

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street) 1212 New York Ave

Check if different than previously reported. (ACC) Suite 1100

Washington DC 20005

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

C00283135

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input checked="" type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 08 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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="93702.40"/> | <input type="text" value="93702.40"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="120103.21"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="40456.67"/> | <input type="text" value="330051.58"/> |
| (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="160559.88"/> | <input type="text" value="423753.98"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="24319.71"/> | <input type="text" value="287513.81"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="136240.17"/> | <input type="text" value="136240.17"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

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)..... | 29877.67 | 176884.17 |
| (ii) Unitemized | 10579.00 | 147624.69 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 40456.67 | 324508.86 |
| (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) | 40456.67 | 324508.86 |
| 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 | 3792.72 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 1750.00 |
| 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))..... ▶ | 40456.67 | 330051.58 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 40456.67 | 330051.58 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 1277.71 | 11756.81 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1277.71 | 11756.81 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23000.00 | 274950.00 |
| 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 | 42.00 | 807.00 |
| (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))..... | 42.00 | 807.00 |
| 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)) .. | 24319.71 | 287513.81 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24319.71 | 287513.81 |

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) | 40456.67 | 324508.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 42.00 | 807.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 40414.67 | 323701.86 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1277.71 | 11756.81 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 3792.72 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1277.71 | 7964.09 |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Alan R. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15883-B Crabbs Branch Way
 City State Zip Code
 Rockville MD 20855-2635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Insurance Benefits & Advisors 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
 07 / 31 / 2015
Transaction ID : 4371946
 Amount of Each Receipt this Period
 85.00

B. Jessica Fulginiti Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Doyle Road
 City State Zip Code
 Wayne PA 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Forward Health Consulting Principal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 4701001
 Amount of Each Receipt this Period
 85.00

C. Ray M. Musser
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 North Second Avenue, Suite E
 City State Zip Code
 Upland CA 91786-4793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ray Musser & Associates Insurance Serv 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
 07 / 02 / 2015
Transaction ID : 9843986
 Amount of Each Receipt this Period
 85.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 255.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 7 OF 159
(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. Juna M. Penney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2091 Shepherdia Drive
 City Anchorage State AK Zip Code 99508-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health & Services Alaska Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt 07 / 02 / 2015
Transaction ID : 9843987
 Amount of Each Receipt this Period 85.00

B. Spencer A. Lehmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 E. Tahquitz Cnyn Wy. Suite 4-506
 City Palm Springs State CA Zip Code 92262-7020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehmann/Wood & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 07 / 03 / 2015
Transaction ID : 9844110
 Amount of Each Receipt this Period 170.00
 Monthly Contribution

C. Chad P. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Palatine Apt 116
 City Irvine State CA Zip Code 92612-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Code SixFour Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 656.00

Date of Receipt 07 / 03 / 2015
Transaction ID : 9844114
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional).....▶ 340.00
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 8 OF 159
(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. Joshua Weinstein

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503-3973

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

Name of Employer Northrim Benefits Group 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
07 / 04 / 2015

Transaction ID : 9844168

Amount of Each Receipt this Period
30.00

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

Mailing Address 1 E. Pratt St., Unit 902

City Baltimore State MD Zip Code 21202-1193

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

Name of Employer TriBridg Partners, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : 9844177

Amount of Each Receipt this Period
30.00

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 ▼ **397.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : 9844178

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **90.00**

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

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

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

FOR LINE NUMBER: PAGE 9 OF 159
(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. Paul Joseph Scholz

Mailing Address 17445 Arbor St
Suite 310

City State Zip Code
Omaha NE 68130-4645

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

Name of Employer Occupation
OCI Insurance and Financial Services 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
 07 / 06 / 2015
Transaction ID : 9844185

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Neil R. Crosby

Mailing Address 32110 Agoura Road

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 Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : 9844186

Amount of Each Receipt this Period
25.00

Birthday Party Ticket

Full Name (Last, First, Middle Initial)
C. Craig A. Lack

Mailing Address 33302 Valle Road
Suite 250

City State Zip Code
San Juan Capistrano CA 92675-4864

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

Name of Employer Occupation
Premium Reduction Strategies Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : 9844189

Amount of Each Receipt this Period
25.00

Birthday Party Ticket

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

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 159 |
| | <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. Helen M. Todd
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 56166

City Little Rock State AR Zip Code 72215-6166

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

Name of Employer The Todd Agency, 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
07 / 06 / 2015

Transaction ID : 9844192

Amount of Each Receipt this Period
25.00

Birthday Party Ticket

B. Yolanda Marie Webb
Full Name (Last, First, Middle Initial)

Mailing Address 901 Via Piemonte

City Ontario State CA Zip Code 91710

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

Name of Employer Trinity Financial Partners Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 663.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : 9844196

Amount of Each Receipt this Period
300.00

C. William Kite
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 629

City Roanoke State VA Zip Code 24004-0629

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

Name of Employer D&S Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : 9844199

Amount of Each Receipt this Period
1500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1825.00 |
| 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 11 OF 159
(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. Donald W. Goldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 South Parker Suite 300
 City Orange State CA Zip Code 92868-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Word and Brown Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 150.00

Date of Receipt 07 / 06 / 2015
Transaction ID : 9844203
 Amount of Each Receipt this Period 25.00

B. Donald W. Goldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 South Parker Suite 300
 City Orange State CA Zip Code 92868-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Word and Brown Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1400.00

Date of Receipt 07 / 06 / 2015
Transaction ID : 9844204
 Amount of Each Receipt this Period 1250.00

C. 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 467.00

Date of Receipt 07 / 07 / 2015
Transaction ID : 9844415
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 1325.00
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 12 OF 159
(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. Joanne Bikmaz

Mailing Address 1860 Shaded Wood Road

City State Zip Code
Diamond Bar CA 91789-4011

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

Name of Employer Occupation
Fisher & Associates Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 9844416

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Ashley Sullivan

Mailing Address PO Box 99565

City State Zip Code
Louisville KY 40269-0565

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

Name of Employer Occupation
Van Zandt Emrich and Cary Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 9844418

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 17236

City State Zip Code
Tucson AZ 85731-7236

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

Name of Employer Occupation
Wolfe Insurance & Consultants, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
476.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 9844661

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.00

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 159
(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. A. Andra Grava

Mailing Address 40 E. McDermott

City State Zip Code
Allen TX 75002-2802

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

Name of Employer Occupation
The DI Center Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 9844667

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1332 Hunters Hollow Court

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
Sonus Benefits by MSMF Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : 9844671

Amount of Each Receipt this Period
250.00

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

Mailing Address 31666 W. Nine Dr.

City State Zip Code
Laguna Niguel CA 92677-2955

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

Name of Employer Occupation
Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : 9845105

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2335.00

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 159
(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. Heidi Jona Sterner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 North Tenaya Way
 Suite 100
 City Las Vegas State NV Zip Code 89128-0424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealthcare Plan of NV Sierra Hea Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : 9845537
 Amount of Each Receipt this Period
 30.00

B. Krista Palmer
 Full Name (Last, First, Middle Initial)
 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 ▼ 405.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2015
Transaction ID : 9845765
 Amount of Each Receipt this Period
 30.00

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 ▼ 355.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2015
Transaction ID : 9845766
 Amount of Each Receipt this Period
 30.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 OF 159 |
| | (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. 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 ▼
1875.00

Date of Receipt
07 / 12 / 2015
Transaction ID : 9845774

Amount of Each Receipt this Period
250.00

B. Vickie Eileen Mayville
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 232325

City State Zip Code
Las Vegas NV 89105-2325

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

Name of Employer Occupation
Mayville Incorporated Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
07 / 12 / 2015
Transaction ID : 9845775

Amount of Each Receipt this Period
10.00

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

Mailing Address 2000 RiverEdge Parkway
Suite 1010

City State Zip Code
Sandy Springs GA 30328-4657

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

Name of Employer Occupation
KSA Insurance Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 13 / 2015
Transaction ID : 9845777

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00

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 16 OF 159
(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. Charles E. Mayberry

Mailing Address 1915 West St
Ste C

City State Zip Code
New Albany IN 47150-5083

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

Name of Employer Occupation
C Mayberry Benefits LLC 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
07 / 14 / 2015
Transaction ID : 9845935

Amount of Each Receipt this Period
30.00

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

Mailing Address 407 Centerpointe Circle, Suite 163

City State Zip Code
Altamonte Springs FL 32701-3446

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

Name of Employer Occupation
Sherrill Insurance Brokerage, Inc. Broker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015
Transaction ID : 9845961

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Christina Marzec

Mailing Address 14215 Moonridge Dr.

City State Zip Code
Riverside CA 92503-9745

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

Name of Employer Occupation
Freedomcare Benefits Sales Representative

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015
Transaction ID : 9846297

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 159 |
| | <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 | <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. Amy Purcilly

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

City **Troy** State **MI** Zip Code **48007-7028**

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

Name of Employer **Mason- McBride Inc.** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt
07 / 17 / 2015

Transaction ID : 9846619

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **2000.00**

Date of Receipt
07 / 17 / 2015

Transaction ID : 9846621

Amount of Each Receipt this Period
725.00

Full Name (Last, First, Middle Initial)
C. Jill L. Pedersen

Mailing Address **16325 Boones Ferry Rd #204**

City **Lake Oswego** State **OR** Zip Code **97035-4297**

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

Name of Employer **Columbia Benefit Solutions, Inc.** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.00**

Date of Receipt
07 / 17 / 2015

Transaction ID : 9846679

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **797.00**

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 159 |
| | <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. Kimberley Molthen

Mailing Address 3975 Fair Ridge Drive
110-N

City State Zip Code
Fairfax VA 22033-2911

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

Name of Employer Occupation
BB&T Employee Benefits Consultant & Vice Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : 9846694

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 1635

City State Zip Code
Irmo SC 29063-1635

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

Name of Employer Occupation
American Benefit Services, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2015

Transaction ID : 9846714

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Terrie L. Trevino

Mailing Address P O Box 7408

City State Zip Code
Boise ID 83707-1408

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

Name of Employer Occupation
Blue Cross of Idaho 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
07 / 18 / 2015

Transaction ID : 9846715

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 159
(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. Dawn Barr

Mailing Address 1305 NE 29th St.

City Ankeny State IA Zip Code 50021-6722

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

Name of Employer Mercer Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2015

Transaction ID : 9846716

Amount of Each Receipt this Period
63.00

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

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2015

Transaction ID : 9846725

Amount of Each Receipt this Period
100.00

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 ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2015

Transaction ID : 9846726

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **188.00**

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 20 OF 159
(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. Christina Rose Cox

Mailing Address P.O. Box 430

City State Zip Code
Lindsay TX 76250-0430

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

Name of Employer Occupation
Wallace English 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
 07 / 20 / 2015
Transaction ID : 9846739

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. William J. Brannon

Mailing Address 2 Terrace Way, Suite B

City State Zip Code
Greensboro NC 27403-3663

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

Name of Employer Occupation
Group US, Inc. 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
 07 / 22 / 2015
Transaction ID : 9846783

Amount of Each Receipt this Period
30.00

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

Mailing Address 1500 Liberty Ridge Drive, Suite 32

City State Zip Code
Chesterbrook PA 19087-5574

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

Name of Employer Occupation
Radnor Benefits Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846785

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.00

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 159
(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. Debra Beaucoudray

Mailing Address 5515 Superior Dr. Suite A-1

City Baton Rouge State LA Zip Code 70816-8051

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

Name of Employer: Beaucoudray Medica Insurance Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt: 07 / 22 / 2015
Transaction ID : 9846786

Amount of Each Receipt this Period: **42.00**

Full Name (Last, First, Middle Initial)
B. James C. Bosier

Mailing Address 602 Main Street

City Cedar Falls State IA Zip Code 50613-2949

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

Name of Employer: The Accel Group Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt: 07 / 22 / 2015
Transaction ID : 9846787

Amount of Each Receipt this Period: **85.00**

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 ▼ **385.00**

Date of Receipt: 07 / 22 / 2015
Transaction ID : 9846788

Amount of Each Receipt this Period: **30.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **157.00**

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 22 OF 159
(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. Craig Thomas Currier

