

**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="169570.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37747.17"/>	<input type="text" value="441048.09"/>
(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="207317.46"/>	<input type="text" value="534750.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17739.34"/>	<input type="text" value="345172.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="189578.12"/>	<input type="text" value="189578.12"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26922.17	256648.68
(ii) Unitemized	10825.00	178856.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37747.17	435505.37
(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)	37747.17	435505.37
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))..... ▶	37747.17	441048.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37747.17	441048.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1239.34	15435.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1239.34	15435.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	328700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1037.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1037.00
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)) ..	17739.34	345172.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17739.34	345172.37

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)	37747.17	435505.37
34. Total Contribution Refunds (from Line 28(d))	0.00	1037.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37747.17	434468.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1239.34	15435.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3792.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1239.34	11642.65

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

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

FOR LINE NUMBER: PAGE 6 OF 169
(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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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. Kate Banchy

Mailing Address 4233 Southtowne Drive

City Eau Claire State WI Zip Code 54701-2652

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

Name of Employer Spectrum Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : 9857848

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Ray M. Musser

Mailing Address 404 North Second Avenue, Suite E

City Upland State CA Zip Code 91786-4793

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

Name of Employer Ray Musser & Associates Insurance Serv 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
 10 / 02 / 2015
Transaction ID : 9858307

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Juna M. Penney

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 ▼ **741.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : 9858308

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 8 OF 169
(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. David M. Sherrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Centerpointe Circle, Suite 163
 City Altamonte Springs State FL Zip Code 32701-3446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 10 / 05 / 2015
Transaction ID : 9858565
 Amount of Each Receipt this Period 30.00

B. Jean Van Der Sommen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 North River Drive
 City Cumming State GA Zip Code 30041-9495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employer Advisors Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 05 / 2015
Transaction ID : 9858566
 Amount of Each Receipt this Period 42.00

C. R Dane Rianhard
 Full Name (Last, First, Middle Initial)
 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 TriBridge Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.00

Date of Receipt 10 / 05 / 2015
Transaction ID : 9858567
 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 9 OF 169
	(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. Kenneth Thomas Stevenson
Full Name (Last, First, Middle Initial)

Mailing Address 3131 Lonbladh Road

City Tallahassee State FL Zip Code 32308-4255

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

Name of Employer Earl Bacon Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **214.00**

Date of Receipt
10 / 05 / 2015

Transaction ID : 9858568

Amount of Each Receipt this Period
63.00

B. Mari Stasco
Full Name (Last, First, Middle Initial)

Mailing Address 310 K Street Suite 221

City Anchorage State AK Zip Code 99501-2064

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

Name of Employer Total Benefit Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt
10 / 06 / 2015

Transaction ID : 9858854

Amount of Each Receipt this Period
30.00

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

Mailing Address 1219 W. 2nd St.

City Grand Island State NE Zip Code 68801-5709

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

Name of Employer Primark, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
10 / 06 / 2015

Transaction ID : 9858856

Amount of Each Receipt this Period
30.00

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 10 OF 169
	<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 Venditto

Mailing Address 609 New Road, #D

City Linwood State NJ Zip Code 08221-1250

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

Name of Employer Hafetz & Associates 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
 10 / 06 / 2015
Transaction ID : 9858857

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Julie A. Shepard-Hall

Mailing Address 3913 N. Post

City Spokane State WA Zip Code 99205-1149

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

Name of Employer Integrity Insurance Solutions, 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
 10 / 06 / 2015
Transaction ID : 9858858

Amount of Each Receipt this Period
30.00

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

Mailing Address 17445 Arbor St Suite 310

City Omaha State NE Zip Code 68130-4645

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

Name of Employer OCI Insurance and Financial Services 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
 10 / 06 / 2015
Transaction ID : 9858859

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: (check only one)	PAGE 11 OF 169
<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. 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 ▼ **617.00**

Date of Receipt
10 / 07 / 2015
Transaction ID : 9858864

Amount of Each Receipt this Period
50.00

B. Joanne Bikmaz
Full Name (Last, First, Middle Initial)

Mailing Address 1860 Shaded Wood Road

City Diamond Bar State CA Zip Code 91789-4011

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

Name of Employer Fisher & Associates Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 07 / 2015
Transaction ID : 9858865

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 99565

City Louisville State KY Zip Code 40269-0565

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

Name of Employer Van Zandt Emrich and Cary Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
10 / 07 / 2015
Transaction ID : 9858866

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 12 OF 169
(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. Heather Ambro
 Full Name (Last, First, Middle Initial)
 Mailing Address 2157 Welsch Industrial Ct.
 City Saint Louis State MO Zip Code 63146-4220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The ECCHIC Group Occupation VP of Administration Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 10 / 07 / 2015
Transaction ID : 9858870
 Amount of Each Receipt this Period 85.00

B. Emily Black Bremer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bremer Conley LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 10 / 07 / 2015
Transaction ID : 9858874
 Amount of Each Receipt this Period 63.00

C. Donald L. Balla
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Grant Building
 City Pittsburgh State PA Zip Code 15219-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simpson & McCrady LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 08 / 2015
Transaction ID : 9858902
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00
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 169
(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. Paul Pendorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 9858916
 Amount of Each Receipt this Period
 85.00

B. Anthony C Buechler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Colonial Circle
 City Papillion State NE Zip Code 68046-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Broker
 Buechler Insurance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 9858917
 Amount of Each Receipt this Period
 30.00

C. Alexis Weilmuenster
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Elden Street, Suite 203
 City Herndon State VA Zip Code 20170-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Broker
 Gallagher Benefit Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 9858919
 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: PAGE 14 OF 169
(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. Scott D. Snowden

Mailing Address 812 Lyndon Lane, Suite 101

City State Zip Code
Louisville KY 40222-3844

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

Name of Employer Occupation
Snowden & Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2015
Transaction ID : 9858921

Amount of Each Receipt this Period

 300.00

Full Name (Last, First, Middle Initial)
B. William W. Wong

Mailing Address 43 Waverly Place

City State Zip Code
San Francisco CA 94108-2118

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

Name of Employer Occupation
Bill Wong & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2015
Transaction ID : 9858978

Amount of Each Receipt this Period

 30.00

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

Mailing Address 1773 Owasco Street

City State Zip Code
Winter Springs FL 32708-5614

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

Name of Employer Occupation
Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2015
Transaction ID : 9859071

Amount of Each Receipt this Period

 42.00

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 15 OF 169
(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 State Zip Code
 Las Vegas NV 89128-0424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealthcare Plan of NV Sierra Hea Broker
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **466.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : 9859072
 Amount of Each Receipt this Period
30.00

B. Amy D. Mutter
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 South Jefferson Street
 City State Zip Code
 Roanoke VA 24011-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benefits Group, Inc. Broker
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : 9859073
 Amount of Each Receipt this Period
42.00

C. Jennifer Brittain
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 N. Mill
 City State Zip Code
 Pryor OK 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brown & Brown, Inc. Broker
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **445.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : 9859075
 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 16 OF 169
(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

Full Name (Last, First, Middle Initial)
A. Ingrid L. Martin

Mailing Address 3857 Grand Oak Drive

City Brunswick State OH Zip Code 44212-3594

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

Name of Employer Ameritas 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
10 / 11 / 2015

Transaction ID : **9859077**

Amount of Each Receipt this Period
30.00

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

Mailing Address 12580 West Creek Parkway

City Richmond State VA Zip Code 23238-1110

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

Name of Employer Experient Health-A-Farm Bureau Company 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
10 / 12 / 2015

Transaction ID : **9859081**

Amount of Each Receipt this Period
30.00

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

Mailing Address 1050 W. Western Avenue Suite 315

City Muskegon State MI Zip Code 49441-1666

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

Name of Employer Creative Benefit Systems, Inc. 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
10 / 12 / 2015

Transaction ID : **9859083**

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 17 OF 169
(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. 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 ▼
 2625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : 9859084
 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 ▼
 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : 9859085
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : 9859089
 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 19 OF 169
(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 Marzec

Mailing Address 14215 Moonridge Dr.

