Agency	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9805332**

Amount of Each Receipt this Period  

365.00
--------

Full Name (Last, First, Middle Initial)  
**B. Hazel D. Bright**

Mailing Address 1470 Civic Court, #330

City Concord	State CA	Zip Code 94520-5230
-----------------	-------------	------------------------

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

Name of Employer HB Resources Insurance Service	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9805333**

Amount of Each Receipt this Period  

325.00
--------

Full Name (Last, First, Middle Initial)  
**C. Thomas M. Harte**

Mailing Address 20 Mary E. Clark Drive,#10

City Hampstead	State NH	Zip Code 03841-2292
-------------------	-------------	------------------------

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

Name of Employer Landmark Benefits, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9805335**

Amount of Each Receipt this Period  

2000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2690.00</b>
<b>TOTAL</b> 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 15 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael P. Deagle**

Mailing Address 935 National Parkway  
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9805336**

Amount of Each Receipt this Period  
825.00

Full Name (Last, First, Middle Initial)  
**B. John P. Johnson**

Mailing Address 8414 N. Wall Street  
Ste C

City Spokane State WA Zip Code 99208-6161

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

Name of Employer IFS Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9805340**

Amount of Each Receipt this Period  
175.00

Full Name (Last, First, Middle Initial)  
**C. Patrick L. Hoefener**

Mailing Address 1233 Lincoln Mall, Suite 100

City Lincoln State NE Zip Code 68508-2876

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

Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9805344**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 16 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Guy V. Furay**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Trade Street

City Greer State SC Zip Code 29651-3428

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

Name of Employer The Insurance Source Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9805348**

Amount of Each Receipt this Period  
**175.00**

Reception

**B. Lori Crandall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2375 E Camelback Rd Suite 250

City Phoenix State AZ Zip Code 85016-3491

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

Name of Employer USI Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9805349**

Amount of Each Receipt this Period  
**375.00**

**C. Dierdre Kennedy-Simington**  
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd., Suite 312

City Encino State CA Zip Code 91316-5018

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

Name of Employer Genesis Financial & Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9805353**

Amount of Each Receipt this Period  
**175.00**

Reception

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **725.00**

**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 17 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Kim Foster**  
Full Name (Last, First, Middle Initial)

Mailing Address 14911 Quorum Drive  
Suite 100

City Dallas State TX Zip Code 75254-7012

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

Name of Employer Foster Benefit Resources, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9805354**

Amount of Each Receipt this Period  
1000.00

**B. Keith A. James**  
Full Name (Last, First, Middle Initial)

Mailing Address 6055 Primacy Parkway, Suite 300

City Memphis State TN Zip Code 38119-5773

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

Name of Employer The James Group, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9805355**

Amount of Each Receipt this Period  
875.00

**C. Betsy J. Spivak**  
Full Name (Last, First, Middle Initial)

Mailing Address 2424 E. York Street  
Suite 311

City Philadelphia State PA Zip Code 19125-3044

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

Name of Employer Betsy Spivak Insurance Services LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
217.00

Date of Receipt  
02 / 24 / 2015  
**Transaction ID : 9805362**

Amount of Each Receipt this Period  
42.00

Monthly Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1917.00

**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 18 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Joseph Lawler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1984 Boston Road  
 P. O. Box 369  
 City Wilbraham State MA Zip Code 01095-1046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Gaudreau Group Occupation Benefits Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 9805364**  
 Amount of Each Receipt this Period  
 365.00

**B. Jeffrey C. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4711 West Main, Suite 2  
 City Belleville State IL Zip Code 62226-5289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bovinette Insurance Agency, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 9805365**  
 Amount of Each Receipt this Period  
 125.00

**C. Shelly K. Winson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1914  
 City Chandler State AZ Zip Code 85244-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer True Choice Benefits LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 9805366**  
 Amount of Each Receipt this Period  
 175.00  
 Reception

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	665.00
<b>TOTAL</b> 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 19 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Steven Selinsky**

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **292.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : 9805370**

Amount of Each Receipt this Period  
**75.00**

Full Name (Last, First, Middle Initial)  
**B. Erika Sklar**

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309-1775

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

Name of Employer Tim Crawford Insurance Agency, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 25 / 2015**

**Transaction ID : 9805376**

Amount of Each Receipt this Period  
**42.00**

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

Mailing Address 622 Main St.

City Woodland State CA Zip Code 95695-3405

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

Name of Employer Wraith, Scarlett, & Randolph Insurance Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 25 / 2015**

**Transaction ID : 9805379**

Amount of Each Receipt this Period  
**190.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **307.00**

**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 21 OF 75  
(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
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. James W. Rang**

Mailing Address PO Box 1780

City State Zip Code  
Dubuque IA 52004-1780

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

Name of Employer Occupation  
LMC Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : **9805389**

Amount of Each Receipt this Period  
360.00

Square Contribution

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

Mailing Address 26 Kennedy Court

City State Zip Code  
North Middletown NJ 07748-3532

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

Name of Employer Occupation  
D Mordo Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : **9805393**

Amount of Each Receipt this Period  
200.00

Reception

Full Name (Last, First, Middle Initial)  
**C. John J. Nelson**

Mailing Address 32110 Agoura Rd

City State Zip Code  
Westlake Village CA 91361-4026

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

Name of Employer Occupation  
Warner Pacific Insurance Services Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : **9805396**