Mailing Address 11213 Davenport St.
Ste. 201

City State Zip Code
Omaha NE 68154-2604

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

Name of Employer Occupation
Aon Risk Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.15

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846792

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Daniel J. Boaz

Mailing Address 5565 Roberts Drive
Suite 100

City State Zip Code
Atlanta GA 30338-3350

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

Name of Employer Occupation
HealthLife Group, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846793

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Wesley Foster

Mailing Address 411 Copper Circle

City State Zip Code
Lantana TX 76226-7333

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

Name of Employer Occupation
BenefitMall Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846794

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 23 OF 159 |
| | <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. Lori Bergsma
 Full Name (Last, First, Middle Initial)
 Mailing Address **Balanced Rock Insurance**
 643 Canyon Drive
 City **Twin Falls** State **ID** Zip Code **83301-3014**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Balanced Rock Insurance Agency, Inc.** 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
07 / 22 / 2015
Transaction ID : 9846795
 Amount of Each Receipt this Period
30.00

B. William V. Cable
 Full Name (Last, First, Middle Initial)
 Mailing Address **1770 Independence Court**
 City **Vestavia** State **AL** Zip Code **35216-1259**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Altertive Insurance Resources** 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
07 / 22 / 2015
Transaction ID : 9846798
 Amount of Each Receipt this Period
30.00

C. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address **5110 Maryland Way, Suite 250**
 City **Brentwood** State **TN** Zip Code **37027-7508**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Cowan Benefit Services, Inc.** Occupation **Broker**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015
Transaction ID : 9846802
 Amount of Each Receipt this Period
100.00

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 24 OF 159
(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. Don R. Griffey

Mailing Address 56294 Prim Rose Circle

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer Hailey-Campbell, Inc 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
 07 / 22 / 2015
Transaction ID : 9846803

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Joan A. Fusco

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park State NJ Zip Code 07932-1443

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

Name of Employer Savoy Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846805

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Thomas L. Henry

Mailing Address 19310 Sonoma Highway, #A

City Sonoma State CA Zip Code 95476-5454

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846809

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 159 |
| | <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. Deborah Jeffs
 Full Name (Last, First, Middle Initial)
 Mailing Address 3419 Via Lido #306
 City Newport Beach State CA Zip Code 92663-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Benefit Managers 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
 07 / 22 / 2015
Transaction ID : 9846811
 Amount of Each Receipt this Period
30.00

B. Bruce Frizen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8058 Corporate Center Dr. Suite 200
 City Charlotte State NC Zip Code 28226-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer L.E. Goodgame & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846812
 Amount of Each Receipt this Period
45.00

C. Larry S. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Spring Rd, Suite 108
 City Las Vegas State NV Zip Code 89119-4250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846813
 Amount of Each Receipt this Period
30.42

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.42 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Betty J. Lindstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4026
 City Felton State CA Zip Code 95018-0349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lindstrom Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846815
 Amount of Each Receipt this Period
 30.00

B. Jean Marie Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 N. Starcrest Drive
 City Clearwater State FL Zip Code 33765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bouchard Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846819
 Amount of Each Receipt this Period
 30.00

C. Mark Kolterman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 426
 341 North 6th Street
 City Seward State NE Zip Code 68434-0426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kolterman Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846822
 Amount of Each Receipt this Period
 35.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 95.00 |
| 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 159 |
| | (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"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Robert Lindsay
Full Name (Last, First, Middle Initial)

Mailing Address 220 Emerson Place

City Davenport State IA Zip Code 52801-1624

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

Name of Employer Gallagher Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846826

Amount of Each Receipt this Period
85.00

B. Donald L. Mathern
Full Name (Last, First, Middle Initial)

Mailing Address 7650 Cherrywood Drive

City Boise State ID Zip Code 83704-3541

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

Name of Employer Insurance Specialists Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846828

Amount of Each Receipt this Period
30.00

C. Donna M. Rudner
Full Name (Last, First, Middle Initial)

Mailing Address 4665 Ivygate Circle SE

City Atlanta State GA Zip Code 30339-1332

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

Name of Employer Employer Relief, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846832

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 159 |
| | <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 E. Pittman
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 24133

City Omaha State NE Zip Code 68124-0133

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

Name of Employer Creative Association Management Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt **07 / 22 / 2015**

Transaction ID : 9846833

Amount of Each Receipt this Period **35.00**

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 ▼ **1190.00**

Date of Receipt **07 / 22 / 2015**

Transaction ID : 9846836

Amount of Each Receipt this Period **170.00**

C. Ross W. Pendergraft
Full Name (Last, First, Middle Initial)

Mailing Address 21820 Burbank Blvd, North Building, Suite 300

City Woodland Hills State CA Zip Code 91367-6476

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

Name of Employer Leavitt Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **637.00**

Date of Receipt **07 / 22 / 2015**

Transaction ID : 9846837

Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **290.00**

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 159 |
| | <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. DianaLou Wolff
Full Name (Last, First, Middle Initial)

Mailing Address 70 Maiden Lane
2nd Floor

City Kingston State NY Zip Code 12401-4508

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

Name of Employer Benefit Counseling Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846838

Amount of Each Receipt this Period
30.00

B. Jeff A. Ranf
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Centerpoint Drive
Suite 540

City Anchorage State AK Zip Code 99503-5826

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

Name of Employer USI Insurance Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846839

Amount of Each Receipt this Period
42.00

c. Al C. Schiebel
Full Name (Last, First, Middle Initial)

Mailing Address 200 Sandy Springs Pl., # 300A

City Atlanta State GA Zip Code 30328-3854

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

Name of Employer Schiebel & Associates, LLC dba Shopben Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
07 / 22 / 2015
Transaction ID : 9846841

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

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 159
(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. Ronald E. Seibel

Mailing Address P. O. Box 317

City State Zip Code
Driftwood TX 78619-0317

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

Name of Employer Occupation
Advanced Benefits Solutions 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
 07 / 22 / 2015
Transaction ID : 9846842

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Daniel Severo

Mailing Address 231 Chestnut St. #410

City State Zip Code
Meadville PA 16335-3458

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

Name of Employer Occupation
The DJB Group, Inc. 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
 07 / 22 / 2015
Transaction ID : 9846844

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Trei Wild

Mailing Address 3724 Hearst Castle Way

City State Zip Code
Plano TX 75025-3719

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

Name of Employer Occupation
Consultant Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846846

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 31 OF 159 |
| | <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. Zachary Stafford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Perkins Rd., # 2B, Bldg A
 City Baton Rouge State LA Zip Code 70808-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit 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
 07 / 22 / 2015
Transaction ID : 9846848
 Amount of Each Receipt this Period
 30.00

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 ▼ 982.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : 9846849
 Amount of Each Receipt this Period
 85.00

C. Thomas R. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846860
 Amount of Each Receipt this Period
 55.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 170.00 |
| 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 159 |
| | <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. Terry G. Dressman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10508 Westbrooke Drive
 City Overland Park State KS Zip Code 66214-2062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Terry G. Dressman & Associates Occupation Regional VP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : 9846863
 Amount of Each Receipt this Period **42.00**
 Monthly Contribution

B. Ronald David Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 507
 City Carrollton State GA Zip Code 30112-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : 9846864
 Amount of Each Receipt this Period **85.00**
 Monthly Contribution

C. 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 **1021.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : 9846865
 Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... **212.00**
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 159 |
| | <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. Russell R. Dixon

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 ▼ **593.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9846866

Amount of Each Receipt this Period
68.75

Full Name (Last, First, Middle Initial)
B. Keith Wallace

Mailing Address **1400 Broadway**

City **Bellingham** State **WA** Zip Code **98225-3036**

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

Name of Employer **Wallace-Rice Benefits, LLC** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9846868

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Lee R. Patton

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 ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9846869

Amount of Each Receipt this Period
85.00

Monthly Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **238.75**

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

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

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

FOR LINE NUMBER: PAGE 34 OF 159
(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. G. Wayne Pettigrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 3815 East Memorial Road
 City Edmond State OK Zip Code 73013-7228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Compass Benefit Solutions, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 07 / 23 / 2015
Transaction ID : 9846870
 Amount of Each Receipt this Period 85.00
 Monthly Contribution

B. Carolyn Marie Andress
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 Highway 138
 City Wall State NJ Zip Code 07719-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUB International Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 23 / 2015
Transaction ID : 9846871
 Amount of Each Receipt this Period 30.00

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 ▼ 406.00

Date of Receipt 07 / 23 / 2015
Transaction ID : 9846873
 Amount of Each Receipt this Period 30.00
 Reception

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
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 35 OF 159 |
| | <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. Jo L. Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9525 Katy Freeway, Suite 125
 City Houston State TX Zip Code 77024-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TradeMark Insurance Agency LLC 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
 07 / 23 / 2015
Transaction ID : 9846874
 Amount of Each Receipt this Period
 30.00

B. Steven Selinsky
 Full Name (Last, First, Middle Initial)
 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 ▼ 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846875
 Amount of Each Receipt this Period
 42.00

C. Carey H. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address Six Concourse Parkway Suite 2750
 City Atlanta State GA Zip Code 30328-6243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Benefit Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846876
 Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 122.00 |
| 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 36 OF 159 |
| | <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. William D. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 739 East Jackson Street
 City Martinsville State IN Zip Code 46151-2033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NewDay! Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 07 / 23 / 2015
Transaction ID : 9846877
 Amount of Each Receipt this Period
 42.00

B. David R. Gwin
 Full Name (Last, First, Middle Initial)
 Mailing Address I-20 At Alpine Rd. AV-100
 City Columbia State SC Zip Code 29219-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueChoice HealthPlan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 466.00

Date of Receipt
 07 / 23 / 2015
Transaction ID : 9846884
 Amount of Each Receipt this Period
 85.00

C. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Management Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 07 / 23 / 2015
Transaction ID : 9846885
 Amount of Each Receipt this Period
 85.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 212.00 |
| 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 159 |
| | <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. Read H. Allen
Full Name (Last, First, Middle Initial)

Mailing Address 1550 W 5th St

City Washington State NC Zip Code 27889-4184

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

Name of Employer Carowan-Allen Insurance, Inc. 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
07 / 23 / 2015

Transaction ID : 9846887

Amount of Each Receipt this Period
30.00

B. Catherine M. Antonie
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 510925
2725 S. Moorland Rd

City New Berlin State WI Zip Code 53151-0925

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

Name of Employer Planned Futures LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9846890

Amount of Each Receipt this Period
50.00

C. Thomas F. Ashby
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 70

City Zirconia State NC Zip Code 28790-0070

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

Name of Employer Senior Healthcare Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9846891

Amount of Each Receipt this Period
30.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 110.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 38 OF 159
(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. Lynn Atkinson

Mailing Address 3800 Electric Road, # 406

City State Zip Code
Roanoke VA 24018-4568

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

Name of Employer Occupation
Humana Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846892

Amount of Each Receipt this Period
 30.00

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

Mailing Address 2601C Blanding Ave #222

City State Zip Code
Alameda CA 94501-1507

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

Name of Employer Occupation
John Baskett Insurance Services 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
 07 / 23 / 2015
Transaction ID : 9846895

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Mark Bellman

Mailing Address 1250 Capitol of Texas Hwy S
Bldg 1, Suite 400

City State Zip Code
West Lake Hills TX 78746-6428

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

Name of Employer Occupation
UnitedHealthcare 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
 07 / 23 / 2015
Transaction ID : 9846900

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 159 |
| | <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. Stephanie Berger

Mailing Address 79 Daily Dr. #276

| | | |
|-------------------|-------------|------------------------|
| City Camarillo | State CA | Zip Code 93010-5807 |
|-------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer HLS Insurance Services | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : 9846902

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Robert J Bishop

Mailing Address 205 E. Warm Springs Rd., Suite 108

| | | |
|-------------------|-------------|------------------------|
| City Las Vegas | State NV | Zip Code 89119-4250 |
|-------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer National Healthcare Access Inc. | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : 9846904

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Bradford H. Blain

Mailing Address AI Torstrick Insurance Agency, Inc
343 Waller Av

| | | |
|-------------------|-------------|------------------------|
| City Lexington | State KY | Zip Code 40504-2912 |
|-------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer AI Torstrick Insurance Agency, Inc. | 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
 07 / 23 / 2015

Transaction ID : 9846906

Amount of Each Receipt this Period
30.00

| | |
|--|--------|
| 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 40 OF 159
(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. Christine M. Bogott

Mailing Address 125 Grand Avenue, Unit B

City State Zip Code
Grand Junction CO 81501-2251

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

Name of Employer Occupation
MHIB Group 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
 07 / 23 / 2015
Transaction ID : 9846907

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Sydney K. Briley

Mailing Address 605 E. Van Buren St.