City Riverside State CA Zip Code 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 ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : 9859619

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Vicki Cox

Mailing Address 3415 Indian Lane

City Reno State NV Zip Code 89506-9752

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

Name of Employer Occupation
Cox Insurance Services, LLC 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
 10 / 17 / 2015
Transaction ID : 9859650

Amount of Each Receipt this Period
30.00

monthly contribution

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 Occupation
Columbia Benefit Solutions, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 9859651

Amount of Each Receipt this Period
42.00

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 20 OF 169
	<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. Steve Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Concourse
 Suite 300
 City Ridgeland State MS Zip Code 39157-2085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUB International Gulf South Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 9859652
 Amount of Each Receipt this Period
 30.00

B. Jennifer Meyhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1031 W 4th Ave., Ste 400
 City Anchorage State AK Zip Code 99501-5905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marsh & McLennan Agency LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 9859654
 Amount of Each Receipt this Period
 30.00

C. Amy Purcilly
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7028
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 9859655
 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 21 OF 169
(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. Laura Blomgren

Mailing Address 935 National Parkway
Suite 93550

City State Zip Code
Schaumburg IL 60173-5150

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

Name of Employer Occupation
Peridot Financial Group, 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
 10 / 17 / 2015
Transaction ID : 9859657

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 7028

City State Zip Code
Troy MI 48007-7028

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

Name of Employer Occupation
Mason-McBride, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 9859666

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Spencer A. Lehmann

Mailing Address 2145 E. Tahquitz Cnyn Wy.
Suite 4-506

City State Zip Code
Palm Springs CA 92262-7020

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

Name of Employer Occupation
Lehmann/Wood & Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2015
Transaction ID : 9859667

Amount of Each Receipt this Period
170.00

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 22 OF 169
	<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. 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 ▼
900.00

Date of Receipt
10 / 18 / 2015
Transaction ID : 9859669

Amount of Each Receipt this Period
100.00

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

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066-2362

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, In Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
921.00

Date of Receipt
10 / 18 / 2015
Transaction ID : 9859671

Amount of Each Receipt this Period
85.00

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 ▼
336.00

Date of Receipt
10 / 18 / 2015
Transaction ID : 9859672

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 23 OF 169
(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. 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 ▼ **646.00**

Date of Receipt
10 / 18 / 2015

Transaction ID : 9859673

Amount of Each Receipt this Period
63.00

Full Name (Last, First, Middle Initial)
B. Barry Cogdill

Mailing Address 4710 4th Street Ste. 300

City La Mesa State CA Zip Code 91941-5384

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

Name of Employer Business Choice Insurance Services Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
10 / 18 / 2015

Transaction ID : 9859675

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Kimberley Molthen

Mailing Address 3975 Fair Ridge Drive 110-N

City Fairfax State VA Zip Code 22033-2911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
10 / 18 / 2015

Transaction ID : 9859677

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... **178.00**

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 25 OF 169
(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. Joe Navarro

Mailing Address 32110 Agoura Rd.
School of Success

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 ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : 9860242

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Dierdre Kennedy-Smith

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 ▼
573.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : 9860244

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. David L. FEAR

Mailing Address 2140 Professional Drive, Suite 150

City Roseville State CA Zip Code 95661-3781

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

Name of Employer Shepler and Fear General Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : 9860246

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 485.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 169
(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. Leslie A. WILLIAMS

Mailing Address 2275 North Street

City State Zip Code
Anderson CA 96007-3469

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

Name of Employer Occupation
Leslie A. Williams Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : 9860251

Amount of Each Receipt this Period
100.00

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

Mailing Address 2140 Professional Drive, Suite 150

City State Zip Code
Roseville CA 95661-3781

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

Name of Employer Occupation
Shepler & Fear General Agency 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
 10 / 20 / 2015
Transaction ID : 9860253

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Jon C. Hutchison

Mailing Address 5 Sierragate Plaza, Suite 340

City State Zip Code
Roseville CA 95678-6600

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

Name of Employer Occupation
Hutchinson Financial Group Inc. 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
 10 / 20 / 2015
Transaction ID : 9860254

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 830.00

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 27 OF 169
	<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. Marsha Tellesbo-Kembel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Avenue, Suite 3200
 City State Zip Code
 Seattle WA 98154-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tellesbo & Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : 9860257
 Amount of Each Receipt this Period
 500.00

B. Charles E. Underhill
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 626
 City State Zip Code
 Woodland Hills CA 91365-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Underhill Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : 9860262
 Amount of Each Receipt this Period
 100.00

C. Kyle Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Campau Ave NW, Ste. 400
 City State Zip Code
 GRAND RAPIDS MI 49503-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : 9860266
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	630.00
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 169
	<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. Brad Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 Main St.
 City Woodland State CA Zip Code 95695-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wraith, Scarlett, & Randolph Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : 9860267
 Amount of Each Receipt this Period
 250.00

B. Jacqueline Crain
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 Lyndon B Johnson Fwy #295
 City Dallas State TX Zip Code 75240-6486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : 9860288
 Amount of Each Receipt this Period
 250.00

C. Robert Hiram Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 6th Avenue North Suite 1720
 City Birmingham State AL Zip Code 35203-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regions Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860328
 Amount of Each Receipt this Period
 30.00
 Member Contribution

SUBTOTAL of Receipts This Page (optional).....▶	530.00
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 29 OF 169
(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. 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 ▼ **420.00**

Date of Receipt **10 / 22 / 2015**

Transaction ID : **9860329**

Amount of Each Receipt this Period **420.00**

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

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 ▼ **300.00**

Date of Receipt **10 / 22 / 2015**

Transaction ID : **9860330**

Amount of Each Receipt this Period **300.00**

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

Mailing Address 5565 Roberts Drive Suite 100

City Atlanta State GA Zip Code 30338-3350

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

Name of Employer HealthLife Group, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 22 / 2015**

Transaction ID : **9860331**

Amount of Each Receipt this Period **300.00**

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 30 OF 169
	(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. James C. Bosier
 Full Name (Last, First, Middle Initial)
 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 ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860332
 Amount of Each Receipt this Period
 850.00

B. William J. Brannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group US, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860334
 Amount of Each Receipt this Period
 300.00

C. 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 Alternative Insurance Resources Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860338
 Amount of Each Receipt this Period
 300.00

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 169
	<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. Richard P. Coburn
 Full Name (Last, First, Middle Initial)
 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 ▼ 475.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 9860341
 Amount of Each Receipt this Period 30.00

B. Craig Thomas Currier
 Full Name (Last, First, Middle Initial)
 Mailing Address 11213 Davenport St. Ste. 201
 City Omaha State NE Zip Code 68154-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aon Risk Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.15

Date of Receipt 10 / 22 / 2015
Transaction ID : 9860342
 Amount of Each Receipt this Period 50.00

C. Wesley Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Copper Circle
 City Lantana State TX Zip Code 76226-7333
 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 ▼ 300.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 9860348
 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 33 OF 169
(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 State Zip Code
Elkhart IN 46516-1509

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

Name of Employer Occupation
Hailey-Campbell, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860352

Amount of Each Receipt this Period
300.00

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

Mailing Address 205 E. Warm Spring Rd, Suite 108

City State Zip Code
Las Vegas NV 89119-4250

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

Name of Employer Occupation
National Healthcare Access Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860356

Amount of Each Receipt this Period
30.42

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

Mailing Address 19310 Sonoma Highway, #A

City State Zip Code
Sonoma CA 95476-5454

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

Name of Employer Occupation
RealCare Insurance Marketing, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860357

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.42

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 34 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3419 Via Lido #306

City State Zip Code
Newport Beach CA 92663-3908

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

Name of Employer Occupation
Progressive Benefit Managers Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : 9860359

Amount of Each Receipt this Period
300.00

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

Mailing Address P O Box 426
341 North 6th Street

City State Zip Code
Seward NE 68434-0426

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

Name of Employer Occupation
Kolterman Agency, Inc. 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
10 / 22 / 2015

Transaction ID : 9860360

Amount of Each Receipt this Period
35.00

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

Mailing Address 220 Emerson Place

City State Zip Code
Davenport IA 52801-1624

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 ▼
850.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : 9860363

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 35 OF 169
(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. Betty J. Lindstrom

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 ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : 9860364

Amount of Each Receipt this Period
30.00

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

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : 9860368

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Glendae Tuthill

Mailing Address 736 Old Greenville Rd

City Fayetteville State GA Zip Code 30215-5935

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

Name of Employer Benevestco, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : 9860371

Amount of Each Receipt this Period
25.00

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 36 OF 169
	(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. 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 **892.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : 9860375
 Amount of Each Receipt this Period **85.00**

B. 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 **350.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : 9860376
 Amount of Each Receipt this Period **35.00**

C. 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 **396.00**

Date of Receipt **10 / 22 / 2015**
Transaction ID : 9860377
 Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **162.00**
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 169
	<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. 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 ▼ 300.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 9860379

Amount of Each Receipt this Period 300.00

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 ▼ 1700.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 9860380

Amount of Each Receipt this Period 1700.00

C. Ronald E. Seibel
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 317

City Driftwood State TX Zip Code 78619-0317

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

Name of Employer Advanced Benefits Solutions Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2015
Transaction ID : 9860382

Amount of Each Receipt this Period 300.00

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 38 OF 169
	<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. Daniel Severo
Full Name (Last, First, Middle Initial)

Mailing Address 231 Chestnut St. #410

City Meadville	State PA	Zip Code 16335-3458
-------------------	-------------	------------------------

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

Name of Employer The DJB Group, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : 9860383

Amount of Each Receipt this Period
300.00

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

Mailing Address 3724 Hearst Castle Way

City Plano	State TX	Zip Code 75025-3719
---------------	-------------	------------------------

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

Name of Employer Consultant	Occupation Broker
--------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : 9860384

Amount of Each Receipt this Period
85.00

C. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : 9860385

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: PAGE 39 OF 169
(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. Randy H. Klein

