Image# 15970654377 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Authorized				Office Us	se Only
1. NAME OF COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir r the lines.	ig, type	12FE4	M5	
Health Underwriters Poli	tical Action C	Committee					1
ADDRESS (number and street)	1212 New York Av	e 					
Check if different	Suite 1100						
than previously reported. (ACC)	Washington				DC	20005	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY ▲			STATE A		ZIP CODE 🛦
C C00283135		3. IS THIS REPORT		IEW N) OR	×	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	➤ Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buo 6111	Mar 20 (M3)		lun 20 (M6)	H	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)		lul 20 (M7)	- Ш '	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	ection	Primary (12P)	Gene	eral (12G)	Runoff (12R)
October 15	Report f	or the:	Convention (12C)	Spec	ial (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)		Election on	M M /	D D /	Y Y Y	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G	i)	Runc	off (30R)	Special (30S)
Termination Report (TER)	Report f	Election on	M = M /	D D /	Y Y Y	Y	in the State of
5. Covering Period 01	/ D D / Y	2015	through	M M M	/ 0 0	/ Y Y 201	
I certify that I have examined this	Report and to the	e best of my know	wledge and b	pelief it is tru	e, correct	and complet	te.
Type or Print Name of Treasurer	Jennifer Murphy						
Signature of Treasurer Jennifer	Murphy		[Electronically	Filed]	ate C	04 / 20	2015
NOTE: Submission of false, erroneou	us, or incomplete in	nformation may su	bject the pers	on signing th	nis Report	to the penaltic	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

Health Underwriters Political Action Committee

01 2015 01 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 93702.40 January 1, 2015 (b) Cash on Hand at 93702.40 Beginning of Reporting Period..... 32939.19 32939.19 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 126641.59 126641.59 6(a) and 6(c) for Column B)..... 47219.55 47219.55 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 79422.04 79422.04 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Underwriters Political Action Committee

(a) Individ Than I (i) Ite	ns (other than loans) From: uals/Persons Other Political Committees mized (use Schedule A)	Total This Period	Calendar Year-to-Date
(a) Individ Than I (i) Ite	uals/Persons Other Political Committees		
(i) Ite			
	mized (use Schedule A)		100000
(ii) I In		1350.00	1350.00
	itemized	27589.17	27589.17
` '	TAL (add	, 27309.17	27000.17
	es 11(a)(i) and (ii)	28939.17	28939.17
			0.00
	al Party Committees	0.00	0.00
` '	Political Committees	0.00	0.00
	as PACs) Contributions (add Lines	7	
	i), (b), and (c)) (Carry		
	to Line 33, page 5)▶	28939.17	28939.17
	rom Affiliated/Other		
Party Com	nittees	0.00	0.00
		0.00	0.00
. All Loans I	Received	0.00	0.00
. 5		0.00	0.00
-	yments Received	0.00	0.00
	Operating Expenditures Rebates, etc.)		
	Is to Line 37, page 5)	4000.02	4000.02
	Contributions Made	7	7 7
to Federal	Candidates and Other		
Political Co	mmittees	0.00	0.00
. Other Fede			
	Interest, etc.)	0.00	0.00
	rom Non-Federal and Levin Funds		
` '	deral Account Schedule H3)	0.00	0.00
(11011)	Scriedule 110/	0.00	0.00
(h) Levin F	unds (from Schedule H5)	0.00	0.00
(b) Leviii i	unds (nom schedule 115)	7	7
(c) Total Tr	ansfers (add 18(a) and 18(b))	0.00	0.00
	pts (add Lines 11(d), 15, 16, 17, and 18(c))▶	32939.19	32939.19
. Total Feder	al Receipts ne 18(c) from Line 19)▶	32939.19	32939.19

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
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calchan Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") No 5 1 1 1 0 1 1	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	1719.55	1719.55
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	1719.55	1719.55
Transfers to Affiliated/Other Party		0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	45500.00	45500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	3.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Oil Bill		0.00
Other Disbursements	0.00	0.00
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) III ovinil Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47219.55	47219.55
20, 21, 20, 20, 27, 20(d), 20 and 00(0))	47219.00	4/219.55
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	47219.55	47219.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

,		1 age 0
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	28939.17	28939.17
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28939.17	28939.17
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1719.55	1719.55
7. Offsets to Operating Expenditures (from Line 15, page 3)	4000.02	4000.02
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-2280.47	-2280.47

1mage# 15970654382 PAGE 6 / 14

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F3XA Transaction ID :

Change to offsets and disbursements.