City State Zip Code
Broken Arrow OK 74011-7261

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

Name of Employer Occupation
Employee Benefit Solutions, Inc. 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
 07 / 23 / 2015
Transaction ID : 9846910

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Mark Brooks

Mailing Address P. O. Box 10876

City State Zip Code
Lynchburg VA 24506-0876

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

Name of Employer Occupation
Personal Design Financial Services, In 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
 07 / 23 / 2015
Transaction ID : 9846911

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 159 |
| | <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. Keith Brownrigg
Full Name (Last, First, Middle Initial)

Mailing Address 8156 E South Wadworth Blvd
Ste 328

City Littleton State CO Zip Code 80128

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

Name of Employer The Benefit Team, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
07 / 23 / 2015
Transaction ID : 9846914

Amount of Each Receipt this Period
42.00

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

Mailing Address 311 Plantation Chase

City Sea Island State GA Zip Code 31561

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

Name of Employer Paul Jackson Ins. & Investments, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 23 / 2015
Transaction ID : 9846915

Amount of Each Receipt this Period
30.00

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

Mailing Address 214 East Lakewood Road

City West Palm Beach State FL Zip Code 33405-3316

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

Name of Employer Palm Beach Insurance Advisory Group, I Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 23 / 2015
Transaction ID : 9846918

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00

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 42 OF 159 |
| | (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. Loretta L. Camp
Full Name (Last, First, Middle Initial)
Mailing Address 10101 Reunion Place, Ste 300

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78216-4157 |
|---------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Davidson Camp Insurance 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 |
| 07 | | 23 | | 2015 |

Transaction ID : 9846919

Amount of Each Receipt this Period

| |
|--------|
| 157.00 |
|--------|

30.00

B. Rita H. Cleveland
Full Name (Last, First, Middle Initial)
Mailing Address 3342 Greystone Way

| | | |
|------------------|-------------|------------------------|
| City Valdosta | State GA | Zip Code 31605-1096 |
|------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer H&H Insurance Solutions, Inc. | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 23 | | 2015 |

Transaction ID : 9846922

Amount of Each Receipt this Period

| |
|--------|
| 157.00 |
|--------|

42.00

C. Bob Copeland
Full Name (Last, First, Middle Initial)
Mailing Address 700 Larkspur Landing Circle, Suite

| | | |
|------------------|-------------|------------------------|
| City Larkspur | State CA | Zip Code 94939-1755 |
|------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Copeland Insurance Services | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 23 | | 2015 |

Transaction ID : 9846925

Amount of Each Receipt this Period

| |
|--------|
| 157.00 |
|--------|

85.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 157.00 |
| 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 43 OF 159 |
| | <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. Claudia S. Dodge

Mailing Address 2108 W Laburnum Ave., # 300

| | | |
|----------|-------|------------|
| 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 ▼ **210.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 23 | / | 2015 |

Transaction ID : 9846933

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

Full Name (Last, First, Middle Initial)
B. Daniel T. Duffy

Mailing Address 9700 Ormsby

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Louisville | KY | 40223-4038 |

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

| | |
|--------------------------|------------|
| Name of Employer | Occupation |
| Epic Insurance Solutions | 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 |
| 07 | / | 23 | / | 2015 |

Transaction ID : 9846935

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

Full Name (Last, First, Middle Initial)
C. David H. Eblen

Mailing Address 112 South Liberty, # 221

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Jackson | TN | 38301-6367 |

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

| | |
|-------------------------------------|------------|
| Name of Employer | Occupation |
| The Eblen Agency/A Divison of IPSEO | 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 |
| 07 | / | 23 | / | 2015 |

Transaction ID : 9846937

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 159 |
| | <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. Gregory Engle

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504-2649

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846939

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Jennifer Liane Farrell

Mailing Address 3800 North Central Avenue
9th Floor

City Phoenix State AZ Zip Code 85012-1979

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

Name of Employer Black Gould & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846943

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Albert Fogle

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503-3973

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846948

Amount of Each Receipt this Period
30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 122.00 |
| 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 45 OF 159 |
| | <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. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd
 Ste 141, PMB 606
 City Glendale State AZ Zip Code 85310-3292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846952
 Amount of Each Receipt this Period
 85.00

B. Carolyn L. Goodwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 12740 Hillcrest Road
 Suite 275
 City Dallas State TX Zip Code 75230-7129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goodwin Benefits Group, LLC 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
 07 / 23 / 2015
Transaction ID : 9846954
 Amount of Each Receipt this Period
 30.00

C. Ryan P. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Sweetbay Dr
 Ste 10
 City Salisbury State MD Zip Code 21804-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WorkforceTactix, Inc. 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
 07 / 23 / 2015
Transaction ID : 9846955
 Amount of Each Receipt this Period
 30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.00 |
| 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 46 OF 159 |
| | <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. Beverly Gossage | | Date of Receipt MM / DD / YYYY 07 / 23 / 2015 Transaction ID : 9846956 |
| Mailing Address 9325 Evening Star Terr | | Amount of Each Receipt this Period 42.00 |
| City Eudora | State KS | Zip Code 66025-8334 |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation HSA Benefits Consulting Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 294.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Patricia A. Griffey | | Date of Receipt MM / DD / YYYY 07 / 23 / 2015 Transaction ID : 9846957 |
| Mailing Address 17535 Generations Dr | | Amount of Each Receipt this Period 100.00 |
| City South Bend | State IN | Zip Code 46635-1589 |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation The Healy Group Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 867.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Daniel R Hart | | Date of Receipt MM / DD / YYYY 07 / 23 / 2015 Transaction ID : 9846959 |
| Mailing Address 4200 East Skelly Drive Suite 320 | | Amount of Each Receipt this Period 30.00 |
| City Tulsa | State OK | Zip Code 74135-3261 |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Guardian Life Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 172.00 |
| 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 47 OF 159
(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. John S. Helms

Mailing Address 2940 Camino Diablo
205

City Walnut Creek State CA Zip Code 94597-3992

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

Name of Employer John Helms Associates 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
 07 / 23 / 2015
Transaction ID : 9846962

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Donna D. Hill

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 Benefit Services Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846964

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Crystal Hoffman

Mailing Address P.O. Box 709

City Sugar Land State TX Zip Code 77487-0709

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846965

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00

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 48 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Al Hombroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Lumpkin St, Suite D
 City Lawrenceville State GA Zip Code 30046-8410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multiple Benefits Corporation Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : 9846967
 Amount of Each Receipt this Period **85.00**

B. Michelle S. Howard
 Full Name (Last, First, Middle Initial)
 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 **941.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : 9846969
 Amount of Each Receipt this Period **85.00**

C. Karen K. Irwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Sunforest Ct
 City Toledo State OH Zip Code 43623-4486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roemer Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : 9846970
 Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **212.00**
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 49 OF 159 |
| | <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. Alan L. Jones

Mailing Address 3420 Pump Road, #144

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Richmond | VA | 23233-1111 |

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

| | |
|-------------------|------------|
| Name of Employer | Occupation |
| TPA Benefits, LLC | 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 |
| 07 | | 23 | | 2015 |

Transaction ID : 9846973

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

Full Name (Last, First, Middle Initial)
B. Charles Jurkus

Mailing Address 823 Commerce Drive, Suite 350

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Oak Brook | IL | 60523-8855 |

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

| | |
|--------------------------------------|------------|
| Name of Employer | Occupation |
| Employee Benefit Risk Mgmt. Services | 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 |
| 07 | | 23 | | 2015 |

Transaction ID : 9846975

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

Full Name (Last, First, Middle Initial)
c. Carolyn J. King

Mailing Address 6 Country Lane

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Sussex | NJ | 07461-4630 |

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

| | |
|-----------------------|------------|
| Name of Employer | Occupation |
| New England Financial | 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 |
| 07 | | 23 | | 2015 |

Transaction ID : 9846978

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

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

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

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

FOR LINE NUMBER: PAGE 50 OF 159
(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. Stacey S. LaFay

Mailing Address 2444 East Hill Rd.

City State Zip Code
Grand Blanc MI 48439-5098

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

Name of Employer Occupation
Franklin Benefit Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846980

Amount of Each Receipt this Period
50.00

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

Mailing Address 12022 Forest Moon Dr

City State Zip Code
Cypress TX 77433-3834

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

Name of Employer Occupation
Humana Market Point 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
 07 / 23 / 2015
Transaction ID : 9846985

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Douglas Lubenow

Mailing Address 214 West Main Street
Suite 203

City State Zip Code
Moorestown NJ 08057-2345

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

Name of Employer Occupation
Lubenow Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846988

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.00

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 51 OF 159
(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. Maurice Lyons

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 ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846989

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 370

City State Zip Code
Meridian ID 83680-0370

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

Name of Employer Occupation
Myriad Benefits 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
 07 / 23 / 2015
Transaction ID : 9846991

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Barbara A. McClaskey

Mailing Address 1965 Pine Street

City State Zip Code
Redding CA 96001-1921

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

Name of Employer Occupation
Barbara McClaskey Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9846994

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 322.00

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 52 OF 159 |
| | <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. Leslie E. McGerr

Mailing Address 6510 Mesaverde Dr

City Lincoln State NE Zip Code 68510-5153

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

Name of Employer Les McGerr & Company 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
07 / 23 / 2015

Transaction ID : 9846996

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Victor C. McKnight

Mailing Address 502 Tunney Place

City Santa Rosa State CA Zip Code 95403-7764

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

Name of Employer Edgewood Partners Insurance Center 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
07 / 23 / 2015

Transaction ID : 9846998

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Griffin Meredith

Mailing Address 550 S 5th St Unit 303

City Louisville State KY Zip Code 40202-4309

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

Name of Employer Commonwealth Insurance Partners Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847001

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **145.00**

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 53 OF 159 |
| | (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"/> 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 Ming

Mailing Address P.O. Box 621

City State Zip Code
Union MO 63084-0621

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

Name of Employer Occupation
Ming Senior Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
07 / 23 / 2015

Transaction ID : 9847007

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Donna Norris

Mailing Address 6501 Wyoming Blvd NE
Building G

City State Zip Code
Albuquerque NM 87109-0030

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

Name of Employer Occupation
Norris and Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 23 / 2015

Transaction ID : 9847011

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. E.J Pearson

Mailing Address 1115 Taylor Avenue North
Suite 112

City State Zip Code
Grand Rapids MI 49503-1079

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

Name of Employer Occupation
Lighthouse Insurance Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 23 / 2015

Transaction ID : 9847013

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 159 |
| | <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. William H. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kenersville State NC Zip Code 27284-8850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847015
 Amount of Each Receipt this Period
 40.00

B. Jeff Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 51019
 City Idaho Falls State ID Zip Code 83405-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Hartwell Corporation 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
 07 / 23 / 2015
Transaction ID : 9847017
 Amount of Each Receipt this Period
 30.00

C. Susan Maley Rash
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 West Laburnum Avenue, Suite 3
 City Richmond State VA Zip Code 23227-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Benefit Consultants of Virginia, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847021
 Amount of Each Receipt this Period
 170.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 240.00 |
| 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 55 OF 159
(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. Valerie Reeves

Mailing Address 3702 Brownsboro Rd

City State Zip Code
Louisville KY 40207-1820

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

Name of Employer Occupation
Preferred Benefits, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847023

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Russell Lee Rice

Mailing Address 8000 IH-10 West, # 715

City State Zip Code
San Antonio TX 78230-3880

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

Name of Employer Occupation
AVESIS, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847026

Amount of Each Receipt this Period
85.00

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

Mailing Address 200 East Main St.
Suite 800

City State Zip Code
Fort Wayne IN 46802-1900

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

Name of Employer Occupation
Gibson 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
 07 / 23 / 2015
Transaction ID : 9847027