Mailing Address 3555 Reserve Commons Dr

City State Zip Code
Medina OH 44256-5900

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

Name of Employer Occupation
DS Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860386

Amount of Each Receipt this Period
30.00

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

Mailing Address 1550 Liberty Ridge Drive Suite 250

City State Zip Code
Chesterbrook PA 19087-5567

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 ▼
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2015
Transaction ID : 9860388

Amount of Each Receipt this Period
85.00

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

Mailing Address 701 Lamar

City State Zip Code
Wichita Falls TX 76301-6824

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

Name of Employer Occupation
Boley Featherston Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860405

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 40 OF 169
	<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. Terry G. Dressman

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 ▼ **378.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860406

Amount of Each Receipt this Period
42.00

Monthly Contribution

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

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 ▼ **765.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860407

Amount of Each Receipt this Period
85.00

Monthly Contribution

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

Mailing Address 1501 Ingersoll Ave
Suite 200

City Des Moines	State IA	Zip Code 50309-3102
--------------------	-------------	------------------------

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

Name of Employer Prisma Strategies	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1276.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860408

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: PAGE 41 OF 169
(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. Russell R. Dixon

Mailing Address PO Box 27

City State Zip Code
Wheaton IL 60187-0027

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

Name of Employer Occupation
Colonial Life 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
 10 / 23 / 2015
Transaction ID : 9860409

Amount of Each Receipt this Period
68.75

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

Mailing Address 2801 Slater Rd Suite 200

City State Zip Code
Morrisville NC 27560-8477

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

Name of Employer Occupation
Coventry/Aetna Agent

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
 10 / 23 / 2015
Transaction ID : 9860410

Amount of Each Receipt this Period
30.00

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

Mailing Address 1400 Broadway

City State Zip Code
Bellingham WA 98225-3036

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

Name of Employer Occupation
Wallace-Rice Benefits, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860411

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.75

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 42 OF 169
(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 ▼ 765.00

Date of Receipt 10 / 23 / 2015
Transaction ID : 9860412
 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 ▼ 342.00

Date of Receipt 10 / 23 / 2015
Transaction ID : 9860413
 Amount of Each Receipt this Period 30.00

C. 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 ▼ 300.00

Date of Receipt 10 / 23 / 2015
Transaction ID : 9860415
 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 43 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **716.00**

Date of Receipt
10 / 23 / 2015

Transaction ID : 9860416

Amount of Each Receipt this Period
42.00

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

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 ▼ **575.00**

Date of Receipt
10 / 23 / 2015

Transaction ID : 9860417

Amount of Each Receipt this Period
50.00

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

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 ▼ **421.00**

Date of Receipt
10 / 23 / 2015

Transaction ID : 9860418

Amount of Each Receipt this Period
42.00

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: PAGE 44 OF 169
(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. Jean M. Miller

Mailing Address 15433 E 480 Rd

City State Zip Code
 Claremore OK 74017-1826

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

Name of Employer Occupation
 Rogers Benefit Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : 9860419

Amount of Each Receipt this Period
 30.00

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

Mailing Address I-20 At Alpine Rd.
 AX-400

City State Zip Code
 Columbia SC 29219-0001

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

Name of Employer Occupation
 BlueChoice HealthPlan Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 721.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : 9860424

Amount of Each Receipt this Period
 85.00

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

Mailing Address 1600 St. Julian Place

City State Zip Code
 Columbia SC 29204-2408

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

Name of Employer Occupation
 Insurance Management Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : 9860425

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 45 OF 169
(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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860427
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860428
 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 ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860429
 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 46 OF 169
(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 ▼
342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860430

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860433

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Stephanie Berger

Mailing Address 79 Daily Dr. #276

City State Zip Code
Camarillo CA 93010-5807

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

Name of Employer Occupation
HLS Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860439

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 47 OF 169
	(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. Robert J Bishop
Full Name (Last, First, Middle Initial)

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

City	State	Zip Code
Las Vegas	NV	89119-4250

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

Name of Employer	Occupation
National Healthcare Access Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 9860441

Amount of Each Receipt this Period
100.00

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

Mailing Address AI Torstrick Insurance Agency, Inc
343 Waller Av

City	State	Zip Code
Lexington	KY	40504-2912

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

Name of Employer	Occupation
AI Torstrick Insurance Agency, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 9860443

Amount of Each Receipt this Period
30.00

C. Jodie E. Braner
Full Name (Last, First, Middle Initial)

Mailing Address 4555 Mansell Road, Suite 300

City	State	Zip Code
Alpharetta	GA	30022-8279

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

Name of Employer	Occupation
Hays Companies of Georgia	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 9860445

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: (check only one)	PAGE 48 OF 169
	<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. Sydney K. Briley
Full Name (Last, First, Middle Initial)
Mailing Address 605 E. Van Buren St.
City Broken Arrow State OK Zip Code 74011-7261
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015
Transaction ID : 9860446
Amount of Each Receipt this Period
30.00

B. Mark Brooks
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 10876
City Lynchburg State VA Zip Code 24506-0876
FEC ID number of contributing federal political committee. **C**
Name of Employer Personal Design Financial Services, In Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015
Transaction ID : 9860447
Amount of Each Receipt this Period
30.00

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 ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015
Transaction ID : 9860449
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 49 OF 169
(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. Raymond F. Buza

Mailing Address 214 East Lakewood Road

City State Zip Code
West Palm Beach FL 33405-3316

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860452

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Loretta L. Camp

Mailing Address 10101 Reunion Place, Ste 300

City State Zip Code
San Antonio TX 78216-4157

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

Name of Employer Occupation
Davidson Camp Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860453

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suite

City State Zip Code
Larkspur CA 94939-1755

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

Name of Employer Occupation
Copeland Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860457

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 51 OF 169
(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 Liane Farrell

Mailing Address 3800 North Central Avenue
9th Floor

City State Zip Code
Phoenix AZ 85012-1979

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

Name of Employer Occupation
Black, Gould & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860470

Amount of Each Receipt this Period
50.00

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

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 ▼
421.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860475

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Jeffrey Wm. Gennaro

Mailing Address 3820 W Happy Valley Rd
Ste 141, PMB 606

City State Zip Code
Glendale AZ 85310-3292

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

Name of Employer Occupation
Capitol Insurance Brokers, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860478

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 52 OF 169
	<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. Carolyn L. Goodwin

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 ▼
300.00

Date of Receipt
10 / 23 / 2015
Transaction ID : 9860480

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Ryan P. Gordon

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 ▼
300.00

Date of Receipt
10 / 23 / 2015
Transaction ID : 9860481

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Beverly Gossage

Mailing Address 9325 Evening Star Terr

City Eudora State KS Zip Code 66025-8334

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

Name of Employer HSA Benefits Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
10 / 23 / 2015
Transaction ID : 9860482

Amount of Each Receipt this Period
42.00

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 53 OF 169
(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. Patricia A. Griffey

Mailing Address 17535 Generations Dr

City State Zip Code
South Bend IN 46635-1589

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

Name of Employer Occupation
The Healy Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1167.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860483

Amount of Each Receipt this Period
100.00

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

Mailing Address 4200 East Skelly Drive
Suite 320

City State Zip Code
Tulsa OK 74135-3261

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

Name of Employer Occupation
Guardian Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860485

Amount of Each Receipt this Period
30.00

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

Mailing Address 550 Boardwalk Blvd.

City State Zip Code
Bossier City LA 71111-4384

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

Name of Employer Occupation
Benefit Consulting Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
805.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860486

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00

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 169
	<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. John S. Helms
 Full Name (Last, First, Middle Initial)
 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 **300.00**

Date of Receipt **10 / 23 / 2015**
Transaction ID : 9860488
 Amount of Each Receipt this Period **300.00**

B. Donna D. Hill
 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 Benefit Services Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **441.00**

Date of Receipt **10 / 23 / 2015**
Transaction ID : 9860490
 Amount of Each Receipt this Period **42.00**

C. Crystal Hoffman
 Full Name (Last, First, Middle Initial)
 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 **431.00**

Date of Receipt **10 / 23 / 2015**
Transaction ID : 9860491
 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 55 OF 169
(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. Al Hombroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Lumpkin St, Suite D
 City State Zip Code
 Lawrenceville GA 30046-8410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Multiple Benefits Corporation Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860493
 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 State Zip Code
 Detroit MI 48202-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Plan Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1196.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860495
 Amount of Each Receipt this Period
 85.00

C. Karen K. Irwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Sunforest Ct
 City State Zip Code
 Toledo OH 43623-4486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Roemer Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860496
 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: PAGE 56 OF 169
(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. Alan L. Jones

Mailing Address 3420 Pump Road, #144

City Richmond State VA Zip Code 23233-1111

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

Name of Employer TPA Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860498

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 Oak Brook State IL Zip Code 60523-8855

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

Name of Employer Employee Benefit Risk Mgmt. Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860500

