

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Underwriters Political Action Committee

ADDRESS (number and street) 1212 New York Ave Suite 1100 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 06 / 07 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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="2016"/> | | 192613.19 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 149861.72 | |
| (c) Total Receipts (from Line 19) | 40308.67 | 261290.10 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 190170.39 | 453903.29 |
| 7. Total Disbursements (from Line 31)..... | 41871.73 | 305604.63 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 148298.66 | 148298.66 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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)..... | 25281.25 | 138928.50 |
| (ii) Unitemized | 15027.42 | 122361.60 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 40308.67 | 261290.10 |
| (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) | 40308.67 | 261290.10 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 40308.67 | 261290.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 40308.67 | 261290.10 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1121.73 | 7544.63 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1121.73 | 7544.63 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 40750.00 | 297500.00 |
| 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 | 560.00 |
| (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 | 560.00 |
| 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)) .. | 41871.73 | 305604.63 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 41871.73 | 305604.63 |

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) | 40308.67 | 261290.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 560.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 40308.67 | 260730.10 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1121.73 | 7544.63 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1121.73 | 7544.63 |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 97 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Tamela L. Southan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 W. Renner Rd., Ste 160
 City Richardson State TX Zip Code 75082-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Solutions By Design Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 01 / 2016
Transaction ID : 10612931
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Ray M. Musser
 Full Name (Last, First, Middle Initial)
 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 ▼ 425.00

Date of Receipt 05 / 02 / 2016
Transaction ID : 10612940
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Paige W. Phillips
 Full Name (Last, First, Middle Initial)
 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 ▼ 394.00

Date of Receipt 05 / 02 / 2016
Transaction ID : 10612983
 Amount of Each Receipt this Period 98.50
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.50 |
| 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 7 OF 97 |
| | <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. 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 **625.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : 10613048
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Chad P. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 14430 Benefit St.
 Apt 308
 City Sherman Oaks State CA Zip Code 91423-4067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Code SixFour Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : 10613049
 Amount of Each Receipt this Period **85.00**
 Memo Item

C. Griffin Meredith
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 S 5th St Unit 303
 City Louisville State KY Zip Code 40202-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Insurance Partners Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : 10613051
 Amount of Each Receipt this Period **85.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 420.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 97 |
| | <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. Joshua Weinstein
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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : 10613459

Amount of Each Receipt this Period
30.00

Memo Item

B. Carolyn S. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 12401 Folsom Blvd, Suite 324

City Rancho Cordova State CA Zip Code 95742-9419

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

Name of Employer Lewis Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : 10613460

Amount of Each Receipt this Period
12.00

Memo Item

C. 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 ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : 10613550

Amount of Each Receipt this Period
30.00

Memo Item

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 72.00 |
| TOTAL This Period (last page this line 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 9 OF 97 |
| | <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. 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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : 10613551

Amount of Each Receipt this Period
30.00

Memo Item

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

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : 10613598

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 10751 S. Saginaw St Suite E

City Grand Blanc State MI Zip Code 48439-8169

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

Name of Employer Serra Benefits Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : 10613664

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2115.00**

TOTAL This Period (last page this line 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 97 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

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

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : 10613668

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Teresa F. DeBruin

Mailing Address 5441 Edgerton Drive

City Peachtree Corners State GA Zip Code 30092-2185

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 ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2016
Transaction ID : 10613684

Amount of Each Receipt this Period
 50.00

Memo Item

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

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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2016
Transaction ID : 10613687

Amount of Each Receipt this Period
 42.00

Memo Item

| | | |
|---|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 342.00 |
| TOTAL This Period (last page this line 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 97 |
| | <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. 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 ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2016

Transaction ID : 10613694

Amount of Each Receipt this Period
63.00

Memo Item

B. Richard F. Galardini
Full Name (Last, First, Middle Initial)

Mailing Address 7000 Stonewood Dr Suite 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 ▼ **337.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2016

Transaction ID : 10613697

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 Independent Financial Group LLC Occupation Agent

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
05 / 09 / 2016

Transaction ID : 10613710

Amount of Each Receipt this Period
85.00

Memo Item

| | |
|--|---------------|
| 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 12 OF 97 |
| | <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"/> | <input type="checkbox"/> 17 |

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

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

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer Warner Pacific Insurance Services Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
05 / 09 / 2016
Transaction ID : 10613715

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309-1775

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.00

Date of Receipt
05 / 10 / 2016
Transaction ID : 10613874

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 208 N. Mill

City Pryor State OK Zip Code 74361-2422

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

Name of Employer Brown & Brown, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
05 / 11 / 2016
Transaction ID : 10613895

Amount of Each Receipt this Period
30.00

Memo Item

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 13 OF 97 |
| | <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. Heidi J. Sterner
Full Name (Last, First, Middle Initial)

Mailing Address 3402 Cinnamon Creek Ave

City N Las Vegas State NV Zip Code 89031-3520

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

Name of Employer LGBS Occupation Insurance Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : 10613899