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.00

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 56 OF 159 |
| | <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 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 ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847028

Amount of Each Receipt this Period
85.00

B. Peter L. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 3033 N. Central Ave Suite 810

City Phoenix State AZ Zip Code 85012-2804

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

Name of Employer Sunwest Benefits Consulting, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847034

Amount of Each Receipt this Period
100.00

c. Mel A. Schlesinger
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120-1533

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

Name of Employer Self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **561.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847037

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **270.00**

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 159 |
| | <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. Kenneth N Scopp
Full Name (Last, First, Middle Initial)

Mailing Address 12121 Wilshire Blvd Ste 1100

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Los Angeles | CA | 90025-1166 |

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

| | |
|---------------------------|------------|
| Name of Employer | Occupation |
| First Financial Resources | 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 |
| 07 | / | 23 | / | 2015 |

Transaction ID : 9847038

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

B. Nicole Scott
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Northwest Pkwy

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| San Antonio | TX | 78249-3348 |

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

| | |
|-------------------|------------|
| Name of Employer | Occupation |
| United Healthcare | 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 |
| 07 | / | 23 | / | 2015 |

Transaction ID : 9847039

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

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

Mailing Address 3800 Paluxy Dr Ste 540

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Tyler | TX | 75703-1664 |

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

| | |
|------------------------|-------------------|
| Name of Employer | Occupation |
| Blue Cross Blue Shield | Carrier Sales Rep |

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 |
| 07 | / | 23 | / | 2015 |

Transaction ID : 9847041

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 85.00 |
| 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 58 OF 159
(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. Sean G. Shoemake

Mailing Address 169A Lameuse St

City State Zip Code
Biloxi MS 39530-3810

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

Name of Employer Occupation
Employee Benefit Specialists, P.A. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847042

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Barbara Shooshanian

Mailing Address 39500 High Pointe Blvd Ste 400

City State Zip Code
Novi MI 48375-5517

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

Name of Employer Occupation
Health Alliance Administrators, Inc. 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
07 / 23 / 2015

Transaction ID : 9847043

Amount of Each Receipt this Period
30.00

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

Mailing Address 143 E Austin St

City State Zip Code
Giddings TX 78942-3201

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

Name of Employer Occupation
The Nitsche Group 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
07 / 23 / 2015

Transaction ID : 9847046

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **145.00**

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 59 OF 159 |
| | <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. Gregory S. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Woodlawn Road
 PO Box 370
 City Lincoln State IL Zip Code 62656-9645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R. W. Garrett Agency, Inc. 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
 07 / 23 / 2015
Transaction ID : 9847047
 Amount of Each Receipt this Period
 30.00

B. Paul E. Smith
 Full Name (Last, First, Middle Initial)
 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847048
 Amount of Each Receipt this Period
 175.00

C. Scott D. Snowden
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 Lyndon Lane, Suite 101
 City Louisville State KY Zip Code 40222-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Snowden & Associates, Inc. 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
 07 / 23 / 2015
Transaction ID : 9847049
 Amount of Each Receipt this Period
 30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 235.00 |
| 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 60 OF 159
(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. Tamela L. Southan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 W. Renner Rd., Ste 160
 City State Zip Code
 Richardson TX 75082-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benefit Solutions By Design Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847050
 Amount of Each Receipt this Period
 42.00

B. Anne P. Sperling
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 St. Michael's Drive
 City State Zip Code
 Santa Fe NM 87505-7625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Daniels Insurance Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847052
 Amount of Each Receipt this Period
 60.00

C. William Craig Splawn
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Avenue C
 City State Zip Code
 Katy TX 77493-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Splawn & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847053
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00
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 61 OF 159 |
| | <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. Dustin Stacy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing 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
 07 / 23 / 2015
Transaction ID : 9847054
 Amount of Each Receipt this Period
30.00

B. Julia Beckie Stockstill
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stockstill & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847057
 Amount of Each Receipt this Period
30.00

C. Marsha Tellesbo-Kembel
 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 **762.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847063
 Amount of Each Receipt this Period
85.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 145.00 |
| 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 62 OF 159
(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. Helen M. Todd

Mailing Address PO Box 56166

City Little Rock State AR Zip Code 72215-6166

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

Name of Employer The Todd Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847065

Amount of Each Receipt this Period
30.00

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

Mailing Address 3219 E. Camelback Road #569

City Phoenix State AZ Zip Code 85018-2307

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

Name of Employer Emerging Benefits Consultants, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847068

Amount of Each Receipt this Period
42.00

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

Mailing Address 1907 B Mangrove Ave.

City Chico State CA Zip Code 95926-2381

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

Name of Employer John Warwick Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 9847069

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **157.00**

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 63 OF 159
(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. Mitchell West

Mailing Address Health Choice One, Attn: Mitch Wes
6436 S Racine Cir

City Centennial State CO Zip Code 80111-6479

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

Name of Employer MW Family 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
 07 / 23 / 2015
Transaction ID : 9847071

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Chris Otto Wickizer

Mailing Address 16619 74th Ave NE

City Kenmore State WA Zip Code 98028-4261

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

Name of Employer Chris Wickizer Insurance Solutions 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
 07 / 23 / 2015
Transaction ID : 9847073

Amount of Each Receipt this Period
 30.00

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

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504-2649

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847074

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 64 OF 159 |
| | <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. Owen W. Wingate

Mailing Address 155 Professional Dr

City State Zip Code
Ponte Vedra Beach FL 32082-6217

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

Name of Employer Occupation
Wingate Insurance Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015
Transaction ID : 9847075

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 17236

City State Zip Code
Tucson AZ 85731-7236

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

Name of Employer Occupation
Wolfe Insurance & Consultants, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
506.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015
Transaction ID : 9847076

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Dennis E. Wright

Mailing Address 1111 Chestnut Hills Pky

City State Zip Code
Fort Wayne IN 46814-8934

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

Name of Employer Occupation
Employee Plans, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015
Transaction ID : 9847078

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.00

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 65 OF 159
(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. Carol Wyckoff

Mailing Address 14856 Briggs Street

City Carlisle State IA Zip Code 50047-3151

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

Name of Employer The Hartford 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
 07 / 23 / 2015
Transaction ID : 9847079

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Ashley Wynkoop Kapostins

Mailing Address 255 Primera Blvd, Suite 264

City Lake Mary State FL Zip Code 32746-2148

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

Name of Employer CIGNA Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : 9847080

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Charles L. Westmoreland

Mailing Address 532 Cloifview Drive

City Brandon State MS Zip Code 39047-9183

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

Name of Employer Allstate Benefits 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
 07 / 23 / 2015
Transaction ID : 9847089

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00

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 66 OF 159 |
| | <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. David C. Smith | | Date of Receipt MM / DD / YYYY 07 / 23 / 2015 Transaction ID : 9847783 |
| Mailing Address 915 Englewood Avenue | | Amount of Each Receipt this Period 170.00 |
| City Durham | State NC | Zip Code 27701-1105 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 616.00 | |
| Name of Employer Ebenconcepts Company | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Joni Robin Reents | | Date of Receipt MM / DD / YYYY 07 / 23 / 2015 Transaction ID : 9847813 |
| Mailing Address 5760 W. 120th Avenue Suite 260 | | Amount of Each Receipt this Period 42.00 |
| City Broomfield | State CO | Zip Code 80020-6939 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 336.00 | |
| Name of Employer Reents Insurance Agency | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Karla Torres | | Date of Receipt MM / DD / YYYY 07 / 24 / 2015 Transaction ID : 9847847 |
| Mailing Address PO Box 61010 | | Amount of Each Receipt this Period 42.00 |
| City Santa Barbara | State CA | Zip Code 93160-1010 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 252.00 | |
| Name of Employer Brown & Brown, Inc. | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 254.00 |
| 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 67 OF 159
(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

A. Erica R. Hain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1995 Point Township Drive
 City Northumberland State PA Zip Code 17857-8856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keystone Insurers Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : 9847849
 Amount of Each Receipt this Period
 100.00

B. Carolyn Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 7321 Eagle Crest Blvd.
 City Evansville State IN Zip Code 47715-8157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIHO Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : 9847852
 Amount of Each Receipt this Period
 42.00

C. John Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 108th Ave. NE Ste. 800
 City Bellevue State WA Zip Code 98004-5901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Total Benefit Solutions, LLC Occupation Co-Founder
 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
 07 / 24 / 2015
Transaction ID : 9847857
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 642.00
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 68 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Brett Michelle Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6398
 City Charleston State WV Zip Code 25362-0398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Horse Financial Advisors 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
 07 / 24 / 2015
Transaction ID : 9848128
 Amount of Each Receipt this Period
30.00

B. 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 **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : 9848224
 Amount of Each Receipt this Period
50.00

C. Erika Sklar
 Full Name (Last, First, Middle Initial)
 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 **448.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2015
Transaction ID : 9848225
 Amount of Each Receipt this Period
42.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 122.00 |
| 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 69 OF 159
(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. Jason Gootee

Mailing Address 510 L Street
Suite 270

City Anchorage State AK Zip Code 99501-1949

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

Name of Employer Modra Health 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
 07 / 25 / 2015
Transaction ID : 9848226

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Michael S. Reddy

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544-9195

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

Name of Employer Keystone Insurers Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848232

Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
C. Neil R. Crosby

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer Warner Pacific Insurance Services Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848234

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 70 OF 159
(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. JoAnn Marie Charron
 Full Name (Last, First, Middle Initial)
 Mailing Address 11325 Pegasus St., Suite W-102
 City Dallas State TX Zip Code 75238-5214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Dallas Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848235
 Amount of Each Receipt this Period
 85.00

B. Margaret Evelyn Stedt
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 74325
 City San Clemente State CA Zip Code 92673-0145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stedt Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 531.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848237
 Amount of Each Receipt this Period
 85.00

C. Daniel R. Tompkins
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1209
 City Alpharetta State GA Zip Code 30009-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Admin America Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848240
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
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 71 OF 159 |
| | <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. Richard F. Galardini

Mailing Address 7000 Stonewood Dr., Ste 251

City Wexford State PA Zip Code 15090-7376

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

Name of Employer JRG Advisors, LLC Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : 9848242

Amount of Each Receipt this Period
42.50

Full Name (Last, First, Middle Initial)
B. Fred Cartier

Mailing Address 11555 Sorrento Valley Road Suite 203

City San Diego State CA Zip Code 92121-1331

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

Name of Employer Rogers Benefit Group, Inc. Occupation Employee Benefits Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : 9848243

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Charles E. Underhill

Mailing Address PO Box 626

City Woodland Hills State CA Zip Code 91365-0626

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

Name of Employer Underhill Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : 9848252

Amount of Each Receipt this Period
85.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 169.50 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 72 OF 159 |
| | (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"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Justin Lord
Full Name (Last, First, Middle Initial)

Mailing Address 935 East 36th Place

City State Zip Code
Tulsa OK 74105-3001

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

Name of Employer Occupation
Wilcox & McGrath, Inc. 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
07 / 27 / 2015

Transaction ID : 9848258

Amount of Each Receipt this Period
10.00

B. Annette Bechtold
Full Name (Last, First, Middle Initial)

Mailing Address 400 Galleria Pkwy, #300

City State Zip Code
Atlanta GA 30339-3182

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

Name of Employer Occupation
Digital Insurance, Inc. 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
07 / 27 / 2015

Transaction ID : 9848261

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709-1547

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

Name of Employer Occupation
Russ Childers, CLU Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
755.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : 9848263

Amount of Each Receipt this Period
90.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 130.00 |
| 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 73 OF 159 |
| | <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. Jerry D. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5113 N. Executive Drive
 Suite 102
 City Peoria State IL Zip Code 61614-4893
 Name of Employer Jackson Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848264
 Amount of Each Receipt this Period
 42.00

B. David Mordo
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Third Avenue
 2nd Floor
 City New York State NY Zip Code 10022-9527
 Name of Employer Gary Wood Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848265
 Amount of Each Receipt this Period
 42.00

C. Roger J. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 Lewis Hargett Circle Ste 100
 City Lexington State KY Zip Code 40503-3683
 Name of Employer Epic Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : 9848268
 Amount of Each Receipt this Period
 42.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 126.00 |
| 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 74 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. 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 ▼
1046.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 9848396