Amount of Each Receipt this Period
30.00

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

Mailing Address 6 Country Lane

City Sussex State NJ Zip Code 07461-4630

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

Name of Employer New England Financial Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860502

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 57 OF 169
(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 ▼
428.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860504

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860509

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860512

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

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 169
(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. 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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860514

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860516

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Leslie E. McGerr

Mailing Address 6510 Mesaverde Dr

City State Zip Code
Lincoln NE 68510-5153

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

Name of Employer Occupation
Les McGerr & Company Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860518

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 59 OF 169
(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. Griffin Meredith

Mailing Address 550 S 5th St Unit 303

City State Zip Code
Louisville KY 40202-4309

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

Name of Employer Occupation
Commonwealth Insurance Partners President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860520

Amount of Each Receipt this Period
850.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
665.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860526

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860531

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 61 OF 169
	<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. Joni Robin Reents		Date of Receipt 10 / 23 / 2015 Transaction ID : 9860540
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 ▼ 462.00
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) B. Valerie Reeves		Date of Receipt 10 / 23 / 2015 Transaction ID : 9860541
Mailing Address 3702 Brownsboro Rd		Amount of Each Receipt this Period 42.00
City Louisville	State KY Zip Code 40207-1820	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 420.00
Name of Employer Preferred Benefits, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Russell Lee Rice		Date of Receipt 10 / 23 / 2015 Transaction ID : 9860543
Mailing Address 8000 IH-10 West, # 715		Amount of Each Receipt this Period 85.00
City San Antonio	State TX Zip Code 78230-3880	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 871.00
Name of Employer AVESIS, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	169.00
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 62 OF 169
(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. Michael P. Ripley

Mailing Address 200 East Main St.
Suite 800

City Fort Wayne State IN Zip Code 46802-1900

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

Name of Employer Gibson Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860544

Amount of Each Receipt this Period
300.00

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

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 ▼
975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860545

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Kenneth N Scopp

Mailing Address 12121 Wilshire Blvd Ste 1100

City Los Angeles State CA Zip Code 90025-1166

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

Name of Employer First Financial Resources Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860553

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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 169
(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. Nicole Scott

Mailing Address 6200 Northwest Pkwy

City San Antonio State TX Zip Code 78249-3348

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

Name of Employer United Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860554

Amount of Each Receipt this Period
300.00

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

Mailing Address 3800 Paluxy Dr Ste 540

City Tyler State TX Zip Code 75703-1664

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

Name of Employer Blue Cross Blue Shield Occupation Carrier Sales Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860556

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Sean G. Shoemake

Mailing Address 169A Lameuse St

City Biloxi State MS Zip Code 39530-3810

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860557

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 169
	<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. Barbara Shooshanian
Full Name (Last, First, Middle Initial)

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860558

Amount of Each Receipt this Period
300.00

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

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860560

Amount of Each Receipt this Period
300.00

C. 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 ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 9860564

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 169
(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. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860565
 Amount of Each Receipt this Period
 300.00

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 ▼ 342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860568
 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 ▼ 1517.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860573
 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 66 OF 169
(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. Michael Ward
 Full Name (Last, First, Middle Initial)
 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 **470.00**

Date of Receipt: 10 / 23 / 2015
Transaction ID : 9860578
 Amount of Each Receipt this Period: **42.00**

B. John L. Warwick
 Full Name (Last, First, Middle Initial)
 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 **850.00**

Date of Receipt: 10 / 23 / 2015
Transaction ID : 9860579
 Amount of Each Receipt this Period: **85.00**

C. Mitchell West
 Full Name (Last, First, Middle Initial)
 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 **300.00**

Date of Receipt: 10 / 23 / 2015
Transaction ID : 9860580
 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 67 OF 169
(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. Chris Otto Wickizer

Mailing Address 16619 74th Ave NE

City State Zip Code
Kenmore WA 98028-4261

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

Name of Employer Occupation
Chris Wickizer Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860582

Amount of Each Receipt this Period
300.00

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

Mailing Address 1151 Red Mile Road

City State Zip Code
Lexington KY 40504-2649

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

Name of Employer Occupation
Benefit Insurance Marketing Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860583

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860584

Amount of Each Receipt this Period
42.00

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 68 OF 169
(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. 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 ▼
596.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860585

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860587

Amount of Each Receipt this Period
85.00

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

Mailing Address 255 Primera Blvd, Suite 264

City State Zip Code
Lake Mary FL 32746-2148

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

Name of Employer Occupation
CIGNA 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
 10 / 23 / 2015
Transaction ID : 9860588

Amount of Each Receipt this Period
42.00

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 69 OF 169
(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. Julia T. Moore

Mailing Address 9208 Clinton Anderson Drive NW

City State Zip Code
Albuquerque NM 87114-5317

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

Name of Employer Occupation
J. Moore Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860591

Amount of Each Receipt this Period
 10.00

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

Mailing Address 4808 Broadmoor SE

City State Zip Code
Grand Rapids MI 49512-5306

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

Name of Employer Occupation
Lighthouse Insurance Group Account Executive

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
 10 / 23 / 2015
Transaction ID : 9860592

Amount of Each Receipt this Period
 30.00

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

Mailing Address PO Box 5125

City State Zip Code
Culver City CA 90231-5125

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

Name of Employer Occupation
Friedman & Associates 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
 10 / 23 / 2015
Transaction ID : 9860593

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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 169
(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. Charles L. Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Cloifview Drive
 City State Zip Code
 Brandon MS 39047-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860595
 Amount of Each Receipt this Period
 300.00

B. David C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Englewood Avenue
 City State Zip Code
 Durham NC 27701-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1126.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860596
 Amount of Each Receipt this Period
 170.00

C. John R. McConaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City State Zip Code
 West Chester OH 45071-0805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JRM & Associates Agency, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 9860600
 Amount of Each Receipt this Period
 42.00

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: PAGE 71 OF 169
(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. Karla Torres

Mailing Address PO Box 61010

City State Zip Code
Santa Barbara CA 93160-1010

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

Name of Employer Occupation
Brown & Brown, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 / /
Transaction ID : 9861647

Amount of Each Receipt this Period
42.00

Contribution

Full Name (Last, First, Middle Initial)
B. Erica R. Hain

Mailing Address 1995 Point Township Drive

City State Zip Code
Northumberland PA 17857-8856

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

Name of Employer Occupation
Keystone Insurers Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 / /
Transaction ID : 9861648

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. 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 ▼
300.00

Date of Receipt
 / /
Transaction ID : 9861650

Amount of Each Receipt this Period
30.00

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

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 169
(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. Carolyn Beck

Mailing Address 7321 Eagle Crest Blvd.

City State Zip Code
Evansville IN 47715-8157

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

Name of Employer Occupation
SIHO Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
441.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2015
Transaction ID : 9861655

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Brett Michelle Hamilton

Mailing Address PO Box 6398

City State Zip Code
Charleston WV 25362-0398

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

Name of Employer Occupation
Black Horse Financial Advisors Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2015
Transaction ID : 9861656

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 State Zip Code
Lafayette CA 94549-4542

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
487.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2015
Transaction ID : 9861665

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 73 OF 169
	<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. Erika Sklar

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309-1775

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **574.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 9861666

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. 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 Moda Health Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : 9861667

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Cynthia Whaley

Mailing Address 408 N. Washington Street Suite A

City Easton State MD Zip Code 21601-3704

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

Name of Employer Avery Hall Benefit Solutions, Inc. 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
10 / 25 / 2015

Transaction ID : 9861668

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 74 OF 169
	<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 R. Kross
Full Name (Last, First, Middle Initial)

Mailing Address 5556-B Cheviot Rd.

City Cincinnati State OH Zip Code 45247-5202

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

Name of Employer United Benefits Agency, Inc. 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
10 / 25 / 2015

Transaction ID : 9861669

Amount of Each Receipt this Period
30.00

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

Mailing Address 2316 Atherholt Rd

City Lynchburg State VA Zip Code 24501-2100

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

Name of Employer Piedmont Community Heath Plan, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : 9861672

Amount of Each Receipt this Period
42.00

C. Matthew F. Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address 2207 Springfield Avenue

City Fort Wayne State IN Zip Code 46805-1541

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

Name of Employer M Hatfield Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : 9861674

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 75 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg	State VA	Zip Code 23185-5871
----------------------	-------------	------------------------

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

Name of Employer Hinck Financial Services	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
10	/	26	/	2015

Transaction ID : 9861675

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 20185

City Portland	State OR	Zip Code 97294-0185
------------------	-------------	------------------------

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

Name of Employer Insurance Solutions NW, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : 9861681

Amount of Each Receipt this Period
30.00

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

Mailing Address 7632 SW Durham Road
Suite 115

City Tigard	State OR	Zip Code 97224-7597
----------------	-------------	------------------------

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

Name of Employer Davidson Benefits Planning, LLC	Occupation
---	------------

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
10	/	26	/	2015

Transaction ID : 9861685

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	560.00
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 76 OF 169
(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. Michael S. Reddy