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	: PAGE	: 7 OF	· 14
(check only	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Health Underwriters Political A	Action Committee	
Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt
Mailing Address 1482 Baron Court		01 31 2015
City	State Zip Code	Transaction ID : PR436814311755
Stone Mountain	GA 30087-3037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
David S. Johnson Insurance	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$250.00 Monthly)
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Thomas Besselman		Date of Receipt
Mailing Address 6421 Perkins Rd., # 2B, Blo	lg A	M = M / D = D / Y = Y = Y
City	Ctoto 7th Code	01 31 2015
City Raten Rouge	State Zip Code	Transaction ID : PR436824611755
Baton Rouge	LA 70808-6200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Gallagher Benefit Services	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	P/R Deduction (\$250.00 Monthly)
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Jesse A. Patton		Date of Receipt
Mailing Address 1112 Maple Street		01 31 2015
City	State Zip Code	Transaction ID : PR436829511755
West Des Moines	IA 50265-4420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	-
Associations Marketing Group, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		P/R Deduction (\$350.00 Monthly)
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional).		850.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

		LINE			:	PAGE	=	8	OF	14
(0		ck only	or	ne)						
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

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

or for commercial pur	rposes, other than using the	e name and address of any political committee to	to solicit contributions from such committee.
NAME OF COMM Health Unde	ITTEE (In Full) rwriters Political Ac	ction Committee	
Full Name (Last, Full Victoria J. Brade Mailing Address 1			Date of Receipt
City Johns Creek		State Zip Code GA 30097-1564	O1 31 2015 Transaction ID : PR437201911755 Amount of Each Receipt this Period
FEC ID number of federal political co	_	C	250.00
Name of Employer Braden Benefit Stra		Occupation Broker	_
Receipt For: Primary Other (speci	General fy) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Monthly)
Full Name (Last, F Maurice Lyon:			Date of Receipt
City	U1 Madison Avenue, 4th Fio	State Zip Code	01 31 2015 Transaction ID : PR437271111755
New York		NY 10017-8103	Amount of Each Receipt this Period
FEC ID number of federal political co	_	C	250.00
Name of Employer The Medical Link, I		Occupation Broker	
Receipt For: Primary Other (speci	General (Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Monthly)
Full Name (Last, F	First, Middle Initial)		Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City		State Zip Code	Amount of Each Receipt this Period
FEC ID number of federal political co	0	C	
Name of Employe	r	Occupation	-
Receipt For: Primary Other (speci	General √	Aggregate Year-to-Date ▼	
SUBTOTAL of Rece	ipts This Page (optional)		500.00
TOTAL This Period	(last page this line number	only)	1350.00

S П

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 14 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	the name and a	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. NAHU Mailing Address 1212 New York Ave Suite 1100 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) Other (specify)	State DC C Occupation Aggregate	Zip Code 20005 Year-to-Date ▼	Date of Receipt 01 06 2015 Transaction ID: 9805295 Amount of Each Receipt this Period 4000.02
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing	State	Zip Code	Date of Receipt Amount of Each Receipt this Period
federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Mailing Address City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]
SUBTOTAL of Receipts This Page (optional	l)		4000.02