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Korina Kay Gregg

Mailing Address 6020 E Paseo Santa Teresa

| | | |
|----------------|-------------|------------------------|
| City Tucson | State AZ | Zip Code 85750-1723 |
|----------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer HR Executive Benefits | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
284.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : 9848407

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Audra I. Sullivan

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 ▼
406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : 9848792

Amount of Each Receipt this Period
30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 222.00 |
| 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 75 OF 159 |
| | <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. Keith Jordano

Mailing Address 12751 Orange Boulevard

City State Zip Code
West Palm Beach FL 33412-1413

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

Name of Employer Occupation
Jordano Group Inc./Colonial Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
126.00

Date of Receipt
07 / 31 / 2015

Transaction ID : 9850553

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$42.00 This changes the YTD Total to \$126.00

Full Name (Last, First, Middle Initial)
B. Heather Lee McDougall

Mailing Address 1312 W Kiva Ave

City State Zip Code
Mesa AZ 85202-6633

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

Name of Employer Occupation
Affiliated Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR433059212115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Tiffany Stock

Mailing Address 3111 C St., Suite 500

City State Zip Code
Anchorage AK 99503-3973

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

Name of Employer Occupation
Northrim Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR433079012115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| 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 76 OF 159 |
| | <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. Carla Adams | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 |
| Mailing Address 2229 Mesa Brook | | Transaction ID : PR433095012115 |
| City Schertz | State TX | Zip Code 78154-1975 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Total Administrative Services Corporat | Occupation Broker | P/R Deduction (\$30.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Melissa Davies | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 |
| Mailing Address 730 Sandhill Rd STE 310 | | Transaction ID : PR433115412115 |
| City Reno | State NV | Zip Code 89521-4837 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Clark and Associates | Occupation Broker | P/R Deduction (\$30.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Madeleine Brown | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 |
| Mailing Address P.O. Box 1490, | | Transaction ID : PR433118912115 |
| City Jackson | State MS | Zip Code 39215-1490 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 85.00 |
| Name of Employer Fisher Brown Bottrell Insurance, Inc | Occupation Broker | P/R Deduction (\$85.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 770.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.00 |
| 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 77 OF 159 |
| | <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 H. Deacon
Full Name (Last, First, Middle Initial)

Mailing Address 107 Hale St. Suite 316

City Charleston State WV Zip Code 25301-2672

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

Name of Employer Deacon & Deacon Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR433129312115

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Dwane C. McFerrin
Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road Suite 510

City Omaha State NE Zip Code 68114-3432

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

Name of Employer Senior Market Sales, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR433168112115

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

C. William J. Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 7400 West Campus Road

City New Albany State OH Zip Code 43054-8725

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

Name of Employer Aetna Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR433180612115

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 145.00

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 78 OF 159 |
| | <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. H Elizabeth Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 Fandor Street
 City Fort Worth State TX Zip Code 76108-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Senior Services of Texas Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR433187712115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Robert L. Rifkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Stonewall Lane
 City Mamaroneck State NY Zip Code 10543-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance & Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR433196812115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Scott W. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Greenway Village Dr.
 City Katy State TX Zip Code 77494-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Transamerica Employee Benefits Occupation Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR433206812115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 102.00 |
| 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 79 OF 159
(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. Amanda McCann Potter

Mailing Address 2101 W Wadley #33C

City Midland State TX Zip Code 79705-6439

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR433277612115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Lynn Charles Wentworth

Mailing Address 137 Executive Drive Suite E

City Madison State MS Zip Code 39110-8456

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR433282012115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Michael Spleet

Mailing Address 2444 East Hill Rd.

City Grand Blanc State MI Zip Code 48439-5098

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

Name of Employer Franklin Benefit Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **347.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR433316612115

Amount of Each Receipt this Period
63.00

P/R Deduction (\$63.00 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 80 OF 159
(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. Samantha Di Vito

Mailing Address 13689 Highway 9
Suite C-100

City Milton State GA Zip Code 30004-3616

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

Name of Employer AlwaysCare Benefits Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR433454612115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mindy Payne Farnsley

Mailing Address 3702 Brownsboro Rd

City Louisville State KY Zip Code 40207-1820

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

Name of Employer Preferred Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR433519212115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert Watkins

Mailing Address 4205 Hillsboro Road, # 120

City Nashville State TN Zip Code 37215-3339

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

Name of Employer Pancoast Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR436677312115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **90.00**

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

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

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

FOR LINE NUMBER: PAGE 81 OF 159
(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. Roger W. Skinner

Mailing Address 4010 State Street

City Tampa State FL Zip Code 33609-1264

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

Name of Employer Argus Dental and Vision Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **213.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436789412115

Amount of Each Receipt this Period
30.50

P/R Deduction (\$30.50 Monthly)

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

Mailing Address P. O. Box 8
 11715 East Main Street -

City Huntley State IL Zip Code 60142-0008

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

Name of Employer Benico, LTD Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436791112115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 1501 East Woodfield Rd. #110 E

City Schaumburg State IL Zip Code 60173-4945

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

Name of Employer Rippinger Financial Group, Inc. 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
07 / 31 / 2015

Transaction ID : PR436793512115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **102.50**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 82 OF 159 |
| | (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 |

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. Catherine Van Zant

Mailing Address 5500 Euper Lane
P.O. Box 3529

City Fort Smith State AR Zip Code 72903-3234

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

Name of Employer Brown-Hiller-Clark & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR436801912115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Gerald G Hartman

Mailing Address PO Box 5716

City Boise State ID Zip Code 83705-0716

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

Name of Employer Insurance Network America Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR436808012115

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Eugene L. Rowe

Mailing Address 16000 Ventura Blvd

City Encino State CA Zip Code 91436-2744

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

Name of Employer R & R Retirement and Insurance Service Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR436817912115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 83 OF 159 |
| | <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. Jeffrey Sherrod
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Granite Parkway Suite 700

| | | |
|---------------|-------------|------------------------|
| City Plano | State TX | Zip Code 75024-8603 |
|---------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer United Healthcare Group | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR436818312115

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1212 New York Ave. NW, Ste 1100

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20005-3987 |
|--------------------|-------------|------------------------|

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

| | |
|--------------------------|-------------------|
| Name of Employer NAHU | Occupation CEO |
|--------------------------|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR436821412115

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

C. William L. Sutherland
Full Name (Last, First, Middle Initial)

Mailing Address P.O Box 795008
131 Interpark Blvd.

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78279-5008 |
|---------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Wortham Insurance & Risk Management | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR436823412115

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 84 OF 159 |
| | <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. Elizabeth E. Rios-Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houghton Financial Partners LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436824512115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. Thomas Besselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Perkins Rd., # 2B, Bldg A
 City Baton Rouge State LA Zip Code 70808-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436824612115
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. 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 ▼ 2450.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436829512115
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$350.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 650.00 |
| 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 85 OF 159 |
| | <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. 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 **741.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436829712115
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

B. 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 **1190.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436830312115
 Amount of Each Receipt this Period **170.00**
 P/R Deduction (\$170.00 Monthly)

C. Mary B. Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2637 S. 158th Plaza #200
 City Omaha State NE Zip Code 68130-1769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holmes Murphy & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436836212115
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 297.00 |
| 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 86 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. John R. McConaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071-0805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRM & Associates Agency, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR436837512115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Robert A. Grundman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Benefit Strategies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR436838912115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. Michael E. Matznick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3150 N. Elm Street Suite 201
 City Greensboro State NC Zip Code 27408-3840
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR436839812115
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 192.00 |
| 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 87 OF 159
(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. Dorothy M. Cociu

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834-6677

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

Name of Employer: Advanced Benefit Consulting & Insuranc
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436844612115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Harry P. Thal

Mailing Address PO Box 2137

City Kernville State CA Zip Code 93238-2137

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

Name of Employer: Harry P. Thal Insurance Agency
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436847212115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address PO Box 16566

City Jackson State MS Zip Code 39236-6566

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

Name of Employer: Executive Planning Group, P.A.
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436852612115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **212.00**

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 88 OF 159
(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

A. Ann C. BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2171 So. Pebblecreek Lane
 City State Zip Code
 Boise ID 83706-6123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired 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
 07 / 31 / 2015
Transaction ID : PR436853212115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Darrald T. Bean
 Full Name (Last, First, Middle Initial)
 Mailing Address 3922 Rampart ST
 City State Zip Code
 Boise ID 83704-4557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bean 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
 07 / 31 / 2015
Transaction ID : PR436853312115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Tom Swayne
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 31029
 City State Zip Code
 Charleston SC 29417-1029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 David M. Gilston Insurance Agency, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR436853712115
 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: (check only one) | PAGE 89 OF 159 |
| | <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. Phyllis Martinsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 West Boise Avenue, Suite 100
 City Boise State ID Zip Code 83706-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Byron Hyatt Erstad & Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436864012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. George R. Keeling
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Drawer K-1630 507 Avenue G
 City Levelland State TX Zip Code 79336-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George R. Keeling Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436865512115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Sandra V. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mobley Insurance Agency LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436869312115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 165.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 159 |
| | <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. Paula L. Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 31930 Daniel Way
City Temecula State CA Zip Code 92591-2129
FEC ID number of contributing federal political committee. **C**
Name of Employer Paula Wilson, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436873512115
Amount of Each Receipt this Period **85.00**
P/R Deduction (\$85.00 Monthly)

B. Kathy M. Rainwater
Full Name (Last, First, Middle Initial)
Mailing Address 515 West Southwest Loop 323
City Tyler State TX Zip Code 75701-9455
FEC ID number of contributing federal political committee. **C**
Name of Employer Threlkeld & Company Insurance Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436873712115
Amount of Each Receipt this Period **85.00**
P/R Deduction (\$85.00 Monthly)

C. Rodney Stuart
Full Name (Last, First, Middle Initial)
Mailing Address 600 East Carmel Drive Suite 110
City Carmel State IN Zip Code 46032-3003
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Insurance Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436883312115
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **220.00**
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 91 OF 159
(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. Jackie L. Spragins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 10th St
 City State Zip Code
 Wichita Falls TX 76301-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Higginbotham Ins Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 371.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR436895312115
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. Leah-Anne Janway
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 20626
 City State Zip Code
 Oklahoma City OK 73156-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bigbie, Hensley & Janway Insurance Age 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
 07 / 31 / 2015
Transaction ID : PR436901512115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Douglas W Sheffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 International Way
 City State Zip Code
 Springfield OR 97477-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PacificSource Health Plans 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
 07 / 31 / 2015
Transaction ID : PR436902912115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 92 OF 159 |
| | <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. Todd Morrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Brittmore
 City Houston State TX Zip Code 77043-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Concepts, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436903712115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. William T. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 E Palm Canyon Dr, Ste 110 -
 City Palm Springs State CA Zip Code 92264-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436906912115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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 ▼ 2357.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436914112115
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 297.00
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 93 OF 159 |
| | <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. Dwight Hall
Full Name (Last, First, Middle Initial)
Mailing Address 6107 Hazelwood Ave.
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 406.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436914812115
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

B. Annette Shaffer
Full Name (Last, First, Middle Initial)
Mailing Address 418 South Main Street
City Findlay State OH Zip Code 45840-3273
FEC ID number of contributing federal political committee. **C**
Name of Employer Group Benefit Consultants Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436917212115
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. Betty J. Lindstrom
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4026
City Felton State CA Zip Code 95018-0349
FEC ID number of contributing federal political committee. **C**
Name of Employer Lindstrom Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR436918212115
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 94 OF 159
(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. Dennis J. Recker

Mailing Address 971 North Perry Street
 P.O. Box 276

City Ottawa State OH Zip Code 45875-1218

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

Name of Employer Fawcett, Lammon, Recker & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR436919012115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Lawrence Kaczmarek

Mailing Address 2633 State Route 59, Suite B

City Ravenna State OH Zip Code 44266-1684

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

Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **217.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR436923412115

Amount of Each Receipt this Period **31.00**

P/R Deduction (\$31.00 Monthly)

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

Mailing Address 13636 Seward Street

City Omaha State NE Zip Code 68154-3823

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

Name of Employer Peter Stehr Insurance Services, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR436932412115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **91.00**

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 95 OF 159 |
| | <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. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436934812115
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