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address PO Box 17236

City Tucson State AZ Zip Code 85731-7236

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 10614134

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 200 Sandy Springs Pl., # 300A

City Atlanta State GA Zip Code 30328-3854

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 10614135

Amount of Each Receipt this Period
45.00

Memo Item

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 14 OF 97 |
| | <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. Russell R. Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 27
 City Wheaton State IL Zip Code 60187-0027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colonial Life Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt
 05 / 12 / 2016
Transaction ID : 10614136
 Amount of Each Receipt this Period
 68.75
 Memo Item

B. Mike R. Castleberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Holly St
 City Little Rock State AR Zip Code 72205-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSCOPE Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt
 05 / 12 / 2016
Transaction ID : 10614137
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. David S. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 Baron Court
 City Stone Mountain State GA Zip Code 30087-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 05 / 12 / 2016
Transaction ID : 10614138
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.75 |
| 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: (check only one) | PAGE 15 OF 97 |
| <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. Samuel Nigro

Mailing Address PO Box 697

City Elkhorn State NE Zip Code 68022-0697

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

Name of Employer Compass Benefit Advisors Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 10615720

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas Allen Dorroh

Mailing Address PO Box 996

City Killeen State TX Zip Code 76540-0996

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

Name of Employer BKCW Insurance Agency Occupation Employee Benefits Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : 10615747

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 2000 RiverEdge Parkway Suite 1010

City Sandy Springs State GA Zip Code 30328-4657

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

Name of Employer KSA Insurance Agency, LLC 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
05 / 13 / 2016

Transaction ID : 10615753

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 635.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 97 |
| | <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. Joshua Weinstein
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 ▼ **405.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : 10616097

Amount of Each Receipt this Period
30.00

Memo Item

B. 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 ▼ **313.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2016

Transaction ID : 10616098

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2001 Route 46 , Suite 310

City Parsippany State NJ Zip Code 07054-1315

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

Name of Employer The Hyland Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : 10616764

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|--|---------------|
| 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 17 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Daniel R. Tompkins
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1209

City Alpharetta State GA Zip Code 30009-1209

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

Name of Employer Admin America Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2016
Transaction ID : 10616765

Amount of Each Receipt this Period
 85.00

Memo Item

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

Mailing Address 16325 Boones Ferry Rd #204

City Lake Oswego State OR Zip Code 97035-4297

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

Name of Employer Columbia Benefit Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2016
Transaction ID : 10616766

Amount of Each Receipt this Period
 42.00

Memo Item

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 ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2016
Transaction ID : 10616769

Amount of Each Receipt this Period
 30.00

Memo Item

| | |
|--|--------|
| 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 18 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Laura Blomgren
Full Name (Last, First, Middle Initial)

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
05 / 17 / 2016
Transaction ID : 10616772

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 645 Harrison Street #200

City San Francisco State CA Zip Code 94107-3624

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

Name of Employer Limelight Health, Inc. Occupation Technology for Agents

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 17 / 2016
Transaction ID : 10616773

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address PO Box 1635

City Irmo State SC Zip Code 29063-1635

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

Name of Employer American Benefit Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 18 / 2016
Transaction ID : 10616935

Amount of Each Receipt this Period
100.00

Memo Item

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 19 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 2842 Landing Way

City Marietta State GA Zip Code 30066-2362

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

Name of Employer Robert Fitzgerald Insurance Agency, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 18 / 2016
Transaction ID : 10616937

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address P O Box 7408

City Boise State ID Zip Code 83707-1408

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

Name of Employer Blue Cross of Idaho Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 18 / 2016
Transaction ID : 10616941

Amount of Each Receipt this Period 42.00

Memo Item

C. Dawn Barr
Full Name (Last, First, Middle Initial)

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 ▼ 315.00

Date of Receipt 05 / 18 / 2016
Transaction ID : 10616942

Amount of Each Receipt this Period 63.00

Memo Item

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 20 OF 97 |
| | <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. Kimberley Molthen
Full Name (Last, First, Middle Initial)

Mailing Address 3975 Fair Ridge Drive
110-N

City State Zip Code
Fairfax VA 22033-2911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 18 / 2016
Transaction ID : 10616949

Amount of Each Receipt this Period
85.00

Memo Item

B. Christine M. Grooms
Full Name (Last, First, Middle Initial)

Mailing Address 160 East Main Street
P O Box 638

City State Zip Code
Lake Zurich IL 60047-2418

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

Name of Employer Occupation
Grooms Insurance Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
05 / 19 / 2016
Transaction ID : 10617347

Amount of Each Receipt this Period
12.00

Memo Item

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

Mailing Address PO Box 691967

City State Zip Code
Houston TX 77269-1967

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

Name of Employer Occupation
The Compliance Office CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 20 / 2016
Transaction ID : 10617455