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

4000.02

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 14							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	nly one)							
	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26							
		27	28a 28b 28c 29 30b							
Any information copied from such Reports and State										
or for commercial purposes, other than using the na	me and address of any politica	l committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	_									
$ \; angle$ Health Underwriters Political Actio	n Committee									
Full Name (Last, First, Middle Initial)		T								
A. Regions Bank			Date of Disbursement							
Ivedinie palik			M M / P P / Y Y Y							
Mailing Address 6286 N College			01 022015							
City	State Zip Code		Transaction ID: 9803557							
Indianapolis	IN 46220									
Purpose of Disbursement Bank Fees		001	Amount of Each Disbursement this Period							
Candidate Name			Amount of Each Dispulsement this reliou							
		Category/ Type	1154.35							
Office Sought: House Disburse	ment For:	.,,,,,								
Senate	Primary General		Bank Fees							
President	Other (specify) ▼									
State: District:	· 									
Full Name (Last, First, Middle Initial)										
B. American Express			Date of Disbursement							
Mailing Address BOD TOO			M M / D D / Y Y Y Y							
Mailing Address PO Box 53852			01 02 2015							
City	State Zip Code									
Phoenix	AZ 85072		Transaction ID: 9803559							
Purpose of Disbursement										
Bank Fees		001	Amount of Each Disbursement this Period							
Candidate Name	7 '	Category/	272.80							
Office Cought: House	mont For:	Type	2.2.00							
Office Sought: House Disburse Senate	ment For: Primary General									
President	Other (specify)		Bank Fees							
State: District:	(-p.30)/ \									
Full Name (Last, First, Middle Initial)										
C. American Express			Date of Disbursement							
			M M / D D / Y Y Y Y							
Mailing Address PO Box 53852			01 24 2015							
0.1.	01-1-									
City Phoenix	State Zip Code AZ 85072		Transaction ID: 9820092							
Purpose of Disbursement	η <u>ς</u> 00012									
Credit Card Fees		001	Amount of Each Disbursement this Period							
Candidate Name		Category/								
		Type	270.68							
Office Sought: House Disburse	ment For:		, , , , , , , , , , , , , , , , , , , ,							
Senate	Primary General		Credit Card Fees							
President	Other (specify) ▼									
State: District:										
			1697.83							
SUBTOTAL of Disbursements This Page (optional).		·····•	1007.00							
TOTAL This Period (last nage this line number only	· · · · · · · · · · · · · · · · · · ·									

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S	CHEDULE B (FEC Form 3X)									14			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	\ I	check	only	nly one)						05 00	
		Detailed Summary Page		×	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
Λ.	ny information copied from such Reports and Statem	pente may not be cold or	sad by	2011			DI!		of a			ıtiona	
	for commercial purposes, other than using the name												1
	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Action	Committee											
_	Full Name (Last, First, Middle Initial)												
A.	American Express					Date o					V =		
	Mailing Address PO Box 53852					01	/	3		/ Y	2015	Y	
	•	State Zip Code				Trans	sact	ion ID	- 98	320703			
	Phoenix Purpose of Disbursement	AZ 85072				i i u i i	Juot			20700			
	Credit Card Fees		C	001	71	Amoun	nt of	Each	Dis	ourseme	nt this	Perio	od
	Candidate Name			egor	//						1	9.97	П
	Office Sought: House Disbursen	nent For:	Т	уре			÷	7		7		0.01	
		Primary General				Credit (Card	Fees					
		Other (specify) ▼											
_	State: District:												
В.	Full Name (Last, First, Middle Initial)					Date o	of Di	sburse	mei	nt			
						M - M	/	D	D	/ Y	Y Y	Υ	
	Mailing Address		e Zip Code				_	_		L		_	
	City	State Zip Code											
	Purpose of Disbursement												
					Ш	Amount of Each Disbursement this Perio					od		
	Candidate Name			egory	//							П	
	Office Sought: House Disbursen	nent For	T	уре			-	7		7			
		Primary General											
		Other (specify) ▼											
_	State: District:				_								
C.	Full Name (Last, First, Middle Initial)					Date o	of Di	sburse	mei	nt			
						M M	/	D	D	/ Y	Y Y	Υ	
	Mailing Address						_	<u></u>		L	_	_	
	City	State Zip Code											
	Purpose of Disbursement												
						Amoun	nt of	Each	Dis	ourseme	ent this	Perio	od
	Candidate Name		Cate	egory	//			-		-			٦
	Office Sought: House Disbursen	nent For:	<u> </u>	,,,,	\dashv			,		7			_
		Primary General											
	State: District:	Other (specify) ▼											
г	State. District.						-						_
s	SUBTOTAL of Disbursements This Page (optional)				•						19	9.97	
H					_	_		7		7	474	7 00	Ħ
T	OTAL This Period (last page this line number only).				•			7		-	171	7.80	