B. Jimmie Whitmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Eighth Street
 City Wichita Falls State TX Zip Code 76301-6507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Whitmire & Whitmire, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436939112115
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

C. 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 **1357.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR436939912115
 Amount of Each Receipt this Period **170.00**
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **297.00**
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 96 OF 159 |
| | (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. Sandra Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 12500 Network Blvd, # 403

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78249-3310 |
|---------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Hairston, Johnson & Associates, PLLC | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR436946312115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Nicole Fairbairn
Full Name (Last, First, Middle Initial)
Mailing Address 8069 Little Circle Road

| | | |
|---------------------|-------------|------------------------|
| City Noblesville | State IN | Zip Code 46060-1071 |
|---------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Creative Insurance Concepts Inc. | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR436957112115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Scott A Delisi
Full Name (Last, First, Middle Initial)
Mailing Address 475 Fallbrook Blvd

| | | |
|-----------------|-------------|------------------------|
| City Lincoln | State NE | Zip Code 68521-9033 |
|-----------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Ameritas Life Insurance Group | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR436958812115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 159 |
| | <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 V. Holland
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer Centralia General Agencies 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
07 / 31 / 2015

Transaction ID : PR436961712115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 4300 Sidco Drive, Suite 200

City Nashville State TN Zip Code 37204-4537

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436963512115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **846.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436986812115

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 98 OF 159
(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. Bob Bentley

Mailing Address 9557 Silverdale Loop Road, NW

City Silverdale State WA Zip Code 98383-9132

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

Name of Employer Albers Company 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
07 / 31 / 2015

Transaction ID : PR436990412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rand R. Wall

Mailing Address 12603 Southwest Freeway, Suite 620

City Stafford State TX Zip Code 77477-3864

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

Name of Employer Lone Star Health Plans, Ltd. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436992612115

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Paige W. Phillips

Mailing Address 1434 Hwy 301

City Calera State AL Zip Code 35040-5466

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

Name of Employer AWM, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **689.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR436993012115

Amount of Each Receipt this Period
98.50

P/R Deduction (\$98.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **228.50**

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

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

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

FOR LINE NUMBER: PAGE 99 OF 159
(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. Charla S. Rose

Mailing Address PO Box 1299

City Amarillo State TX Zip Code 79105-0299

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

Name of Employer Upshaw Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR436999112115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kelly Don Fristoe

Mailing Address 807 8th Street, Suite 300

City Wichita Falls State TX Zip Code 76301-3317

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

Name of Employer Financial Partners Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **356.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437002312115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Ryan P. Thorn

Mailing Address 10342 South Springcrest Lane

City South Jordan State UT Zip Code 84095-4538

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437004012115

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **100.00**

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 100 OF 159
(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. Betty R. Doyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 SE 3rd, Suite A
 City Moore State OK Zip Code 73160-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doyle-Crow & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437006912115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120
 City Dartmouth State MA Zip Code 02747-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437009212115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Scott T. Buie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 South Wasatch Blvd., #150
 City Salt Lake City State UT Zip Code 84121-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Buie Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437010512115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 101 OF 159
(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. James P Better

Mailing Address 11 Summer Street, Suite 6

City Chelmsford State MA Zip Code 01824-3064

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

Name of Employer New England Medical Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437011512115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 15 New England Executive Park

City Burlington State MA Zip Code 01803-5202

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

Name of Employer BenefitsMart 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
07 / 31 / 2015

Transaction ID : PR437015612115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
c. Michael D. Gray

Mailing Address 233 South 13th Street, Suite 1650

City Lincoln State NE Zip Code 68508-2036

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

Name of Employer The Harry A. Koch Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437016712115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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 102 OF 159
(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. Dee Forshee
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 E Main #B
 City Union State MO Zip Code 63084-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ming Senior Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437017012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Keith M. Duhon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 80158
 City Lafayette State LA Zip Code 70598-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Family Insurance Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437017112115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Tammy Winn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 S IH 35, Building 1 Suite 100
 City Austin State TX Zip Code 78744-7901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SWBC Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437022712115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 103 OF 159
(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. Karen E. Heller
 Full Name (Last, First, Middle Initial)
 Mailing Address 9831 Primrose Park Ln
 City State Zip Code
 Cypress TX 77433-4139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Texas - Sr Producer Sales Cons 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
 07 / 31 / 2015
Transaction ID : PR437024012115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. T. Darlene Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 345
 City State Zip Code
 Ravenna OH 44266-0345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaczmarek Ins. Services Agency, Inc. 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
 07 / 31 / 2015
Transaction ID : PR437026312115
 Amount of Each Receipt this Period
 31.00
 P/R Deduction (\$31.00 Monthly)

C. Donna J. Blizman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Racimo Dr
 City State Zip Code
 Sarasota FL 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employee Benefits Marketing Group 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
 07 / 31 / 2015
Transaction ID : PR437031512115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00
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 104 OF 159 |
| | <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. Carol Matznick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 38905

City Greensboro State NC Zip Code 27438-8905

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

Name of Employer North Carolina AHU 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
07 / 31 / 2015

Transaction ID : PR437035312115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Matt B. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville State KY Zip Code 40220-1462

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

Name of Employer Schwartz Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437037812115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Wesley P. Moore
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 604

City Darlington State SC Zip Code 29540-0604

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

Name of Employer Moore Insurance Agency, LLC 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
07 / 31 / 2015

Transaction ID : PR437039412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.00 |
| 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 105 OF 159 |
| | <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. 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 ▼
490.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR437042312115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

B. Leesa Kay Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane Suite 101

City Louisville State KY Zip Code 40222-3844

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR437043312115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Delvin L. Stahl
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 388
807 S. Maltby Ave.

City Sutton State NE Zip Code 68979-0388

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

Name of Employer Insurance Plus, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR437046612115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00

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 106 OF 159 |
| | <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. Jonathan S. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 6084 South 900 East, Suite 102

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Salt Lake City | UT | 84121-1743 |

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

| | |
|-------------------------|------------|
| Name of Employer | Occupation |
| Fringe Benefit Analysts | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437051512115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Eleanor M. Brockhurst
Full Name (Last, First, Middle Initial)

Mailing Address 1212 East Osborn Road, Suite 110

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Phoenix | AZ | 85014-5537 |

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

| | |
|-------------------------------|------------|
| Name of Employer | Occupation |
| Brockhurst & Associates, Inc. | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437052812115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Kimberly C. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 1027 S Pendleton Street
Suite B-217

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Easley | SC | 29642-1046 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Ebenconcepts | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437058212115

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.00 |
| 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 107 OF 159 |
| | <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. Terri M. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olson Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437070212115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. Suzetta E. Alberts
 Full Name (Last, First, Middle Initial)
 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 ▼ 734.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437076112115
 Amount of Each Receipt this Period 84.00
 P/R Deduction (\$84.00 Monthly)

C. Juan R. Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1851 E. First, #1100
 City Santa Ana State CA Zip Code 92705-4051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437079012115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 219.00 |
| 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 108 OF 159
(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. Shelley A Chornak
 Full Name (Last, First, Middle Initial)
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sage Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437080812115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Lori R. Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 5047 Sherri Ann Road
 City San Antonio State TX Zip Code 78233-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wells Fargo 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
 07 / 31 / 2015
Transaction ID : PR437086412115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Linda Rose Koehler
 Full Name (Last, First, Middle Initial)
 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 ▼ 741.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437090112115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
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 109 OF 159 |
| | <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 | 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 ▼ **469.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437094112115

Amount of Each Receipt this Period

| |
|-------|
| 42.00 |
|-------|

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 685 Carnegie Dr., Ste. #205

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| San Bernardino | CA | 92408-3550 |

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

| | |
|---------------------|------------|
| Name of Employer | Occupation |
| The Henehan Company | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437097912115

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

P/R Deduction (\$85.00 Monthly)

C. Mario Roiz
Full Name (Last, First, Middle Initial)

Mailing Address 10446 NW 31st Terrace

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Doral | FL | 33172-1200 |

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

| | |
|---------------------------|------------|
| Name of Employer | Occupation |
| HR Benefit Services, Inc. | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437104912115

Amount of Each Receipt this Period

| |
|-------|
| 42.00 |
|-------|

P/R Deduction (\$42.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 169.00 |
| 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 110 OF 159 |
| | <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. Robert P. Poli

Mailing Address 6101 Executive Boulevard, Suite 12

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rockville | MD | 20852-3907 |

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

| | |
|----------------------------------|------------|
| Name of Employer | Occupation |
| Insurance Marketing Center, Inc. | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437105912115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. James R. Stephens

Mailing Address 100 Mansell Ct East Suite 400

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Roswell | GA | 30076-4859 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Humana | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437110712115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joseph W. Buyalos

Mailing Address 9713 Key West Ave, Suite 401

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Rockville | MD | 20850-4082 |

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

| | |
|------------------------------|------------|
| Name of Employer | Occupation |
| The Insurance Exchange, Inc. | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437111612115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.00 |
| 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 111 OF 159
(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. G. Russell Garner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Murraywood Drive
 City Columbia State SC Zip Code 29212-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer G. RUSSELL GARNER, CLU, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437113212115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Cynthia H. Doucet
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Mondrian Way
 City Lafayette State LA Zip Code 70501-7730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Financial Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437116412115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Brian Joseph McEville
 Full Name (Last, First, Middle Initial)
 Mailing Address 7260 W. Azure Drive #140-201
 City Las Vegas State NV Zip Code 89130-7999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McEville Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437117712115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
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 112 OF 159 |
| | <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. Angela Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 2300 S. 16th Street
City Lincoln State NE Zip Code 68502-3704
FEC ID number of contributing federal political committee. **C**
Name of Employer Bryan Medical Center Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR437117812115
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. 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 **1232.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR437118012115
Amount of Each Receipt this Period **170.00**
P/R Deduction (\$170.00 Monthly)

C. Lonnie Klene
Full Name (Last, First, Middle Initial)
Mailing Address 14339 Torrey Chase Blvd., Ste F
City Houston State TX Zip Code 77014-1631
FEC ID number of contributing federal political committee. **C**
Name of Employer Core Benefits Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : PR437119612115
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **230.00**
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 113 OF 159 |
| | <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. Wendy Vanderwater Bratteli
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701-9455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437122412115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Bruce D. Benton
 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 ▼ 1336.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437123012115
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

C. Joanna Antongiovanni
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 795008
 City San Antonio State TX Zip Code 78279-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437128012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 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 114 OF 159 |
| | <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. Linda K. Friedrich
Full Name (Last, First, Middle Initial)

Mailing Address 4435 O Street

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437129112115

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

B. Jeffrey Papenfus
Full Name (Last, First, Middle Initial)

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer Warner Pacific Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437137812115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. Timothy P. Walsh
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 417

City Hampstead State NC Zip Code 28443-0417

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

Name of Employer Advanced Insurance Systems Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437149412115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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 115 OF 159 |
| | <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. Laura L. Hebert

Mailing Address 935 Graham Road
PO BOX 18508

City Corpus Christi State TX Zip Code 78418-5123

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

Name of Employer Hebert Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437154812115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Tina Durand

Mailing Address P.O.Box 61157

City Corpus Christi State TX Zip Code 78466-1157

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

Name of Employer Heavin & Associates Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437154912115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert H. White

Mailing Address 6724 S 29th W Place

City Tulsa State OK Zip Code 74132-1766

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

Name of Employer Plan Benefit Analysts of Tulsa, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437174112115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 126.00 |
| 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 116 OF 159 |
| | <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. Robert J. Tierney

Mailing Address 2113 West Parkstone Ct

| | | |
|------------------|-------------|------------------------|
| City Meridian | State ID | Zip Code 83646-8200 |
|------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Tierney Consulting, Inc | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437175212115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437183412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dale Ducote

Mailing Address 7922 Summa Avenue, Suite A-2

| | | |
|---------------------|-------------|------------------------|
| City Baton Rouge | State LA | Zip Code 70809-3492 |
|---------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Health Plus Consulting Services | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437184612115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 102.00 |
| 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 117 OF 159 |
| <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. Kenneth McLaughlin
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Elm Street, Suite 301

| | | |
|--------------------|-------------|------------------------|
| City Manchester | State NH | Zip Code 03101-1845 |
|--------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Granite Group Benefits, LLC | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437187212115

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

P/R Deduction (\$85.00 Monthly)

B. Douglas F. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Ohio River Blvd

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15202-2835 |
|--------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Seubert & Associates, Inc. | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437195512115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 5000 Dearborn Cir. Ste 100

| | | |
|----------------------|-------------|------------------------|
| City Mount Laurel | State NJ | Zip Code 08054-4108 |
|----------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Corporate Synergies Group, Inc. | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437199712115

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

P/R Deduction (\$50.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 165.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 118 OF 159
(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. Victoria J. Braden

Mailing Address 11555 Medlock Bridge Rd

City State Zip Code
Johns Creek GA 30097-1564

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

Name of Employer Occupation
Braden Benefit Strategies, Inc Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437201912115

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Joshua D. Nace

Mailing Address 100 W. Harrison Street, Suite S440

City State Zip Code
Seattle WA 98119-4116

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

Name of Employer Occupation
Dental Health Services 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
07 / 31 / 2015

Transaction ID : PR437203312115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Lon G. Wilson

Mailing Address 3000 A Street, Suite 400

City State Zip Code
Anchorage AK 99503-4040

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

Name of Employer Occupation
The Wilson Agency, LLC Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437204312115

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: PAGE 119 OF 159
(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. Jennifer Bundy-Cobb

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437204412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Marilyn A. Stenger

Mailing Address 8926 Crown Colony Blvd

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437206412115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. James S. Garbina

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha State NE Zip Code 68154-5235

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

Name of Employer The Harry A. Koch Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437212212115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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 120 OF 159
(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. Craig Gussin

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 ▼ **881.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437216012115

Amount of Each Receipt this Period **105.00**

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼ **741.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437218312115

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Thomas E. Shores

Mailing Address 8596 W Bolsa Ct.