Mailing Address 13800 Jackson Road

City State Zip Code
 Mishawaka IN 46544-9195

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

Name of Employer Occupation
 Keystone Insurers Group Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 9861691

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 ▼ **790.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 9861693

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
c. Margaret Evelyn Stedt

Mailing Address P. O. Box 74325

City State Zip Code
 San Clemente CA 92673-0145

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

Name of Employer Occupation
 Stedt Insurance Services Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **786.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 9861694

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 77 OF 169
	<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 ▼ **382.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 9861698

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 ▼ **399.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 9861699

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 ▼ **865.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : 9861707

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 78 OF 169
	(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

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. Patricia A. Schrade
Full Name (Last, First, Middle Initial)

Mailing Address 3950 Chain Bridge Road
Suite 8

City State Zip Code
Fairfax VA 22030-3935

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

Name of Employer Occupation
Blue Kamen Benefits, LLC 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
10 / 27 / 2015
Transaction ID : 9861710

Amount of Each Receipt this Period
30.00

B. 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 ▼
255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015
Transaction ID : 9861711

Amount of Each Receipt this Period
10.00

C. 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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015
Transaction ID : 9861714

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 79 OF 169
	<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 B. Childers

Mailing Address **PO Box 1547**

City **Americus** State **GA** Zip Code **31709-1547**

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

Name of Employer **Russ Childers, CLU** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1025.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : 9861716

Amount of Each Receipt this Period
90.00

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

Mailing Address **38176 Medical Center Avenue**

City **Zephyrhills** State **FL** Zip Code **33540-1380**

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

Name of Employer **The Canadian Drugstore** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **670.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : 9861717

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Jerry D. Jackson

Mailing Address **5113 N. Executive Drive
Suite 102**

City **Peoria** State **IL** Zip Code **61614-4893**

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

Name of Employer **Jackson Financial Services** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
10 / 27 / 2015

Transaction ID : 9861718

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **217.00**

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 80 OF 169
	<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. Roger J. Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 424 Lewis Hargett Circle Ste 100

City	State	Zip Code
Lexington	KY	40503-3683

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 ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 9861720

Amount of Each Receipt this Period

420.00

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

Mailing Address 26 Kennedy Court

City	State	Zip Code
North Middletown	NJ	07748-3532

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

Name of Employer	Occupation
Gary Wood Associates, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **543.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 9861721

Amount of Each Receipt this Period

42.00

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

Mailing Address 3033 N. Central Ave
Suite 810

City	State	Zip Code
Phoenix	AZ	85012-2804

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

Name of Employer	Occupation
Sunwest Benefits Consulting, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : 9861722

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 169
(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. Timothy N. Barhorst

Mailing Address 5222 Double Eagle Drive

City State Zip Code
Westerville OH 43081-4821

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

Name of Employer Occupation
Business Partners, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : 9861725

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : 9862009

Amount of Each Receipt this Period
42.00

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

Mailing Address 1010 Ohio River Blvd

City State Zip Code
Pittsburgh PA 15202-2835

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

Name of Employer Occupation
Seubert & Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : 9862012

Amount of Each Receipt this Period
30.00

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: PAGE 82 OF 169
(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. Shelly K. Winson

Mailing Address PO Box 1914

City State Zip Code
Chandler AZ 85244-1914

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

Name of Employer Occupation
True Choice Benefits LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2015
Transaction ID : 9862013

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. JoAnn Marie Charron

Mailing Address 11325 Pegasus St., Suite W-102

City State Zip Code
Dallas TX 75238-5214

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

Name of Employer Occupation
Benefits Dallas Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2015
Transaction ID : 9862014

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Anya Y. Simpson

Mailing Address 700 Newtown Road, Suite 5

City State Zip Code
Norfolk VA 23502-3941

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

Name of Employer Occupation
Benefit Plans, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2015
Transaction ID : 9862016

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 83 OF 169
	<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. Terry Allard
 Full Name (Last, First, Middle Initial)
 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 ▼ 1496.00

Date of Receipt 10 / 28 / 2015
Transaction ID : 9862019
 Amount of Each Receipt this Period 150.00

B. Audra I. Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 N Watson Rd Ste 287
 City Arlington State TX Zip Code 76006-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vogue Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.00

Date of Receipt 10 / 28 / 2015
Transaction ID : 9862021
 Amount of Each Receipt this Period 30.00

C. Robert L. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1644 Plank Rd
 City Duncansville State PA Zip Code 16635-8376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer L.R. Webber Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 28 / 2015
Transaction ID : 9862026
 Amount of Each Receipt this Period 42.00

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 84 OF 169
<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. Korina Kay Gregg
 Full Name (Last, First, Middle Initial)
 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 Occupation
 HR Executive Benefits 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
 10 / 28 / 2015
Transaction ID : 9862032
 Amount of Each Receipt this Period
 42.00

B. 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 Occupation
 The Todd Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : 9862045
 Amount of Each Receipt this Period
 30.00

C. 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 Occupation
 Paul E Smith Insurance, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : 9862053
 Amount of Each Receipt this Period
 175.00

SUBTOTAL of Receipts This Page (optional).....▶	247.00
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 85 OF 169
(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. Heather Lee MCDUGALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 W Kiva Ave
 City Mesa State AZ Zip Code 85202-6633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR433059212547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Denise S. VILLAGRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. 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
 10 / 31 / 2015
Transaction ID : PR433061212547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Tiffany Stock
 Full Name (Last, First, Middle Initial)
 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR433079012547
 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 87 OF 169
	<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. 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 ▼ 780.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR433168112547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR433180612547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 321.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR433187712547
 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 88 OF 169
	<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 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 ▼ 420.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR433196812547

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR433206812547

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. Barbara Ann GERKEN
Full Name (Last, First, Middle Initial)

Mailing Address 1775 Indian Wood Circle

City Maumee State OH Zip Code 43537-4010

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

Name of Employer First Insurance Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR433268312547

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 89 OF 169
	<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. Amanda 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR433277612547

Amount of Each Receipt this Period
300.00

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR433282012547

Amount of Each Receipt this Period
300.00

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 ▼ **536.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR433316612547

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 90 OF 169
	(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. Stacey Quance

Mailing Address 380 Interstate North Parkway
Ste 480

City Atlanta State GA Zip Code 30339-2222

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

Name of Employer Combined Worksite Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR433459312547

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 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 ▼
300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR433519212547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
305.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR436789412547

Amount of Each Receipt this Period
30.50

P/R Deduction (\$30.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.50

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 91 OF 169
	(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. John P. Garven
Full Name (Last, First, Middle Initial)

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

City State Zip Code
Huntley IL 60142-0008

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

Name of Employer Occupation
Benico, LTD 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
10 / 31 / 2015

Transaction ID : PR436791112547

Amount of Each Receipt this Period
420.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 1501 East Woodfield Rd. #110 E

City State Zip Code
Schaumburg IL 60173-4945

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

Name of Employer Occupation
Rippinger Financial Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436793512547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

C. Catherine VANCANT
Full Name (Last, First, Middle Initial)

Mailing Address 5500 Euper Lane
P.O. Box 3529

City State Zip Code
Fort Smith AR 72903-3234

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436801912547

Amount of Each Receipt this Period
300.00

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 92 OF 169
	<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. Roy W. Kern
Full Name (Last, First, Middle Initial)

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield	State MO	Zip Code 65807-4311
---------------------	-------------	------------------------

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

Name of Employer Kern Insurance Services, LLC	Occupation 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
10	/	31	/	2015

Transaction ID : PR436804512547

Amount of Each Receipt this Period
250.00

P/R Deduction (\$25.00 Monthly)

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

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR436808012547

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR436817912547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	105.00
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 169
	<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 ▼
300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR436818312547

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 ▼
1700.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR436821412547

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 ▼
1000.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR436823412547

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 94 OF 169
	<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 ▼ 500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436824512547
 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 ▼ 2500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436824612547
 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 ▼ 3500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436829512547
 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: PAGE 95 OF 169
(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. 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 ▼ 996.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436829712547
 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 ▼ 1700.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436830312547
 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 ▼ 420.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436836212547
 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 96 OF 169
	<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 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 ▼ 500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436838912547
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. 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 ▼ 1000.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436839812547
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. Dorothy M. Cocin
 Full Name (Last, First, Middle Initial)
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436844612547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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: (check only one)	PAGE 97 OF 169
	<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. Harry P. Thal
Full Name (Last, First, Middle Initial)

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 ▼ **850.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR436847212547

Amount of Each Receipt this Period **850.00**

P/R Deduction (\$85.00 Monthly)

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

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 ▼ **420.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR436852612547

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

C. Ann C. BELL
Full Name (Last, First, Middle Initial)

Mailing Address 2171 So. Pebblecreek Lane

City Boise State ID Zip Code 83706-6123

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 ▼ **300.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR436853212547