Amount of Each Receipt this Period  
5000.00

Square Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5560.00

**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 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Judith A Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 1802 West Crescent Drive

City Odessa	State TX	Zip Code 79761-1566
----------------	-------------	------------------------

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

Name of Employer Hayes Insurance Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : 9805417**

Amount of Each Receipt this Period  
500.00

**B. Pamela Files Gregory**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1490

City Jackson	State MS	Zip Code 39215-1490
-----------------	-------------	------------------------

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

Name of Employer Fisher Brown Bottrell Insurance Agency	Occupation Broker
--	----------------------

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
02	/	26	/	2015

**Transaction ID : 9805422**

Amount of Each Receipt this Period  
1000.00

**C. James Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1516 Louisville Rd  
P O Box 309

City Frankfort	State KY	Zip Code 40601-3917
-------------------	-------------	------------------------

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

Name of Employer Bennett & Bays Insurance Services LLC	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : 9805430**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> 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 23 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Health Underwriters Political Action Committee**

**A. Corey Lilburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 N. Spring Blvd

City Tarpon Springs State FL Zip Code 34689-3248

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

Name of Employer Alltrust Insurance Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 9805434**

Amount of Each Receipt this Period  
 500.00

**B. Michael Grossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8000 1h 10W Ste 1100

City San Antonio State TX Zip Code 78230

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

Name of Employer The Bank of San Antonio Insurance Grou Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 9805436**

Amount of Each Receipt this Period  
 365.00

**C. Tim P. Tracy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1261 Post Rd. Suite 201

City Fairfield State CT Zip Code 06824-6072

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

Name of Employer InsuringCT.com Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 9805444**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1230.00

**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 25 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Kenneth L. Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-1051

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

Name of Employer Sonus Benefits by MSMF Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 9805503**

Amount of Each Receipt this Period  
 125.00

**B. Michael A. Embry**  
Full Name (Last, First, Middle Initial)

Mailing Address 26555 Evergreen Road Suite 535

City Southfield State MI Zip Code 48076-4213

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 9805505**

Amount of Each Receipt this Period  
 1000.00

**C. Rick Trusty**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4040

City Brandon State MS Zip Code 39047-4040

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

Name of Employer The Trusty Company, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 9805507**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1490.00

**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 26 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Joseph W. Guess**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 249  
26 North 2nd Street

City Pickens State MS Zip Code 39146-0249

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

Name of Employer The Leaders Group, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 27 / 2015  
Transaction ID : 9805508

Amount of Each Receipt this Period  
500.00

**B. Eric Kohlsdorf**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Ingersoll Ave  
Suite 200

City Des Moines State IA Zip Code 50309-3102

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

Name of Employer Prisma Strategies Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
02 / 27 / 2015  
Transaction ID : 9805523

Amount of Each Receipt this Period  
350.00

**C. Christopher S. Harrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 921-C South McPherson Church Road

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
02 / 27 / 2015  
Transaction ID : 9805524

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5850.00

**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 27 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Suzetta E. Alberts**

Mailing Address 26555t Evergreen Drive  
Ste 535

City Southfield State MI Zip Code 48076-4201

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : 9813098**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : 9813099**

Amount of Each Receipt this Period  
175.00

Full Name (Last, First, Middle Initial)  
**C. Bruce D. Benton**

Mailing Address 17200 Ventura Blvd  
Suite 312

City Encino State CA Zip Code 91316-5018

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

Name of Employer Genesis Financial & Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : 9813100**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**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 28 OF 75
	<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)  
**Health Underwriters Political Action Committee**

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

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220-4369

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

Name of Employer Neace Lukens Holding Company, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : 9813101**

Amount of Each Receipt this Period 125.00

**B. Hazel D. Bright**  
Full Name (Last, First, Middle Initial)

Mailing Address 1470 Civic Court, #330

City Concord State CA Zip Code 94520-5230

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

Name of Employer HB Resources Insurance Service Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : 9813103**

Amount of Each Receipt this Period 175.00

**C. Jennifer Brittain**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 N. Mill

City Pryor State OK Zip Code 74361-2422

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

Name of Employer Brown & Brown, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : 9813104**

Amount of Each Receipt this Period 175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**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 29 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Madeleine Brown**

Mailing Address P.O. Box 1490,

City Jackson State MS Zip Code 39215-1490

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

Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **02 / 23 / 2015**

**Transaction ID : 9813106**

Amount of Each Receipt this Period **175.00**

Full Name (Last, First, Middle Initial)  
**B. Russell B. Childers**

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers, CLU Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **02 / 23 / 2015**

**Transaction ID : 9813108**

Amount of Each Receipt this Period **125.00**

Full Name (Last, First, Middle Initial)  
**C. Richard P. Coburn**

Mailing Address 19 Minor Court

City San Rafael State CA Zip Code 94903-3716

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

Name of Employer The Word and Brown Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt **02 / 23 / 2015**

**Transaction ID : 9813109**

Amount of Each Receipt this Period **175.00**

**SUBTOTAL** of Receipts This Page (optional)..... **475.00**

**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 30 OF 75  
(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
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Teresa Conto**

Mailing Address 15800 Crabbs Branch Way #350

City Rockville	State MD	Zip Code 20855-2697
-------------------	-------------	------------------------

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

Name of Employer Independent Benefit Services LLC	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813111**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 109 Professional Park Dr Ste 103