City Boise State ID Zip Code 83709-5196

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

Name of Employer T.A. Shores Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437221412115

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **232.00**

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 121 OF 159
(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. Debra L. Righter

Mailing Address 1804 Juan Tabo Blvd, NE, Suite B

City State Zip Code
Albuquerque NM 87112-3309

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

Name of Employer Occupation
Righter Insurance, LLC 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
 07 / 31 / 2015
Transaction ID : PR437223412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rita A. Musser

Mailing Address 3330 Thames Drive

City State Zip Code
Fort Wayne IN 46815-5994

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

Name of Employer Occupation
Senior Insurance Solutions 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
 07 / 31 / 2015
Transaction ID : PR437229112115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼
511.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437231212115

Amount of Each Receipt this Period
47.00

P/R Deduction (\$47.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.00

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 122 OF 159 |
| | <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 A. Norris

Mailing Address 295 E Palmer Street

City State Zip Code
Franklin NC 28734-3049

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

Name of Employer Occupation
Wayah Employee Benefits / EbenConcepts Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR437250012115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Diane L. Barton-Lewis

Mailing Address 3856 S. Boulevard, Suite 100

City State Zip Code
Edmond OK 73013-5584

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

Name of Employer Occupation
Gallagher Benefit Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR437254112115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Christian Bergstrom

Mailing Address 300 1st Avenue South,#500

City State Zip Code
Saint Petersburg FL 33701-4200

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

Name of Employer Occupation
Wallace Welch & Willingham, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
441.00

Date of Receipt
07 / 31 / 2015

Transaction ID : PR437260912115

Amount of Each Receipt this Period
63.00

P/R Deduction (\$63.00 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: (check only one) | PAGE 123 OF 159 |
| | <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. Sandra Lee Powers-Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Benefits Northwest Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437264312115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Allen D. Hardy
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Kosciusko Road P.O. Box 89
 City Philadelphia State MS Zip Code 39350-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philadelphia Security Insurance 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
 07 / 31 / 2015
Transaction ID : PR437264912115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Paul H. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Plantation Chase
 City Sea Island State GA Zip Code 31561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paul Jackson Ins. & Investments, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437270012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00
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 124 OF 159
(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. Jennifer L. Toups

Mailing Address #1 Galleria Blvd, Suite 1122

City State Zip Code
Metairie LA 70001-2092

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

Name of Employer Occupation
Humana Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437270512115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Bill Eastin

Mailing Address 1504 Hackberry Street

City State Zip Code
Metairie LA 70001-3318

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

Name of Employer Occupation
Dardis Couvillion & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437271712115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Margaret S. Tolbert

Mailing Address 6501 Peake Rd Bld 950

City State Zip Code
Macon GA 31210-8063

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

Name of Employer Occupation
Tolbert & Associates 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
 07 / 31 / 2015
Transaction ID : PR437280512115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 125 OF 159 |
| | <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 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 ▼ **875.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437281012115

Amount of Each Receipt this Period

| |
|--------|
| 125.00 |
|--------|

P/R Deduction (\$125.00 Monthly)

B. Tom Hayes
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3198

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Little Rock | AR | 72203-3198 |

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

| | |
|--------------------|------------|
| Name of Employer | Occupation |
| Rebsamen 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437300712115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

C. Luann S. Yarberry
Full Name (Last, First, Middle Initial)

Mailing Address 1300 10th St

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Wichita Falls | TX | 76301-3227 |

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

| | |
|-------------------------------|------------|
| Name of Employer | Occupation |
| Higginbotham Ins Agency, Inc. | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437301012115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 185.00 |
| 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 126 OF 159 |
| | (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. Angela Oakes

Mailing Address 1323 Highway 2, Ste. 300

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Sandpoint | ID | 83864-2741 |

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

| | |
|---------------------------------|------------|
| Name of Employer | Occupation |
| Summit Insurance Resource Group | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437309012115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Russ Blakely

Mailing Address PO Box 11310

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Chattanooga | TN | 37401-2310 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| Russ Blakely & Associates, LLC | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437317312115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Kimberly L. Auclair

Mailing Address 6873 Raccoon Ct

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Viera | FL | 32940-6869 |

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

| | |
|-----------------------------------|------------|
| Name of Employer | Occupation |
| Pineapple Financial Services, LLC | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437318512115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 159 |
| | <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. Marie D. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 4th Ave S. #1500
 City Minneapolis State MN Zip Code 55415-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeRuyter-Bell, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437323312115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Patricia Mihalyi-Stiffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Riverview Drive
 City Anaheim State CA Zip Code 92808-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Options in Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437326112115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City Federal Way State WA Zip Code 98023-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insure NW Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437343512115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 122.00 |
| 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 128 OF 159 |
| | (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. Jim Lawless | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 |
| Mailing Address Epic Insurance Solutions, LLC 710 East Main Street | | Transaction ID : PR437348012115 |
| City Lexington | State KY | Zip Code 40502-1602 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 42.00 |
| Name of Employer Epic Insurance Solutions, LLC | Occupation Broker | P/R Deduction (\$42.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 294.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Susan Marie McGinnis | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 |
| Mailing Address 8516 East 101st, Suite H | | Transaction ID : PR437359312115 |
| City Tulsa | State OK | Zip Code 74133-7035 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer BenEx Insurance Agency | Occupation Broker | P/R Deduction (\$30.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Catherine A. Bajkowski | | Date of Receipt MM / DD / YYYY 07 / 31 / 2015 |
| Mailing Address 188 Industrial Drive, Suite 226 | | Transaction ID : PR437361112115 |
| City Elmhurst | State IL | Zip Code 60126-1610 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer CB Health Insurance | Occupation Broker | P/R Deduction (\$30.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 102.00 |
| 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 129 OF 159 |
| | <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 M. Block
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1809

City Candler State NC Zip Code 28715-1809

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

Name of Employer Insurance Specialties, Inc. 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
07 / 31 / 2015

Transaction ID : PR437364412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Rina Tikia
Full Name (Last, First, Middle Initial)

Mailing Address 3525 N. Causeway Blvd., Suite 815

City Metairie State LA Zip Code 70002-3655

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

Name of Employer Tikia Consulting Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437375312115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 6200 Reynolds Road

City Jackson State MI Zip Code 49201-9386

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

Name of Employer Small Business Association of Michigan 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
07 / 31 / 2015

Transaction ID : PR437385412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 102.00 |
| 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 130 OF 159
(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. Antonio Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 Riverdance Dr.
 City Raleigh State NC Zip Code 27613-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACA Compliance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437402012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Valerie Lynn Cramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 588 - 3 Mile Road, NW Suite 101
 City Grand Rapids State MI Zip Code 49544-8221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grotenhuis Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 371.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437416412115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. Monique E. Hahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2081 Columbiana Road Suite 18
 City Birmingham State AL Zip Code 35216-2139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Synergy Benefits & Risk Mgt Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437417012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 131 OF 159
(check only one)
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 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. Hollie Gandy

Mailing Address 2920 Duniven Circle, #2

City Amarillo State TX Zip Code 79109-1650

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

Name of Employer Senior Solutions Group 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
07 / 31 / 2015

Transaction ID : PR437425012115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Robert S. Clark

Mailing Address 7548 Preston Road

City Frisco State TX Zip Code 75034-5683

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

Name of Employer Clark Insurance Associates, PLLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437427212115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joel Rosenblum

Mailing Address 230 Lipan Way

City Boulder State CO Zip Code 80303-3635

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

Name of Employer Insurance for Asset Protection Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437427412115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **114.00**

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 132 OF 159 |
| | <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. Victoria A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 Harwich Ct
 City Greenacres State FL Zip Code 33467-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VMB Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437432012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Rebecca L. Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9153 Whitekirk Place
 City Las Vegas State NV Zip Code 89145-8720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nevada Health CO-OP Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437450412115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Reed Damron
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, Suite 250
 City Norcross State GA Zip Code 30093-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HIRE Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437468912115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 157.00 |
| 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 133 OF 159
(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. Marcus Creasy

Mailing Address P. O. Box 220

City Heber Springs State AR Zip Code 72543-0220

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

Name of Employer Adams & Creasy Insurance Agency, Inc. 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
07 / 31 / 2015

Transaction ID : PR437474912115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Thomas Siino

Mailing Address 1126 Clifton Avenue

City Clifton State NJ Zip Code 07013-3622

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

Name of Employer Executive Benefits Group, LLC 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
07 / 31 / 2015

Transaction ID : PR437477512115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
c. Carol C. Pennington

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284-8850

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

Name of Employer Pennington Associates 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
07 / 31 / 2015

Transaction ID : PR437485412115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **90.00**

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

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

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

FOR LINE NUMBER: PAGE 134 OF 159
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 13 14 15 16 17

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

A. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDaniel Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437485712115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Colleen J. Gransee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1277 Deming Way
 City Madison State WI Zip Code 53717-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Health Plan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437490412115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Barry S. Cohn
 Full Name (Last, First, Middle Initial)
 Mailing Address 21515 Vanowen St Ste 200
 City Canoga Park State CA Zip Code 91303-2715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RGEB Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437497312115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
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 135 OF 159 |
| | <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 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 ▼ **427.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437510712115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 26240 Wacker Drive

City Chesterfield State MI Zip Code 48051-3306

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 ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437533412115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

c. Maggie Coley
Full Name (Last, First, Middle Initial)

Mailing Address 29 Olde Gate Court

City Pooler State GA Zip Code 31322-8281

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

Name of Employer Coley Benefit Services, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437534012115

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 102.00 |
| 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 136 OF 159
(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. Charles J. Giardina

Mailing Address 5440 Mounes Street, Suite 112

| | | |
|---------------------|-------------|------------------------|
| City New Orleans | State LA | Zip Code 70123-3296 |
|---------------------|-------------|------------------------|

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

| | |
|-----------------------------|----------------------|
| Name of Employer MetLife | 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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437562812115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

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 ▼ **410.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437566612115

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 600 TownPark Lane NW Suite LL-1000

| | | |
|------------------|-------------|------------------------|
| City Kennesaw | State GA | Zip Code 30144-3729 |
|------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Alliant Health Plans, Inc. | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : PR437574312115

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

P/R Deduction (\$50.00 Monthly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 110.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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FOR LINE NUMBER: PAGE 137 OF 159
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 13 14 15 16 17