S	CHEDULE B (FEC Form 3X)	11		FOR LINE NUMBER: PAGE 12 OF 14							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		X 23	24	OF.	06		
			Summary Page	27	22 28a	23 28b	28c	25 29	26 30b		
ΙA	ny information copied from such Reports and Statem	nents may	not be sold or use	ed by any perso	n for the	purpose c	f soliciting	contribu	tions		
	for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)		•								
$ \rangle$	Health Underwriters Political Action	Comm	ittee								
_	Full Name (Last, First, Middle Initial)										
Α.	NATIONAL REPUBLICAN CONGR	RESSIO	NAL COMM	ITTEE		Disburse					
	Mailing Address 320 FIRST STREET				01	26		2015	Y		
	City	State	Zip Code								
	WASHINGTON	DC	20003		Irans	action ID	: 9797837				
	Purpose of Disbursement 2015 Dues			011	Amoun	t of Each	Disburseme	nt this	Period		
	Candidate Name	AL COM	MITTEE	Category/				15000	0.00		
	NATIONAL REPUBLICAN CONGRESSION Office Sought: House Disbursen		VIIIIEE	Туре			7	.0000			
		Primary	General		2015 Di	IES					
		Other (spe			2010 00	,03					
_	State: District:										
_	Full Name (Last, First, Middle Initial)				5 .	. Б					
В.	BOEHNER FOR SPEAKER					Disburse			_		
	Mailing Address 320 FIRST ST., SE				01	20		2015	Y		
		State	Zip Code		Trans	action ID	: 9797843				
	WASHINGTON Purpose of Disbursement	DC	20003								
	1/27 Dinner			011	Amount of Each Disbursement this				Period		
	Candidate Name			Category/		500	2.00				
	0/6			Type	5000.00						
	Office Sought: House Disbursen Senate	nent For: Primary	General								
		Other (spe			1/27 Dinner						
	State: District:	Cc. (opc	o <i>y</i> , \								
	Full Name (Last, First, Middle Initial)										
C.	DEMOCRATIC CONGRESSIONAL		AIGN COM	MITTEE	Date of	Disburse	ment				
	Mailing Address 430 SOUTH CAPITOL STREET, SI				M M M	/ D 27		2015	Υ		
		L			J1			_010	_		
		State	Zip Code		Trans	action ID	: 9797890				
	WASHINGTON Purpose of Disbursement	DC	20003								
	2015 Dues			011	Amoun	t of Each	Disburseme	nt this	Period		
	Candidate Name			Category/	7 tillouri	Of Edoil	Dispuisonie				
	DEMOCRATIC CONGRESSIONAL CAMPA	AIGN CO	MMITTEE	Type		-		15000	0.00		
	Office Sought: House Disbursen		0								
		Primary Other (spe	General		2015 Du	ies					
	State: District:	Other (spe	City) \blacktriangledown								
Г					_			_			
5	SUBTOTAL of Disbursements This Page (optional)						1 40	35000	0.00		
\vdash	<u> </u>						7				
1	TOTAL This Period (last page this line number only)			·····•			- 1				