City Mooresville	State NC	Zip Code 28117-5538
---------------------	-------------	------------------------

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

Name of Employer Lake Norman Benefits, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813112**

Amount of Each Receipt this Period  
175.00

Full Name (Last, First, Middle Initial)  
**C. Catherine L. Cooper**

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi	State MI	Zip Code 48375-5517
--------------	-------------	------------------------

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

Name of Employer Health Alliance Administrators	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813113**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> 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 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Lori Crandall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2375 E Camelback Rd  
Suite 250

City Phoenix State AZ Zip Code 85016-3491

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

Name of Employer USI Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9813115**

Amount of Each Receipt this Period  
125.00

**B. Johnny Dawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 921-C S. McPherson Church Road

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9813117**

Amount of Each Receipt this Period  
125.00

**C. Michael P. Deagle**  
Full Name (Last, First, Middle Initial)

Mailing Address 935 National Parkway  
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9813118**

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**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 32 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Teresa F. DeBruin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 Live Oak Parkway  
 Suite 230  
 City Norcross State GA Zip Code 30093-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DeBruin Benefit Services, Inc./ The La Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813119**  
 Amount of Each Receipt this Period  
 175.00

**B. Russell R. Dixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 27  
 City Wheaton State IL Zip Code 60187-0027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Life Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813120**  
 Amount of Each Receipt this Period  
 175.00

**C. Michael A. Embry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26555 Evergreen Road  
 Suite 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Benefits Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813121**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**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 33 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Erin B. Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City State Zip Code  
Stamford CT 06902-3443

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

Name of Employer Occupation  
Find Medicare Plans Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : 9813122**

Amount of Each Receipt this Period  
125.00

**B. Joy K. Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

City State Zip Code  
Reno NV 89521-5977

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

Name of Employer Occupation  
Comstock Insurance Agencies, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : 9813126**

Amount of Each Receipt this Period  
175.00

**C. Patricia A. Griffey**  
Full Name (Last, First, Middle Initial)

Mailing Address 17535 Generations Drive

City State Zip Code  
South Bend IN 46635-1589

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

Name of Employer Occupation  
Healy Group, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : 9813130**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> 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 34 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Craig Gussin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4330 La Jolla Village Dr.,# 330

City San Diego	State CA	Zip Code 92122-6241
-------------------	-------------	------------------------

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

Name of Employer Auerbach & Gussin Insurance and Financ	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813131**

Amount of Each Receipt this Period  

125.00
--------

**B. Dwight Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 6107 Hazelwood Ave.

City Indianapolis	State IN	Zip Code 46228-1316
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FEC ID number of contributing federal political committee. **C**

Name of Employer D Hall & Associates	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813132**

Amount of Each Receipt this Period  

175.00
--------

**C. Hedy S. Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 Boardwalk Blvd.

City Bossier City	State LA	Zip Code 71111-4384
----------------------	-------------	------------------------

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

Name of Employer Benefit Consulting Services	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813133**

Amount of Each Receipt this Period  

125.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Michelle S. Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2850 West Grand Boulevard  
 City State Zip Code  
 Detroit MI 48202-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Alliance Plan Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813136**  
 Amount of Each Receipt this Period  
 125.00

**B. Keith A. James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6055 Primacy Parkway, Suite 300  
 City State Zip Code  
 Memphis TN 38119-5773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The James Group, LLC Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813137**  
 Amount of Each Receipt this Period  
 125.00

**C. David S. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1482 Baron Court  
 City State Zip Code  
 Stone Mountain GA 30087-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 David S. Johnson Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813139**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> 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 75  
(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
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Linda Rose Koehler**

Mailing Address 235 Main Street

City Pleasanton State CA Zip Code 94566-8206

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

Name of Employer Herzog Insurance Agency Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9813141**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Eric Kohlsdorf**

Mailing Address 1501 Ingersoll Ave Suite 200

City Des Moines State IA Zip Code 50309-3102

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

Name of Employer Prisma Strategies Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9813142**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. Philip W. Lee**

Mailing Address 935 Moraga Road Suite 240

City Lafayette State CA Zip Code 94549-4542

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

Name of Employer BLIS Corp. dba Lee Health Insurance Se Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9813143**

Amount of Each Receipt this Period  
**175.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **425.00**

**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 37 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Cathy Little**  
Full Name (Last, First, Middle Initial)

Mailing Address 1145 2nd Street  
#A-269

City Brentwood State CA Zip Code 94513-2292

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

Name of Employer Essential Exchange Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
195.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9813144**

Amount of Each Receipt this Period  
175.00

**B. Nicholas A. Moriello**  
Full Name (Last, First, Middle Initial)

Mailing Address 260 Chapman Road  
Suite 107

City Newark State DE Zip Code 19702-5410

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

Name of Employer Health Insurance Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9813150**

Amount of Each Receipt this Period  
125.00

**C. William M. Mulvaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 935 National Parkway  
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : 9813151**

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**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 38 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Neal Murray**

Mailing Address 1314 East Atlantic Boulevard

City Pompano Beach State FL Zip Code 33060-6745

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

Name of Employer Frank H. Furman, Inc Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9813152**

Amount of Each Receipt this Period  
**175.00**

Full Name (Last, First, Middle Initial)  
**B. Krista Palmer**

Mailing Address 4851 LBJ FWY, Ste 100

City Dallas State TX Zip Code 75244-6079

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

Name of Employer BenefitMall Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9813154**