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

A. Jon Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Northpoint Glen Ct.
 City Herndon State VA Zip Code 20170-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Medical Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437580912115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Daniel Alm
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3248
 City Omaha State NE Zip Code 68103-0248
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437585512115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Dennis F. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Drive Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mobley Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437587512115
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 138 OF 159 |
| | <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. Scott Allen Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Oakbrook Parkway
 Building 300, Suite 350
 City Norcross State GA Zip Code 30093-6206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Agency of North Georgia Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437588412115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Daniel C. LaBroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 17304 Preston Road
 Suite 800
 City Dallas State TX Zip Code 75252-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ovation Health & Life Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437588912115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Doris Waller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1778 N. Plano Rd.
 Suite 310
 City Richardson State TX Zip Code 75081-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pan-American Benefits Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437591512115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 212.00 |
| 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 139 OF 159 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Judith L. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CFG Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437594112115
 Amount of Each Receipt this Period 63.00
 P/R Deduction (\$63.00 Monthly)

B. Ryan R. Swinton
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82 St.
 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 ▼ 510.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437594912115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Patrick Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burns Employee Benefits Insurance Serv Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437600512115
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 233.00
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 140 OF 159 |
| | <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. 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 ▼
1399.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR437603112115

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

B. George Williams
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Woodway Dr.

City State Zip Code
Monroe LA 71201-2218

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

Name of Employer Occupation
Financial Planning Resources 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
07 / 31 / 2015

Transaction ID : PR437605712115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Ryan K. Holloway
Full Name (Last, First, Middle Initial)

Mailing Address 6060 N. Central Expy
Suite 602

City State Zip Code
Dallas TX 75206-5207

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

Name of Employer Occupation
Holloway Benefit Concepts 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
07 / 31 / 2015

Transaction ID : PR437609212115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00

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 141 OF 159
(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. Andrew M. LaRocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, # 230
 City Norcross State GA Zip Code 30093-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The LaRocco Companies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437640912115
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. Steven Israel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 Manor Forest Trail
 City Boynton Beach State FL Zip Code 33436-8851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S. Florida Affiliated Health Insurers, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437654412115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Blake Izatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 West 200 South
 City Bountiful State UT Zip Code 84010-6258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RBI Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437655512115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.00
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 142 OF 159 |
| | <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. Marcie Strouse

Mailing Address 1501 Ingersoll Ave
Ste 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 ▼
294.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR437683112115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 7320 N La Cholla Blvd.
Suite 154-219

City Tucson State AZ Zip Code 85741-2309

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

Name of Employer Sandbrook Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR437684512115

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Arthur Granado

Mailing Address 418 Peoples, # 505

City Corpus Christi State TX Zip Code 78401-2350

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

Name of Employer The Granado Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
07 / 31 / 2015
Transaction ID : PR437693212115

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 177.00

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 143 OF 159 |
| | <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. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayah Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437699012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Penny E. Nikel
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 S Main St., Ste 200
 City Longmont State CO Zip Code 80501-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nikel Insurance Associates LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437728912115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Sam Drysdale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 S National
 City Springfield State MO Zip Code 65810-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR437733412115
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
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 144 OF 159 |
| | <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. Ernest Berry | | Date of Receipt 07 / 31 / 2015 Transaction ID : PR437737412115 |
| Mailing Address 5121 69th St., A9A | | Amount of Each Receipt this Period 30.00 |
| City Lubbock | State TX | Zip Code 79424-1631 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Berry Agency | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |
| | | P/R Deduction (\$30.00 Monthly) |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Teresa Conto | | Date of Receipt 07 / 31 / 2015 Transaction ID : PR437740812115 |
| Mailing Address 15800 Crabbs Branch Way #350 | | Amount of Each Receipt this Period 170.00 |
| City Rockville | State MD | Zip Code 20855-2697 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Gallagher Benefit Services | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1315.00 | |
| | | P/R Deduction (\$170.00 Monthly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Leslie A. Williams | | Date of Receipt 07 / 31 / 2015 Transaction ID : PR437742912115 |
| Mailing Address 2275 North Street | | Amount of Each Receipt this Period 30.00 |
| City Anderson | State CA | Zip Code 96007-3469 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Leslie A. Williams Insurance Services | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |
| | | P/R Deduction (\$30.00 Monthly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 230.00 |
| 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 145 OF 159
(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. Tommy Abney

Mailing Address 113 Hereford Drive

City State Zip Code
Tupelo MS 38804-9104

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

Name of Employer Occupation
The Bottrell Agency 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
 07 / 31 / 2015
Transaction ID : PR437745812115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Les Perlson

Mailing Address 250 Crossways Park Dr

City State Zip Code
Woodbury NY 11797-2015

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

Name of Employer Occupation
CB Planning 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
 07 / 31 / 2015
Transaction ID : PR437767512115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437775812115

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 146 OF 159
(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. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City State Zip Code
 Southfield MI 48034-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Great Lakes Benefit Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR43778612115
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

B. Julie Hulsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6601 I-40 West, Ste. 1
 PO Box 32015
 City State Zip Code
 Amarillo TX 79120-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Insurance Professionals Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437785812115
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

C. Gregory J. Schell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Alliant Avenue
 City State Zip Code
 Louisville KY 40299-6338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Garrett-Stotz Company 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
 07 / 31 / 2015
Transaction ID : PR437797612115
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
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 147 OF 159
(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. Michele Gasparre

Mailing Address 80 Business Park Drive
Suite 306

City Armonk State NY Zip Code 10504-1705

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

Name of Employer Meridian Benefits Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437807412115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Debbie R. Hediger

Mailing Address 400 N Tampa St
Suite 1900

City Tampa State FL Zip Code 33602-4776

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

Name of Employer Lykes Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437852412115

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Suzanne Kolterman

Mailing Address 344 Main Street
PO Box 426

City Seward State NE Zip Code 68434-2117

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : PR437855212115

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00

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 148 OF 159 |
| <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 ▼ **315.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437855612115

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$20.00 Monthly)

B. Sher Sparano
Full Name (Last, First, Middle Initial)

Mailing Address 70-20 108th St, #5-0

City Forest Hills State NY Zip Code 11375-4449

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

Name of Employer Benefits Advisory Service Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437859412115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. Mike Emidy
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2021

City Ridgeland State MS Zip Code 39158-2021

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 ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : PR437878312115

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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 149 OF 159 |
| | <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. DAVID PRESSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 139
 City Nashville State TN Zip Code 37202-0139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR438398012115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Dennis C. Woehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 Drexel Dr.
 City Evansville State IN Zip Code 47712-9629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woehler-Bryan Insurance Agency LLC Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR438399612115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Kenneth G. Penn
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 East Main Street Suite 700-CS
 City Norfolk State VA Zip Code 23510-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ChamberSolutions Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : PR438401512115
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 150 OF 159
(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. BRUCE J. SETLIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 17808 Harney Street
 City State Zip Code
 Omaha NE 68118-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Community Mutual Insurance Co Agent
 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
 07 / 31 / 2015
Transaction ID : PR438609212115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Nathan Dee
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 Painted Sunrise Dr.
 City State Zip Code
 Las Vegas NV 89149-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Business Benefits Inc. 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
 07 / 31 / 2015
Transaction ID : PR439130712115
 Amount of Each Receipt this Period
 31.00
 P/R Deduction (\$31.00 Monthly)

C. JAMES H HISSONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Widmer Rd
 City State Zip Code
 Lenexa KS 66215-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jim Hissong Insurance Agent
 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
 07 / 31 / 2015
Transaction ID : PR439660012115
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00
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 151 OF 159
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

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

A. PAMELA NULL NYGAARD
Full Name (Last, First, Middle Initial)
Mailing Address 1014 4th St W
City Kirkland State WA Zip Code 98033-5337
FEC ID number of contributing federal political committee. **C**
Name of Employer Spectera Occupation Agent
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015
Transaction ID : PR439661212115
Amount of Each Receipt this Period
30.00
P/R Deduction (\$30.00 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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 30.00 |
| TOTAL This Period (last page this line number only).....▶ | 29877.67 |

**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. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

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 : 9849847

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

B. 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 : 9849848

Amount of Each Disbursement this Period

Credit Card Fees

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 : 9849849

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. CMR PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
7/8 Dinner

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9844683

Amount of Each Disbursement this Period

7/8 Dinner

Full Name (Last, First, Middle Initial)

B. Bill Flores For Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
7/9 Dinner

011
Category/
Type

Candidate Name

Rep. Bill Flores

Office Sought: House Senate President
State: TX District: 17

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9844684

Amount of Each Disbursement this Period

7/9 Dinner

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
7/9 Breakfast

011
Category/
Type

Candidate Name

Rep. Joseph Courtney

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9844685

Amount of Each Disbursement this Period

7/9 Breakfast

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. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
7/14 Dinner

011

Candidate Name

Gregory Walden

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 9845940

Amount of Each Disbursement this Period

1500.00

7/14 Dinner

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
7/15 Dinner

011

Candidate Name

Ann Wagner

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 9845942

Amount of Each Disbursement this Period

1000.00

7/15 Dinner

Full Name (Last, First, Middle Initial)

C. Olson For Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
7/16 Breakfast

011

Candidate Name

Peter Olson

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 9845943

Amount of Each Disbursement this Period

1000.00

7/16 Breakfast

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

3500.00

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. Blue Hen PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
7/22 Lunch

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9846057

Amount of Each Disbursement this Period

7/22 Lunch

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
7/22 Dinner

Category/
Type

Candidate Name

Thomas Carper

Office Sought: House Senate President
State: DE District:

Disbursement For: 2018 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9846060

Amount of Each Disbursement this Period

7/22 Dinner

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
7/21 Dinner

Category/
Type

Candidate Name

Joseph Crowley

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9846061

Amount of Each Disbursement this Period

7/21 Dinner

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. David Rouzer For Congress

Mailing Address PO Box 2267

City State Zip Code
Smithfield NC 27577

Purpose of Disbursement
7/22 Lunch

Category/
Type

Candidate Name

Rep. David Rouzer

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9846774

Amount of Each Disbursement this Period

7/22 Lunch

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address 111-36 200th. Street

City State Zip Code
Hollis NY 11412

Purpose of Disbursement
7/22 Lunch

Category/
Type

Candidate Name

Rep. Yvette Clarke

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9846775

Amount of Each Disbursement this Period

7/22 Lunch

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City State Zip Code
Philadelphia PA 19102

Purpose of Disbursement
7/29 Lunch

Category/
Type

Candidate Name

Robert Casey Jr

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9846776

Amount of Each Disbursement this Period

7/29 Lunch

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. People For Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement
7/23 Lunch

011

Category/
Type

Candidate Name

Stevan Pearce

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : 9846851

Amount of Each Disbursement this Period

1000.00

7/23 Lunch

Full Name (Last, First, Middle Initial)

B. Ben Sasse For Us Senate Inc

Mailing Address 105 East 6th Street

City Fremont State NE Zip Code 68025

Purpose of Disbursement
7/27 Dinner

011

Category/
Type

Candidate Name

Benjamin Sasse

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : 9848219

Amount of Each Disbursement this Period

1000.00

7/27 Dinner

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
7/28 Lunch

011

Category/
Type

Candidate Name

Vernon Buchanan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : 9848220

Amount of Each Disbursement this Period

1000.00

7/28 Lunch

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

3000.00

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. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
7/27 Lunch

011
Category/
Type

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : 9848444

Amount of Each Disbursement this Period

1000.00

7/27 Lunch

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 108

City State Zip Code
Gladstone MI 49837

Purpose of Disbursement
7/30 Breakfast

011
Category/
Type

Candidate Name

Daniel Benishek M.D.

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : 9848445

Amount of Each Disbursement this Period

1000.00

7/30 Breakfast

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City State Zip Code
Jackson MI 49204

Purpose of Disbursement
7/28 Dinner

011
Category/
Type

Candidate Name

Timothy Walberg

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : 9848447

Amount of Each Disbursement this Period

1000.00

7/28 Dinner

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. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
Local Event 8/20

011

Candidate Name

Rep. Buddy Carter

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : 9848448

Amount of Each Disbursement this Period

1000.00

Local Event 8/20

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Local Event 8/20

011

Candidate Name

Frank Pallone Jr

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : 9848449

Amount of Each Disbursement this Period

1000.00

Local Event 8/20

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

23000.00