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 14									
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check only	NOMBELL.								
••		for each category of the Detailed Summary Page		21b	22	X 23	24	. [25		26		
		attained Carifficary 1 at	,`	27	28a	28b	28	Вс	29		30b		
	y information copied from such Reports and Statem										S		
or	for commercial purposes, other than using the name	ne and address of any po	olitical	committee to	solicit con	tributions	from s	such c	ommi	ttee.			
	NAME OF COMMITTEE (In Full)	0											
//	Health Underwriters Political Action	Committee											
_	Full Name (Last, First, Middle Initial)												
Α.	MODERATE DEMOCRATS PAC					Disburse	ement						
	Matter Address and	01 27 2015											
	Mailing Address 303 MASSACHUSETTS AVENUE,												
	City												
		DC 20002			Transaction ID: 9797891								
	Purpose of Disbursement 2015 Dues			044	Amount of Each Disbursement this Period								
	Candidate Name		\dashv L	011	Amount	ot Each	DISDUR	semen	it this	Perio	od		
	MODERATE DEMOCRATS PAC		'	Category/ Type			_	5000.00					
	Office Sought: House Disbursem	nent For:		Type		- 1		7					
							2015 Dues						
	President	Other (specify) ▼											
	State: District:	tate: District:											
_	Full Name (Last, First, Middle Initial) Pallone For Congress												
В.						Disburse	ement						
	Mailing Address PO Box 3176					01 27 2015							
	Maining Address FO BOX 31/0	01 27 2015											
	City	Transaction ID: 9797892											
		NJ 07740			1101136	aouon il	. 51 51	JJ2					
	Purpose of Disbursement 2/11 Dinner	Ninnan						Amount of Each Dishuragement this Davied					
	Candidate Name	didate Name				Amount of Each Disbursement this Period							
	ank Pallone Jr Category				1000.00								
		ate Primary General				2/11 Dinner							
		Other (specify) ▼											
_	State: NJ District: 06												
_	Full Name (Last, First, Middle Initial)					Dichura	mont						
U.	Kind For Congress Committee					Date of Disbursement							
	Mailing Address 205 5th Avenue South						7		2015	= Y			
		01 27 2015											
	,	State Zip Code			Transa	action ID	: 9797	893					
	La Crosse Purpose of Disbursement	WI 54601											
	2/12 Breakfast		011	Amarini	of Each	Dioh	oom o-	,+ +h:-	Do-	od			
	Candidate Name		→ - - -	Category/	Amount	oi Each	וומפום	semen					
	Ronald Kind			Type					100	0.00			
	Office Sought: House Disbursem			,									
		Primary Genera	al		2/12 Bre	akfast							
		Other (specify) ▼											
	State: WI District: 03												
,	UBTOTAL of Disbursements This Page (optional)								700	0.00			
Ľ	ODITINE OF DISDUISEMENTS THIS FAGE (OPHONAI)			·····		-			+		=		
۱,	OTAL This Period (last page this line number only)							_					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF 14						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b				
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or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Health Underwriters Political Actio	n Committee							
Full Name (Last, First, Middle Initial)								
A. Friends Of John Thune	Date of Disbursement							
Mailing Address PO Box 841	01 27	2015						
City								
Sioux Falls	SD 57101		Transaction ID : 9	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				
Purpose of Disbursement 2/24 Breakfast		011	Amount of Each Di	sbursement this Period				
Candidate Name		Category/		2500.00				
John Thune		Type		2500.00				
Office Sought: House Senate President Disburse	ement For: 2016 Primary General Other (specify)		2/24 Breakfast					
State: SD District:	4							
Full Name (Last, First, Middle Initial)								
B. Rick W. Allen For Congress	Date of Disburseme	ent						
Mailing Address P. O. Box 338	01 28	2015						
City Augusta	State Zip Code GA 30903		Transaction ID : 9	9799058				
Purpose of Disbursement 2/6 Local Meet & 2/12 DC Event		011	Amount of Each Disbursement this Period					
Candidate Name		Category/		1000.00				
Rep. Rick Allen Office Sought: House Disburse	mont For: 2010	Туре		1000.00				
	ement For: 2016 Primary General Other (specify)		2/6 Local Meet & 2/	12 DC Event				
Full Name (Last, First, Middle Initial)								
c.	Date of Disbursement							
Mailing Address	M M / D D	/						
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount of Each Di	sbursement this Period				
Office Sought: House Disburse	ement For:			7				
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional).			1 1 70 1	3500.00				
J (2)								
TOTAL This Period (last page this line number only	/)			45500.00				