Amount of Each Receipt this Period  
**175.00**

Full Name (Last, First, Middle Initial)  
**c. John C. Parker**

Mailing Address 47 Laurel Hill Drive

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : 9813155**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>475.00</b>
<b>TOTAL</b> 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 39 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Amy Purcilly**

Mailing Address **PO Box 7028 3290 W. Big Beaver #50**

City <b>Troy</b>	State <b>MI</b>	Zip Code <b>48007-7028</b>
---------------------	--------------------	-------------------------------

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

Name of Employer <b>Mason- McBride Inc.</b>	Occupation <b>Broker</b>
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813157**

Amount of Each Receipt this Period  

175.00
--------

Full Name (Last, First, Middle Initial)  
**B. R Dane Rianhard**

Mailing Address **1 E. Pratt St., Unit 902**

City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21202-1193</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>TriBridg Partners, LLC</b>	Occupation <b>Broker</b>
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813158**

Amount of Each Receipt this Period  

125.00
--------

Full Name (Last, First, Middle Initial)  
**C. Susan M. Rider**

Mailing Address **1402 N Capital #400**

City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46202-2375</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>Gregory &amp; Appel Insurance</b>	Occupation <b>Broker</b>
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813159**

Amount of Each Receipt this Period  

175.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>475.00</b>
<b>TOTAL</b> 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 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Michael A. Rivera**  
Full Name (Last, First, Middle Initial)

Mailing Address 12200 Northwest Frwy, Suite 662

City	State	Zip Code
Houston	TX	77092-4927

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

Name of Employer	Occupation
Northwest General Insurance	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813160**

Amount of Each Receipt this Period  

125.00
--------

**B. Chad P. Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive Suite 1150

City	State	Zip Code
Irvine	CA	92612-1358

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

Name of Employer	Occupation
Aflac	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813163**

Amount of Each Receipt this Period  

125.00
--------

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

Mailing Address 28638 Oak Point Drive

City	State	Zip Code
Farmington Hills	MI	48331-2706

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

Name of Employer	Occupation
Health Alliance Plan	Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813165**

Amount of Each Receipt this Period  

175.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</b>
<b>TOTAL</b> 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 41 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Nathaniel M. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 5200 77 Center Drive, Suite 125

City	State	Zip Code
Charlotte	NC	28217-0712

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

Name of Employer	Occupation
Rogers Benefit Group	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813168**

Amount of Each Receipt this Period  

175.00
--------

**B. Paul E. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City	State	Zip Code
Southington	CT	06489-2052

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

Name of Employer	Occupation
Paul E Smith Insurance, LLC	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813169**

Amount of Each Receipt this Period  

125.00
--------

**C. Eugene Starks**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Crescent Circle Suite 201

City	State	Zip Code
Ridgeland	MS	39157-8686

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

Name of Employer	Occupation
Benefit Administration Services, Ltd.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : 9813172**

Amount of Each Receipt this Period  

125.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</b>
<b>TOTAL</b> 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 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Candius Michelle Stearns</b>		Date of Receipt
Mailing Address 1250 Stephenson Hwy Suite 300		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 9813173</b>
Troy	MI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="125.00"/>
48083-1115		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
DFBenefits	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1125.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James R. Stenger</b>		Date of Receipt
Mailing Address 8926 Crown Colony Boulevard		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 9813174</b>
Fort Myers	FL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="125.00"/>
33908-5627		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVS Consulting	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Heidi Jona Sterner</b>		Date of Receipt
Mailing Address 2724 North Tenaya Way Suite 100		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 9813177</b>
Las Vegas	NV	Amount of Each Receipt this Period
Zip Code		<input type="text" value="175.00"/>
89128-0424		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
UnitedHealthcare Plan of NV Sierra Hea	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 43 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Audra I. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 N Watson Rd  
 Ste 287  
 City Arlington State TX Zip Code 76006-6222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vogue Insurance Agency, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813178**  
 Amount of Each Receipt this Period  
 175.00

**B. Marsha Tellesbo-Kemmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tellesbo & Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813180**  
 Amount of Each Receipt this Period  
 125.00

**C. Sherrie K. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13224 Twilight Trail Place, N. E.  
 City Albuquerque State NM Zip Code 87111-8245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Williams Sales & Services, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 9813182**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 44 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Rosanne Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 17236

City Tucson State AZ Zip Code 85731-7236

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : 9813184**

Amount of Each Receipt this Period 175.00

**B. Madeleine Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1490,

City Jackson State MS Zip Code 39215-1490

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

Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR433118911774**

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

**C. Michael A. Rivera**  
Full Name (Last, First, Middle Initial)

Mailing Address 12200 Northwest Frwy, Suite 662

City Houston State TX Zip Code 77092-4927

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

Name of Employer Northwest General Insurance Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR436801611774**

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.00

**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 45 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. David S. Johnson**

Mailing Address 1482 Baron Court

City State Zip Code  
Stone Mountain GA 30087-3037

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

Name of Employer Occupation  
David S. Johnson Insurance Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR436814311774**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Janet Trautwein**

Mailing Address 1212 New York Ave. NW, Ste 1100

City State Zip Code  
Washington DC 20005-3987

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

Name of Employer Occupation  
NAHU CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR436821411774**