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 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 98 OF 169
	<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. Darrald T. Bean
Full Name (Last, First, Middle Initial)
Mailing Address 3922 Rampart ST
City Boise State ID Zip Code 83704-4557
FEC ID number of contributing federal political committee. **C**
Name of Employer Bean Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436853312547
Amount of Each Receipt this Period 300.00
P/R Deduction (\$30.00 Monthly)

B. Tom Swayne
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 31029
City Charleston State SC Zip Code 29417-1029
FEC ID number of contributing federal political committee. **C**
Name of Employer David M. Gilston Insurance Agency, Inc Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436853712547
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

C. Michael J. FREEMAN
Full Name (Last, First, Middle Initial)
Mailing Address 3511 Camino Del Rio South Suite 303
City San Diego State CA Zip Code 92108-4043
FEC ID number of contributing federal political committee. **C**
Name of Employer Countywide Health Ins. Services, Inc. Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436861812547
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 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 99 OF 169
(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. Phyllis Martinsen

Mailing Address 1108 West Boise Avenue, Suite 100

City State Zip Code
Boise ID 83706-3527

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

Name of Employer Occupation
Byron Hyatt Erstad & Co Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436864012547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. George R. KEELING

Mailing Address P.O. Drawer K-1630
507 Avenue G

City State Zip Code
Levelland TX 79336-3720

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

Name of Employer Occupation
George R. Keeling Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436865512547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Sandra V. MOBLEY

Mailing Address 137 Executive Dr. Suite D

City State Zip Code
Madison MS 39110-8456

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

Name of Employer Occupation
Mobley Insurance Agency LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436869312547

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 100 OF 169
(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. 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 ▼ 850.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436873512547
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436873712547
 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 ▼ 500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436883312547
 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 101 OF 169
(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. David W. VARISCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Paris St.
 City Lafayette State LA Zip Code 70506-5249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oxford Asset Management,LLC Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436894612547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Jackie L. SPRAGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 10th St
 City Wichita Falls State TX Zip Code 76301-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 521.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436895312547
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. John G. Fagen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 19
 City Demotte State IN Zip Code 46310-0019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Arts Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436896512547
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
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 169
(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. Leah-Anne JANWAY

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436901512547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Douglas W Sheffer

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436902912547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1173 Brittmore

City State Zip Code
Houston TX 77043-5003

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

Name of Employer Occupation
Benefit Concepts, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436903712547

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 104 OF 169
(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. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436917212547
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$30.00 Monthly)

B. Dennis J. RECKER
 Full Name (Last, First, Middle Initial)
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436919012547
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$30.00 Monthly)

C. Lawrence KACZMAREK
 Full Name (Last, First, Middle Initial)
 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 ▼ 310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436923412547
 Amount of Each Receipt this Period 310.00
 P/R Deduction (\$31.00 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 105 OF 169
(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. Peter F. STEHR

Mailing Address 13636 Seward Street

City State Zip Code
Omaha NE 68154-3823

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

Name of Employer Occupation
Peter Stehr Insurance Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436932412547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Louie L. Cason

Mailing Address PO Box 11229

City State Zip Code
Columbia SC 29211-1229

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

Name of Employer Occupation
The Cason Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436934812547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jimmie WHITMIRE

Mailing Address 503 Eighth Street

City State Zip Code
Wichita Falls TX 76301-6507

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

Name of Employer Occupation
Whitmire & Whitmire, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436939112547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 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 106 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8926 Crown Colony Boulevard

City Fort Myers State FL Zip Code 33908-5627

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1867.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR436939912547

Amount of Each Receipt this Period **170.00**

P/R Deduction (\$170.00 Monthly)

B. Gregory J. SEIFERT
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 189
916 Main Street

City Vancouver State WA Zip Code 98666-0189

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

Name of Employer Biggs Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR436941612547

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

C. 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 ▼ **300.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR436946312547

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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 107 OF 169
(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. John WOODS
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 High Street
 City Warren State OH Zip Code 44481-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INSURANCE NAVIGATORS AGENCY Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436950012547
 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 ▼ 321.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436957112547
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR436958812547
 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 108 OF 169
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436961712547
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436963512547
 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 ▼ 1146.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR436986812547
 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 109 OF 169
(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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436990412547

Amount of Each Receipt this Period
300.00

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 ▼ **884.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436992612547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 800 Avenue C

City Katy State TX Zip Code 77493-2302

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

Name of Employer Splawn & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436992812547

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 110 OF 169
(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. 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 ▼
985.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436993012547

Amount of Each Receipt this Period
98.50

P/R Deduction (\$98.50 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR436999112547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
446.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437002312547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.50

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: (check only one)	PAGE 111 OF 169
	<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. Ryan P. THORN
Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437004012547
Amount of Each Receipt this Period 400.00
P/R Deduction (\$40.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437006912547
Amount of Each Receipt this Period 300.00
P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 975.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437009212547
Amount of Each Receipt this Period 85.00
P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00
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 169
	<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. Scott T. BUIE

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437010512547

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437011512547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 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 ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437016712547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 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: (check only one)	PAGE 113 OF 169
	<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. 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 **300.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR437017012547
 Amount of Each Receipt this Period **300.00**
 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 **300.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR437017112547
 Amount of Each Receipt this Period **300.00**
 P/R Deduction (\$30.00 Monthly)

C. Lorelei G. Castellani
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 905
 City Branchville State NJ Zip Code 07826-0905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Guidance Systems Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR437019212547
 Amount of Each Receipt this Period **250.00**
 P/R Deduction (\$25.00 Monthly)

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: (check only one)	PAGE 114 OF 169
	<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. 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 ▼
300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437022712547

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 Ravenna State OH Zip Code 44266-0345

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 ▼
310.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437026312547

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 Sarasota State FL Zip Code 34240-9426

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

Name of Employer Employee Benefits Marketing Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437031512547

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**

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FOR LINE NUMBER: PAGE 115 OF 169
(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 MATZNICK

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437035312547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Matt B. Schwartz

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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437037812547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437039412547

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: PAGE 116 OF 169
(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 S. Buffum

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 ▼
616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437042312547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Leesa Kay HAYES

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437043312547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Delvin L. STAHL

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 ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437046612547

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: PAGE 117 OF 169
(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. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437051512547
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$30.00 Monthly)

B. Tim BRYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 8950
 City State Zip Code
 Madison WI 53708-8950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M3 Insurance 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
 10 / 31 / 2015
Transaction ID : PR437051612547
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$25.00 Monthly)

C. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437052812547
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$30.00 Monthly)

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: (check only one)	PAGE 118 OF 169
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Kimberly C. MARTIN

Mailing Address 1027 S Pendleton Street
Suite B-217

City Easley State SC Zip Code 29642-1046

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 ▼
400.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437058212547

Amount of Each Receipt this Period
400.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Terri M. OLSON

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 ▼
500.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437070212547

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Suzetta E. ALBERTS

Mailing Address 26555t Evergreen Drive
Ste 535

City Southfield State MI Zip Code 48076-4201

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
986.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437076112547

Amount of Each Receipt this Period
84.00

P/R Deduction (\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.00

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 119 OF 169
	<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. 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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437079012547

Amount of Each Receipt this Period
850.00

P/R Deduction (\$85.00 Monthly)

B. 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 ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437080812547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

C. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437086412547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 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 120 OF 169
	<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 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 ▼ 996.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437090112547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Dierdre Kennedy-Smith
 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 ▼ 615.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437094112547
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Joseph E. HENEHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Carnegie Dr., Ste. #205
 City San Bernardino State CA Zip Code 92408-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Henehan Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437097912547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 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 121 OF 169
(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. Mario Roiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10446 NW 31st Terrace
 City Doral State FL Zip Code 33172-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HR Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437104912547
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Robert P. Poli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Executive Boulevard, Suite 12
 City Rockville State MD Zip Code 20852-3907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437105912547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. James R. STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Mansell Ct East Suite 400
 City Roswell State GA Zip Code 30076-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437110712547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 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 122 OF 169
<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. Joseph W. Buyalos
Full Name (Last, First, Middle Initial)

Mailing Address 9713 Key West Ave, Suite 401

City Rockville	State MD	Zip Code 20850-4082
-------------------	-------------	------------------------

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

Name of Employer The Insurance Exchange, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437111612547

Amount of Each Receipt this Period
850.00

P/R Deduction (\$85.00 Monthly)

B. 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 LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437113212547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

C. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437116412547

Amount of Each Receipt this Period
300.00

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 123 OF 169
	<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. Brian Joseph MCEVILLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7260 W. Azure Drive
 #140-201
 City Las Vegas State NV Zip Code 89130-7999
 Name of Employer McEville Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437117712547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Angela HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 S. 16th Street
 City Lincoln State NE Zip Code 68502-3704
 Name of Employer Bryan Medical Center Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437117812547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Joseph K. ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82nd St., #B
 City Lincoln State NE Zip Code 68516-6584
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1742.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437118012547
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00
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 169
(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. 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
 Threlkeld & Company Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437119612547
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$30.00 Monthly)