Amount of Each Receipt this Period  
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Thomas Besselman**

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City State Zip Code  
Baton Rouge LA 70808-6200

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

Name of Employer Occupation  
Gallagher Benefit Services Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR436824611774**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 670.00

**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 46 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

**A. Jesse A. Patton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 Maple Street  
 City West Des Moines State IA Zip Code 50265-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations Marketing Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR436829511774**  
 Amount of Each Receipt this Period 350.00  
 P/R Deduction (\$350.00 Monthly)

**B. David A Berman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6510 N. Shadeland Avenue  
 City Indianapolis State IN Zip Code 46220-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neace Lukens Holding Company, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR436829711774**  
 Amount of Each Receipt this Period 85.00  
 P/R Deduction (\$85.00 Monthly)

**C. Elizabeth Ashmore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6102 82nd St, Bldg #6  
 City Lubbock State TX Zip Code 79424-0803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ashmore & Associates Insurance Agency, Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR436830311774**  
 Amount of Each Receipt this Period 170.00  
 P/R Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 605.00  
**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 47 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Teresa F. DeBruin</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR436869611774</b>
Mailing Address 5880 Live Oak Parkway Suite 230		Amount of Each Receipt this Period 42.00
City Norcross	State GA	Zip Code 30093-1740
FEC ID number of contributing federal political committee.	C	
Name of Employer DeBruin Benefit Services, Inc./ The La	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.00	
		P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Michael A. Embry</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR436914111774</b>
Mailing Address 26555 Evergreen Road Suite 535		Amount of Each Receipt this Period 170.00
City Southfield	State MI	Zip Code 48076-4213
FEC ID number of contributing federal political committee.	C	
Name of Employer Comprehensive Benefits	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1465.00	
		P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Dwight Hall</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR436914811774</b>
Mailing Address 6107 Hazelwood Ave.		Amount of Each Receipt this Period 30.00
City Indianapolis	State IN	Zip Code 46228-1316
FEC ID number of contributing federal political committee.	C	
Name of Employer D Hall & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	
		P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.00
<b>TOTAL</b> 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 48 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Shelly K. Winson**

Mailing Address PO Box 1914

City Chandler State AZ Zip Code 85244-1914

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

Name of Employer True Choice Benefits LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR436926111774**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Russell B. Childers**

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers, CLU Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR436934311774**

Amount of Each Receipt this Period  
**90.00**

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Marsha Tellesbo-Kembel**

Mailing Address 1001 4th Avenue, Suite 3200

City Seattle State WA Zip Code 98154-1003

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

Name of Employer Tellesbo & Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR436935111774**

Amount of Each Receipt this Period  
**85.00**

P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>205.00</b>
<b>TOTAL</b> 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 49 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. James R. Stenger**  
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Boulevard

City Fort Myers State FL Zip Code 33908-5627

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : PR436939911774

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

**B. Raymer M. Sale**  
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth State GA Zip Code 30097-5246

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

Name of Employer E2E Benefits Services, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : PR436947711774

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

**C. Rosanne Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 17236

City Tucson State AZ Zip Code 85731-7236

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 28 / 2015  
Transaction ID : PR436962411774

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00

**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 51 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Susan Maley Rash**  
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite 3

City	State	Zip Code
Richmond	VA	23227-4300

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

Name of Employer	Occupation
BB&T Benefit Consultants of Virginia,	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437003511774**

Amount of Each Receipt this Period  

170.00
--------

P/R Deduction (\$170.00 Monthly)

**B. Julie A. Jennings**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Faunce Corner Rd  
Bldg 100, Suite 120

City	State	Zip Code
Dartmouth	MA	02747-1255

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

Name of Employer	Occupation
Sylvia & Co. Ins. Agency, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437009211774**

Amount of Each Receipt this Period  

85.00
-------

P/R Deduction (\$85.00 Monthly)

**C. Hedy S. Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 Boardwalk Blvd.

City	State	Zip Code
Bossier City	LA	71111-4384

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

Name of Employer	Occupation
Benefit Consulting Services	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437034511774**

Amount of Each Receipt this Period  

85.00
-------

P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</b>
<b>TOTAL</b> 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 52 OF 75
<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ronald S. Buffum</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR437042311774</b>
Mailing Address 106 South Harris Street # 237		Amount of Each Receipt this Period 42.00
City Round Rock State TX Zip Code 78664-6081	FEC ID number of contributing federal political committee. C	P/R Deduction (\$42.00 Monthly)
Name of Employer The Buffum Group Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.00

Full Name (Last, First, Middle Initial) <b>B. Suzetta E. Alberts</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR437076111774</b>
Mailing Address 26555t Evergreen Drive Ste 535		Amount of Each Receipt this Period 84.00
City Southfield State MI Zip Code 48076-4201	FEC ID number of contributing federal political committee. C	P/R Deduction (\$84.00 Monthly)
Name of Employer Comprehensive Benefits Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.00

Full Name (Last, First, Middle Initial) <b>C. Linda Rose Koehler</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2015 <b>Transaction ID : PR437090111774</b>
Mailing Address 235 Main Street		Amount of Each Receipt this Period 85.00
City Pleasanton State CA Zip Code 94566-8206	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.00 Monthly)
Name of Employer Herzog Insurance Agency Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.00
<b>TOTAL</b> 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 53 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Dierdre Kennedy-Simington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17200 Ventura Blvd., Suite 312  
 City Encino State CA Zip Code 91316-5018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Genesis Financial & Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR437094111774**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$42.00 Monthly)