B. Wendy Vanderwater
 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 Core Benefits Occupation Broker
 Threlkeld & Company Insurance
 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
 10 / 31 / 2015
Transaction ID : PR437122412547
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. 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 Core Benefits Occupation Broker
 Genesis Financial & Insurance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437123012547
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 OF 169
	(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. Joanna ANTONGIOVANNI		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address P.O. Box 795008		Transaction ID : PR437128012547
City San Antonio	State TX	Zip Code 78279-5008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Wortham Insurance & Risk Management	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Linda K. FRIEDRICH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 4435 O Street		Transaction ID : PR437129112547
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Broker	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Papenfus		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 32110 Agoura Road		Transaction ID : PR437137812547
City Westlake Village	State CA	Zip Code 91361-4026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Warner Pacific Insurance Services	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 ▼ 300.00	

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 127 OF 169
(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. Robert H. WHITE

Mailing Address 6724 S 29th W Place

City State Zip Code
Tulsa OK 74132-1766

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

Name of Employer Occupation
Plan Benefit Analysts of Tulsa, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR437174112547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 2113 West Parkstone Ct

City State Zip Code
Meridian ID 83646-8200

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

Name of Employer Occupation
Tierney Consulting, Inc Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR437175212547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1314 East Atlantic Boulevard

City State Zip Code
Pompano Beach FL 33060-6745

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

Name of Employer Occupation
Frank H. Furman, Inc Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR437183412547

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 128 OF 169
	<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. Dale DUCOTE
Full Name (Last, First, Middle Initial)

Mailing Address 7922 Summa Avenue, Suite B-1

City Baton Rouge State LA Zip Code 70809-3475

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 ▼ **378.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437184612547

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

B. Alan R. SCHULMAN
Full Name (Last, First, Middle Initial)

Mailing Address 6500 Rock Spring Drive Suite 410

City Bethesda State MD Zip Code 20817-1199

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

Name of Employer The Meltzer Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437194612547

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 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 ▼ **500.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437199712547

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 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 129 OF 169
	<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. Victoria J. BRADEN
Full Name (Last, First, Middle Initial)

Mailing Address 11555 Medlock Bridge Rd

City Johns Creek State GA Zip Code 30097-1564

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

Name of Employer Braden Benefit Strategies, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437201912547

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B. Joshua D. NACE
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Harrison Street, Suite S440

City Seattle State WA Zip Code 98119-4116

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

Name of Employer Dental Health Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437203312547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Lon G. WILSON
Full Name (Last, First, Middle Initial)

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 ▼ 850.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437204312547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 169
	<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. Jennifer BUNDY-COBB
Full Name (Last, First, Middle Initial)

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437204412547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

B. Marilyn A. STENGER
Full Name (Last, First, Middle Initial)

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 ▼ **805.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437206412547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. James S. GARBINA
Full Name (Last, First, Middle Initial)

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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437212212547

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 131 OF 169
(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 ▼ **1196.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437216012547

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 ▼ **996.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437218312547

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 ▼ **420.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437221412547

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: (check only one)	PAGE 132 OF 169
	<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. Rita A. MUSSER
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Thames Drive

City Fort Wayne State IN Zip Code 46815-5994

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

Name of Employer Senior Insurance Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437229112547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521-5977

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **652.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437231212547

Amount of Each Receipt this Period
47.00

P/R Deduction (\$47.00 Monthly)

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

Mailing Address 295 E Palmer Street

City Franklin State NC Zip Code 28734-3049

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

Name of Employer Wayah Employee Benefits / EbenConcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437250012547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 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 133 OF 169
	<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. Diane L. BARTON
Full Name (Last, First, Middle Initial)

Mailing Address 3856 S. Boulevard, Suite 100

City Edmond	State OK	Zip Code 73013-5584
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437254112547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

B. Christian Bergstrom
Full Name (Last, First, Middle Initial)

Mailing Address 300 1st Avenue South,#500

City Saint Petersburg	State FL	Zip Code 33701-4200
--------------------------	-------------	------------------------

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

Name of Employer Wallace Welch & Willingham, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437260912547

Amount of Each Receipt this Period
63.00

P/R Deduction (\$63.00 Monthly)

C. 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 ▼
441.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437264312547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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: PAGE 135 OF 169
(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. Margaret S. Tolbert

Mailing Address 6501 Peake Rd Bld 950

City Macon State GA Zip Code 31210-8063

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

Name of Employer Tolbert & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437280512547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. James F. SUMMERS

Mailing Address 8420 West Dodge Road, 5th Floor

City Omaha State NE Zip Code 68114-3443

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 ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437281012547

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Tom Hayes

Mailing Address P O Box 3198

City Little Rock State AR Zip Code 72203-3198

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

Name of Employer Rebsamen Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437300712547

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: (check only one)	PAGE 137 OF 169
	<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. Shannon J. ENDERS
Full Name (Last, First, Middle Initial)

Mailing Address 5797 Harvey Street - Suite A

City Norton Shores State MI Zip Code 49444-6727

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

Name of Employer Lakeshore Employee Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437322412547

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$25.00 Monthly)

B. 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 ▼ **300.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437323312547

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. Patricia 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 ▼ **462.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437326112547

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **97.00**

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 138 OF 169
(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. Susan R. Pittman

Mailing Address 32418 51st Avenue, SW

City State Zip Code
 Federal Way WA 98023-1936

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

Name of Employer Occupation
 Insure NW Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR437343512547

Amount of Each Receipt this Period
 500.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jim Lawless

Mailing Address Epic Insurance Solutions, LLC
 710 East Main Street

City State Zip Code
 Lexington KY 40502-1602

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

Name of Employer Occupation
 Epic Insurance Solutions, LLC 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
 10 / 31 / 2015

Transaction ID : PR437348012547

Amount of Each Receipt this Period
 42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Susan Marie MCGINNIS

Mailing Address 8516 East 101st, Suite H

City State Zip Code
 Tulsa OK 74133-7035

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

Name of Employer Occupation
 BenEx Insurance Agency 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
 10 / 31 / 2015

Transaction ID : PR437359312547

Amount of Each Receipt this Period
 15.00

P/R Deduction (\$15.00 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: PAGE 139 OF 169
(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. Catherine A. BAJKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Health Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437361112547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437364412547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 441.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437375312547
 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 140 OF 169
(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. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437385412547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437402012547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 521.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437416412547
 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: PAGE 142 OF 169
(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. Joel Rosenblum
 Full Name (Last, First, Middle Initial)
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437427412547
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Victoria A. 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 ▼ 421.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437432012547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437450412547
 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 143 OF 169
	<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. 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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437468912547
 Amount of Each Receipt this Period
 850.00
 P/R Deduction (\$85.00 Monthly)

B. Melinda S. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 N. Meridian St. Suite 200
 City Indianapolis State IN Zip Code 46204-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IU Health Plans 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
 10 / 31 / 2015
Transaction ID : PR437470812547
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Marcus CREASY
 Full Name (Last, First, Middle Initial)
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437474912547
 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: PAGE 144 OF 169
(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. 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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR437477512547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR437485412547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Randy L. MCDANIEL

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 ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : PR437485712547

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 145 OF 169
	<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. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437490412547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437497312547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. 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 ▼ **517.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR437510712547

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 169
(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. Jeanne A. EMBRY

Mailing Address 26240 Wacker Drive

City State Zip Code
Chesterfield MI 48051-3306

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

Name of Employer Occupation
Comprehensive Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
 10 / 31 / 2015

Transaction ID : PR437533412547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Maggie COLEY

Mailing Address 29 Olde Gate Court

City State Zip Code
Pooler GA 31322-8281

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

Name of Employer Occupation
Coley Benefit Services, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 / /
 10 / 31 / 2015

Transaction ID : PR437534012547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. David L. FEAR

Mailing Address 2140 Professional Drive, Suite 150

City State Zip Code
Roseville CA 95661-3781

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

Name of Employer Occupation
Shepler and Fear General Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 / /
 10 / 31 / 2015

Transaction ID : PR437535412547

Amount of Each Receipt this Period
12.50

P/R Deduction (\$12.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.50

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: (check only one)	PAGE 147 OF 169
	<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. Charles J. GIARDINA
Full Name (Last, First, Middle Initial)

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437562812547

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 109 Professional Park Dr Ste 103

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437566612547

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C. 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR437580912547

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 148 OF 169
(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. Daniel ALM

Mailing Address P.O. Box 3248

City State Zip Code
Omaha NE 68103-0248

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
 10 / 31 / 2015
Transaction ID : PR437585512547

Amount of Each Receipt this Period
300.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dennis F. MOBLEY

Mailing Address 137 Executive Drive Suite D

City State Zip Code
Madison MS 39110-8456

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

Name of Employer Occupation
Mobley Insurance Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
 10 / 31 / 2015
Transaction ID : PR437587512547

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 5300 Oakbrook Parkway Building 300, Suite 350

City State Zip Code
Norcross GA 30093-6206

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

Name of Employer Occupation
The Agency of North Georgia Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 / /
 10 / 31 / 2015
Transaction ID : PR437588412547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 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 149 OF 169
	<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. 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 ▼ **871.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437588912547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. 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 ▼ **420.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437591512547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

C. 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 ▼ **432.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437594112547

Amount of Each Receipt this Period
63.00

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.00**

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 150 OF 169
	<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. 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 ▼ 765.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437594912547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. 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 ▼ 850.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437600512547
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Eugene STARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Crescent Circle Suite 201
 City Ridgeland State MS Zip Code 39157-8686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Administration Services, Ltd. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1909.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437603112547
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

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 151 OF 169
(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. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437605712547
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$30.00 Monthly)

B. Brian HANBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 662 East 700 North
 City State Zip Code
 Payson UT 84651-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hanby&Associates Insurance Agency, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437606512547
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$25.00 Monthly)

C. Andrew M. LaRocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, # 230
 City State Zip Code
 Norcross GA 30093-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The LaRocco Companies Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437640912547
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

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: (check only one)	PAGE 152 OF 169
	<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. 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 ▼ 417.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437654412547
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437655512547
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Mark Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 14432 SE Eastgate Way Ste 400
 City Bellevue State WA Zip Code 98007-6493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Partners Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437657712547
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 242.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 169
	<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. Dominic SICILIANO
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Cascade Road SE Suite 106

City Grand Rapids State MI Zip Code 49546-3665

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

Name of Employer Benefit Profiles, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437669512547

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

B. Marcie STROUSE
Full Name (Last, First, Middle Initial)

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 ▼ **420.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437683112547

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

C. Dianne M. KELLEY
Full Name (Last, First, Middle Initial)

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 ▼ **500.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR437684512547

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: (check only one)	PAGE 154 OF 169
	<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. Arthur GRANADO
 Full Name (Last, First, Middle Initial)
 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 ▼ 850.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437693212547
 Amount of Each Receipt this Period 850.00
 P/R Deduction (\$85.00 Monthly)

B. 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 ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437699012547
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 887.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR437705612547
 Amount of Each Receipt this Period 112.00
 P/R Deduction (\$112.00 Monthly)

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: (check only one)	PAGE 155 OF 169
	<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. 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: Nickel Insurance Associates LLC
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **10 / 31 / 2015**
Transaction ID : **PR437728912547**

Amount of Each Receipt this Period: **300.00**

P/R Deduction (\$30.00 Monthly)

B. 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: _____
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt: **10 / 31 / 2015**
Transaction ID : **PR437733412547**

Amount of Each Receipt this Period: **420.00**

P/R Deduction (\$42.00 Monthly)

C. Ernest BERRY
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **10 / 31 / 2015**
Transaction ID : **PR437737412547**

Amount of Each Receipt this Period: **300.00**

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 156 OF 169
(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. Teresa CONTO

Mailing Address 15800 Crabbs Branch Way #350

City State Zip Code
Rockville MD 20855-2697

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

Name of Employer Occupation
Gallagher Benefit Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1825.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437740812547

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Leslie A. WILLIAMS

Mailing Address 2275 North Street

City State Zip Code
Anderson CA 96007-3469

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

Name of Employer Occupation
Leslie A. Williams Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437742912547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mike Osborne

Mailing Address 1308 Woodmanor Dr,

City State Zip Code
Raleigh NC 27614-9055

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

Name of Employer Occupation
Osborne Insurance Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437743712547

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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 157 OF 169
	(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. Tommy ABNEY
Full Name (Last, First, Middle Initial)

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 ▼
300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437745812547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Les Perlson
Full Name (Last, First, Middle Initial)

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 ▼
300.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437767512547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 8414 N. Wall Street
Ste C

City State Zip Code
Spokane WA 99208-6161

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

Name of Employer Occupation
IFS Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437775812547

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 158 OF 169
(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. Kareim R. CADE

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 ▼
875.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR43778612547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Julie HULSEY

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 ▼
680.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437785812547

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Gregory J. SCHELL

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 ▼
595.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437797612547

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: (check only one)	PAGE 159 OF 169
	<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. 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 ▼
420.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437807412547

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Liz TAGGART

Mailing Address 8530 Belnor Dr.

City Cicero State NY Zip Code 13039-8845

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

Name of Employer United Healthcare Medicare Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437825112547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
398.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR437852412547

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 160 OF 169
	<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. Suzanne KOLTERMAN
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437855212547
 Amount of Each Receipt this Period
 500.00
 P/R Deduction (\$50.00 Monthly)

B. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437855612547
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Monthly)

C. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR437859412547
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 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 161 OF 169
(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. Mike EMIDY

Mailing Address P O Box 2021

City State Zip Code
Ridgeland MS 39158-2021

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

Name of Employer Occupation
Colonial Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
Transaction ID : PR437878312547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 500 East Main Street
Suite 700-CS

City State Zip Code
Norfolk VA 23510-2205

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

Name of Employer Occupation
ChamberSolutions President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
Transaction ID : PR438401512547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. JAMES H HISSONG

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 ▼
300.00

Date of Receipt
 / /
Transaction ID : PR439660012547

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 162 OF 169
(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. Full Name (Last, First, Middle Initial)
Jessica Fulginiti WALTMAN

Mailing Address 10 Doyle Road

City Wayne State PA Zip Code 19087-3903

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

Name of Employer Forward Health Consulting Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR470100112547

Amount of Each Receipt this Period
850.00

P/R Deduction (\$85.00 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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	26922.17

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 9863299

Amount of Each Disbursement this Period

777.85

Credit Card Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : 9863300

Amount of Each Disbursement this Period

111.44

Credit Card Fees

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : 9863301

Amount of Each Disbursement this Period

350.05

Credit Card Fees

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

1239.34

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

1239.34

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
10/12 District Event

Candidate Name

Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	5

Transaction ID : 9858911

Amount of Each Disbursement this Period

7	0	0	0	0	0
---	---	---	---	---	---

10/12 District Event

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
11/9 District Event

Candidate Name

Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	5

Transaction ID : 9858912

Amount of Each Disbursement this Period

3	0	0	0	0	0
---	---	---	---	---	---

11/9 District Event

Full Name (Last, First, Middle Initial)

C. Donnelly For Indiana

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
10/20 Reception

Candidate Name

Joseph Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	5

Transaction ID : 9859635

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

10/20 Reception

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

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

2	0	0	0	0	0
---	---	---	---	---	---

7	0	0	0	0	0
---	---	---	---	---	---

**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 Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
10/22 Dinner

011

Category/
Type

Candidate Name

Ben Lujan

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : 9859636

Amount of Each Disbursement this Period

1000.00

10/22 Dinner

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement
10/22 Lunch

011

Category/
Type

Candidate Name

Rep. Ryan Costello

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : 9859637

Amount of Each Disbursement this Period

1000.00

10/22 Lunch

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
10/27 Dinner

011

Category/
Type

Candidate Name

Peter Roskam

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : 9859638

Amount of Each Disbursement this Period

500.00

10/27 Dinner

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

2500.00

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. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
10/28 Breakfast

011

Candidate Name

Thomas Carper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	5

Transaction ID : 9859639

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

10/28 Breakfast

Full Name (Last, First, Middle Initial)

B. Friends Of John Delaney

Mailing Address PO Box 70835

City Bethesda State MD Zip Code 20813

Purpose of Disbursement
10/29 Breakfast

011

Candidate Name

John Delaney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	5

Transaction ID : 9859641

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

10/29 Breakfast

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
10/23 Breakfast

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	5

Transaction ID : 9860278

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

10/23 Breakfast

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

**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. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
10/29 Local Dinner

011

Category/
Type

Candidate Name

Frank Pallone Jr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			22			2015					

Transaction ID : 9860403

Amount of Each Disbursement this Period

1000.00

10/29 Local Dinner

Full Name (Last, First, Middle Initial)

B. Texans For Lamar Smith

Mailing Address PO Box 6155

City State Zip Code
San Antonio TX 78209

Purpose of Disbursement
10/26 Lunch

011

Category/
Type

Candidate Name

Rep. Lamar Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : 9861678

Amount of Each Disbursement this Period

1000.00

10/26 Lunch

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement
10/28 Lunch

011

Category/
Type

Candidate Name

Mark Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : 9861679

Amount of Each Disbursement this Period

1000.00

10/28 Lunch

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
10/28 Reception

011

Category/
Type

Candidate Name
Kevin Brady

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	5

Transaction ID : 9861686

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

10/28 Reception

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Oct 18-20 Retreat

011

Category/
Type

Candidate Name
Marsha Blackburn

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	5

Transaction ID : 9861687

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Oct 18-20 Retreat

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City State Zip Code
Brighton MI 48116

Purpose of Disbursement
11/11 Local Event

011

Category/
Type

Candidate Name
Michael Bishop

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	5

Transaction ID : 9861688

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

11/11 Local Event

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

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

4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	0	0	0	0	0

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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
10/28 Dinner

011
Category/
Type

Candidate Name

Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : 9862051

Amount of Each Disbursement this Period

1000.00

10/28 Dinner

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

1000.00

16500.00