**B. Audra I. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 N Watson Rd Ste 287  
 City Arlington State TX Zip Code 76006-6222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vogue Insurance Agency, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR437105011774**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Monthly)

**C. Joseph K. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 S. 82nd St., #B  
 City Lincoln State NE Zip Code 68516-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Financial Benefits Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : PR437118011774**  
 Amount of Each Receipt this Period 170.00  
 P/R Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 242.00  
**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 54 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Thomas R. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Lamar

City State Zip Code  
Wichita Falls TX 76301-6824

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

Name of Employer Occupation  
Boley Featherston Insurance Agency Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2015  
**Transaction ID : PR437119011774**

Amount of Each Receipt this Period  
55.00

P/R Deduction (\$55.00 Monthly)

**B. Bruce D. Benton**  
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd  
Suite 312

City State Zip Code  
Encino CA 91316-5018

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

Name of Employer Occupation  
Genesis Financial & Insurance Services Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2015  
**Transaction ID : PR437123011774**

Amount of Each Receipt this Period  
170.00

P/R Deduction (\$170.00 Monthly)

**C. Patricia A. Griffey**  
Full Name (Last, First, Middle Initial)

Mailing Address 17535 Generations Drive

City State Zip Code  
South Bend IN 46635-1589

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

Name of Employer Occupation  
Healy Group, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2015  
**Transaction ID : PR437135311774**

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 55 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Steven Selinsky**

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR437156211774**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Paul E. Smith**

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489-2052

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

Name of Employer Paul E Smith Insurance, LLC Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR437161111774**

Amount of Each Receipt this Period  
**125.00**

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Terry Allard**

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR437182311774**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **267.00**

**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 56 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Neal Murray**

Mailing Address 1314 East Atlantic Boulevard

City Pompano Beach      State FL      Zip Code 33060-6745

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

Name of Employer Frank H. Furman, Inc      Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR437183411774**

Amount of Each Receipt this Period  
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Victoria J. Braden**

Mailing Address 11555 Medlock Bridge Rd

City Johns Creek      State GA      Zip Code 30097-1564

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

Name of Employer Braden Benefit Strategies, Inc      Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR437201911774**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Michelle S. Howard**

Mailing Address 2850 West Grand Boulevard

City Detroit      State MI      Zip Code 48202-2643

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

Name of Employer Health Alliance Plan      Occupation Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR437215211774**

Amount of Each Receipt this Period  
 85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 365.00

**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 57 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Craig Gussin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4330 La Jolla Village Dr.,# 330

City San Diego	State CA	Zip Code 92122-6241
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FEC ID number of contributing federal political committee. **C**

Name of Employer Auerbach & Gussin Insurance and Financ	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437216011774**

Amount of Each Receipt this Period  

105.00
--------

P/R Deduction (\$105.00 Monthly)

**B. Catherine L. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi	State MI	Zip Code 48375-5517
--------------	-------------	------------------------

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

Name of Employer Health Alliance Administrators	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437218311774**

Amount of Each Receipt this Period  

85.00
-------

P/R Deduction (\$85.00 Monthly)

**C. Joy K. Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

City Reno	State NV	Zip Code 89521-5977
--------------	-------------	------------------------

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

Name of Employer Comstock Insurance Agencies, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437231211774**

Amount of Each Receipt this Period  

40.00
-------

P/R Deduction (\$47.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</b>
<b>TOTAL</b> 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 58 OF 75
	<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)  
**Health Underwriters Political Action Committee**

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

Mailing Address 26 Kennedy Court

City	State	Zip Code
North Middletown	NJ	07748-3532

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

Name of Employer	Occupation
D Mordo Insurance	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437249611774**

Amount of Each Receipt this Period  

35.00
-------

P/R Deduction (\$35.00 Monthly)

**B. Maurice Lyons**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Madison Avenue, 4th Floor

City	State	Zip Code
New York	NY	10017-8103

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

Name of Employer	Occupation
The Medical Link, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437271111774**

Amount of Each Receipt this Period  

250.00
--------

P/R Deduction (\$250.00 Monthly)

**C. James F. Summers**  
Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road, 5th Floor

City	State	Zip Code
Omaha	NE	68114-3443

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

Name of Employer	Occupation
Senior Market Sales, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2015

**Transaction ID : PR437281011774**

Amount of Each Receipt this Period  

125.00
--------

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>410.00</b>
<b>TOTAL</b> 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 59 OF 75
	<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)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Johnny Dawkins**

Mailing Address 921-C S. McPherson Church Road

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR437285711774**

Amount of Each Receipt this Period  
**120.00**

P/R Deduction (\$135.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Dan Webb**

Mailing Address 5251 Office Park Drive Suite 350

City Bakersfield State CA Zip Code 93309-0644

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

Name of Employer The Webb Insurance Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR437343811774**

Amount of Each Receipt this Period  
**170.00**

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. William M. Mulvaney**

Mailing Address 935 National Parkway Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : PR437406011774**

Amount of Each Receipt this Period  
**15.00**

P/R Deduction (\$15.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>305.00</b>
<b>TOTAL</b> 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 60 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. Robert Mark Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2842 Landing Way  
 City Marietta State GA Zip Code 30066-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Fitzgerald Insurance Agency, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **326.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : PR437488411774**  
 Amount of Each Receipt this Period **63.00**  
 P/R Deduction (\$85.00 Monthly)

**B. Susan M. Rider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 N Capital #400  
 City Indianapolis State IN Zip Code 46202-2375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gregory & Appel Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : PR437510711774**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$30.00 Monthly)

**C. David Contorno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Professional Park Dr Ste 103  
 City Mooresville State NC Zip Code 28117-5538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Norman Benefits, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **02 / 28 / 2015**  
**Transaction ID : PR437566611774**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **123.00**  
**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 61 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Health Underwriters Political Action Committee**

**A. Chad P. Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive  
Suite 1150

City Irvine State CA Zip Code 92612-1358

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

Name of Employer Aflac Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
02 / 28 / 2015  
Transaction ID : PR437566811774

Amount of Each Receipt this Period  
85.00

P/R Deduction (\$85.00 Monthly)

**B. Eugene Starks**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Crescent Circle  
Suite 201

City Ridgeland State MS Zip Code 39157-8686

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

Name of Employer Benefit Administration Services, Ltd. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
02 / 28 / 2015  
Transaction ID : PR437603111774

Amount of Each Receipt this Period  
170.00

P/R Deduction (\$170.00 Monthly)

**C. Russell R. Dixon**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27

City Wheaton State IL Zip Code 60187-0027

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

Name of Employer Colonial Life Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.00

Date of Receipt  
02 / 28 / 2015  
Transaction ID : PR437610511774

Amount of Each Receipt this Period  
27.00

P/R Deduction (\$27.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	282.00
<b>TOTAL</b> 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 62 OF 75  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

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

Mailing Address 14432 SE Eastgate Way Ste 400

City State Zip Code  
Bellevue WA 98007-6493

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

Name of Employer Occupation  
The Partners Group Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR437657711774**

Amount of Each Receipt this Period  
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Teresa Conto**

Mailing Address 15800 Crabbs Branch Way #350

City State Zip Code  
Rockville MD 20855-2697

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

Name of Employer Occupation  
Independent Benefit Services LLC Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR437740811774**

Amount of Each Receipt this Period  
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. R Dane Rianhard**

Mailing Address 1 E. Pratt St., Unit 902

City State Zip Code  
Baltimore MD 21202-1193

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

Name of Employer Occupation  
TriBridge Partners, LLC Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : PR437758411774**

Amount of Each Receipt this Period  
110.00

P/R Deduction (\$110.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 63 OF 75
	<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)  
**Health Underwriters Political Action Committee**

**A. John P. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8414 N. Wall Street  
Ste C

City State Zip Code  
Spokane WA 99208-6161

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

Name of Employer Occupation  
IFS Broker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : PR43775811774**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**B. Amy Purcilly**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7028 3290 W. Big Beaver #50

City State Zip Code  
Troy MI 48007-7028

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

Name of Employer Occupation  
Mason- McBride Inc. Broker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : PR437814911774**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**C. Erin B. Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City State Zip Code  
Stamford CT 06902-3443

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

Name of Employer Occupation  
Find Medicare Plans Broker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : PR437819711774**

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00

**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 64 OF 75  
(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
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

**A. Cathy Little**  
Full Name (Last, First, Middle Initial)

Mailing Address 1145 2nd Street  
#A-269

City Brentwood State CA Zip Code 94513-2292

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

Name of Employer Essential Exchange Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2015

**Transaction ID : PR437855611774**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$20.00 Monthly)

**B.**  
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  
MM / DD / YYYY

Amount of Each Receipt this Period

**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  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	58586.00

**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 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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9815542**

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Elavon**

Mailing Address Two Concourse Parkway Suite 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9815546**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9819829**

Amount of Each Disbursement this Period

Credit Card Fees

**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Annual Membership Dues

011

Candidate Name  
**REPUBLICAN NATIONAL COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : 9803187**

Amount of Each Disbursement this Period

15000.00

Annual Membership Dues

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
2/11 Dinner

011

Candidate Name  
**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 9803359**

Amount of Each Disbursement this Period

1000.00

2/11 Dinner

Full Name (Last, First, Middle Initial)

**C. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Debt Retirement

011

Candidate Name  
**Thom Tillis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: General Debt 2014

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 9803360**

Amount of Each Disbursement this Period

1000.00

Debt Retirement

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

17000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Void - Thom Tillis Committee

Candidate Name  
**Thom Tillis**

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : 9803383**

Amount of Each Disbursement this Period

-1000.00

Void - Thom Tillis Committee

Full Name (Last, First, Middle Initial)

**B. Friends Of Patrick Murphy**

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement  
2/24 Reception

Candidate Name  
**Patrick Murphy**

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9804978**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Swalwell For Congress**

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
2/24 Reception

Candidate Name  
**Eric Swalwell**

Office Sought:  House  
 Senate  
 President  
State: CA District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9804979**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

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

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

3000.00

**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Duncan D. Hunter For Congress**

Mailing Address P.O. Box 1545

City State Zip Code  
El Cajon CA 92022

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Duncan Hunter**

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9804980**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Bilirakis For Congress**

Mailing Address PO Box 606

City State Zip Code  
Tarpon Springs FL 34688

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Gus Bilirakis**

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9804981**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Loudermilk For Congress**

Mailing Address PO Box 447

City State Zip Code  
Cassville GA 30123

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Rep. Barry Loudermilk**

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9804982**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

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

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

6000.00

**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement  
2/24 Reception

Candidate Name

**David Joyce**

Office Sought:  House  
 Senate  
 President  
State: OH District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9804983**

Amount of Each Disbursement this Period  
2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers For Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Renee Ellmers**

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9805274**

Amount of Each Disbursement this Period  
2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Perdue For Senate**

Mailing Address 3110 Maple Drive Ne  
Suite 400

City Atlanta State GA Zip Code 30305

Purpose of Disbursement  
2/24 Contribution

Candidate Name

**David Perdue**

Office Sought:  House  
 Senate  
 President  
State: GA District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9805276**

Amount of Each Disbursement this Period  
2000.00

2/24 Contribution

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

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

6000.00

**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Comstock For Congress**

Mailing Address PO Box 831

City State Zip Code  
Mc Lean VA 22101

Purpose of Disbursement  
2/24 Reception

Candidate Name  
**Rep. Barbara Comstock**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : 9805277**

Amount of Each Disbursement this Period

2000.00
---------

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Mike Bishop For Congress**

Mailing Address PO Box 1148

City State Zip Code  
Brighton MI 48116

Purpose of Disbursement  
2/24 Reception

Candidate Name  
**Michael Bishop**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : 9805278**

Amount of Each Disbursement this Period

2000.00
---------

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Hoosiers For Rokita, Inc.**

Mailing Address 314 Arsenal Ave.

City State Zip Code  
Indianapolis IN 46201

Purpose of Disbursement  
2/24 Reception

Candidate Name  
**Theodore Rokita**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : 9805279**

Amount of Each Disbursement this Period

2000.00
---------

2/24 Reception

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

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

6000.00
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**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rothfus For Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2/24 Reception

011

Candidate Name

**Keith Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : 9805280**

Amount of Each Disbursement this Period

2,000.00
----------

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Mullin For Congress**

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement  
2/24 Reception

011

Candidate Name

**Rep. Markwayne Mullin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : 9805281**

Amount of Each Disbursement this Period

2,000.00
----------

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Dold For Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
2/24 Reception

011

Candidate Name

**Robert Dold Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : 9805282**

Amount of Each Disbursement this Period

2,000.00
----------

2/24 Reception

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

6,000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cresent Hardy For Congress**

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Rep. Cresent Hardy**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9805283**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Gregg Harper**

Office Sought:  House  
 Senate  
 President  
State: MS District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9805284**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Kay Granger Campaign Fund**

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Kay Granger**

Office Sought:  House  
 Senate  
 President  
State: TX District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : 9805285**

Amount of Each Disbursement this Period

2000.00

2/24 Reception

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

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

6000.00

**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hudson For Congress**

Mailing Address PO Box 5053

City State Zip Code  
Concord NC 28027

Purpose of Disbursement  
2/24 Reception

**011**  
Category/  
Type

Candidate Name

**Richard Hudson Jr.**

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9805286**

Amount of Each Disbursement this Period

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2/24 Reception

**011**  
Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9805287**

Amount of Each Disbursement this Period

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Tony Cardenas For Congress**

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City State Zip Code  
Los Angeles CA 90010

Purpose of Disbursement  
2/24 Reception

**011**  
Category/  
Type

Candidate Name

**Rep. Tony Cardenas**

Office Sought:  House  
 Senate  
 President  
State: CA District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9805288**

Amount of Each Disbursement this Period

2/24 Reception

**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lance For Congress**

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Leonard Lance**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : 9805289**

Amount of Each Disbursement this Period

2,000.00
----------

2/24 Reception

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City State Zip Code  
Columbus OH 43220

Purpose of Disbursement  
2/24 Reception

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President  
State: OH District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : 9805290**

Amount of Each Disbursement this Period

2,000.00
----------

2/24 Reception

Full Name (Last, First, Middle Initial)

**C. Graham For Congress**

Mailing Address PO Box 310

City State Zip Code  
Tallahassee FL 32302

Purpose of Disbursement  
2/25 Luncheon

Candidate Name

**Rep. Gwen Graham**

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

**Transaction ID : 9805302**

Amount of Each Disbursement this Period

3,000.00
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2/25 Luncheon

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

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

7,000.00
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**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

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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kinzinger For Congress**

Mailing Address PO Box 2365

City State Zip Code  
Ottawa IL 61350

Purpose of Disbursement  
2/25 Luncheon

Category/  
Type

Candidate Name

**Adam Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

/  /

**Transaction ID : 9805304**

Amount of Each Disbursement this Period

2/25 Luncheon

Full Name (Last, First, Middle Initial)

**B. John Carney For Congress**

Mailing Address PO Box 2162

City State Zip Code  
Wilmington DE 19899

Purpose of Disbursement  
3/3 Event

Category/  
Type

Candidate Name

**John Carney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

/  /

**Transaction ID : 9805305**

Amount of Each Disbursement this Period

3/3 Event

Full Name (Last, First, Middle Initial)

**C. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City State Zip Code  
Lexington KY 40588

Purpose of Disbursement  
Local Event 3/6

Category/  
Type

Candidate Name

**Garland Barr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

/  /

**Transaction ID : 9805442**

Amount of Each Disbursement this Period

Local Event 3/6

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

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