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 139.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 97 |
| | <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. Patrick Casinelli
Full Name (Last, First, Middle Initial)

Mailing Address 450 B St # 1800

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92101-8005 |
|-------------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer Cavnagac & Associates | Occupation Principal |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 20 | / | 2016 |

Transaction ID : 10617456

Amount of Each Receipt this Period
63.00

Memo Item

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

Mailing Address 138 W. Main Street, Suite 200

| | | |
|---------------------|-------------|------------------------|
| City Williamston | State NC | Zip Code 27892-2490 |
|---------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Triangle Planning Services, Inc. | 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 |
| 05 | / | 21 | / | 2016 |

Transaction ID : 10618192

Amount of Each Receipt this Period
50.00

Memo Item

C. Clover Denise Willison
Full Name (Last, First, Middle Initial)

Mailing Address 355 Sprowel Creek Rd

| | | |
|---------------------|-------------|------------------------|
| City Garberville | State CA | Zip Code 95542-3110 |
|---------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Willison Insurance | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 21 | / | 2016 |

Transaction ID : 10618194

Amount of Each Receipt this Period
85.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 198.00 |
| TOTAL This Period (last page this line 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 97 |
| | <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. Cerrina Jensen

Mailing Address 2520 Venture Oaks Way #240

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Sacramento | CA | 95833-4228 |

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

| | |
|---------------------------------|------------|
| Name of Employer | Occupation |
| CoreMark Insurance Services Inc | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **393.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 22 | / | 2016 |

Transaction ID : 10618203

Amount of Each Receipt this Period

| |
|-------|
| 42.00 |
|-------|

 Memo Item

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

Mailing Address 2670 Electric Rd

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Roanoke | VA | 24018-3511 |

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

| | |
|----------------------------|------------|
| Name of Employer | Occupation |
| Innovative Insurance Group | 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 |
| 05 | / | 22 | / | 2016 |

Transaction ID : 10618205

Amount of Each Receipt this Period

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

 Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼ **425.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 22 | / | 2016 |

Transaction ID : 10618212

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 377.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 97 |
| | <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. Joan A. Fusco

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park State NJ Zip Code 07932-1443

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

Name of Employer Savoy Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2016
Transaction ID : 10618214

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 19310 Sonoma Highway, #A

City Sonoma State CA Zip Code 95476-5454

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2016
Transaction ID : 10618218

Amount of Each Receipt this Period
 85.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Richard R. Girdler

Mailing Address 5110 Maryland Way, Suite 250

City Brentwood State TN Zip Code 37027-7508

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

Name of Employer Cowan, a Division of HUB International Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2016
Transaction ID : 10618220

Amount of Each Receipt this Period
 125.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 260.00 |
| TOTAL This Period (last page this line 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 24 OF 97 |
| | <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. 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 Protect Plans Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **475.00**

Date of Receipt **05 / 22 / 2016**
Transaction ID : 10618225
Amount of Each Receipt this Period **85.00**
 Memo Item

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 **425.00**

Date of Receipt **05 / 22 / 2016**
Transaction ID : 10618238
Amount of Each Receipt this Period **50.00**
 Memo Item

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 **210.00**

Date of Receipt **05 / 22 / 2016**
Transaction ID : 10618240
Amount of Each Receipt this Period **42.00**
 Memo Item

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 25 OF 97 |
| | <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. 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 ▼ 325.00

Date of Receipt 05 / 22 / 2016
Transaction ID : 10618241

Amount of Each Receipt this Period 30.00

Memo Item

B. 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 ▼ 425.00

Date of Receipt 05 / 22 / 2016
Transaction ID : 10618242

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 220 Emerson Place

City Davenport State IA Zip Code 52801-1624

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

Name of Employer Arthur J. Gallagher & Company Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 05 / 22 / 2016
Transaction ID : 10618249

Amount of Each Receipt this Period 85.00

Memo Item

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: (check only one) | PAGE 26 OF 97 |
| | <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. 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 ▼
850.00

Date of Receipt
05 / 22 / 2016
Transaction ID : 10618255

Amount of Each Receipt this Period
170.00

Memo Item

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

Mailing Address 701 Lamar

City Wichita Falls State TX Zip Code 76301-6824

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

Name of Employer Boley Featherston Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618257

Amount of Each Receipt this Period
55.00

Memo Item

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

Mailing Address PO Box 507

City Carrollton State GA Zip Code 30112-0009

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618258

Amount of Each Receipt this Period
85.00

Memo Item

Monthly Contribution

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: (check only one) | PAGE 27 OF 97 |
| | <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. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Ingersoll Ave
Suite 200

City Des Moines State IA Zip Code 50309-3102

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

Name of Employer Prisma Strategies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618259

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
469.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618265

Amount of Each Receipt this Period
63.00

Memo Item

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

Mailing Address Six Concourse Parkway
Suite 2750

City Atlanta State GA Zip Code 30328-6243

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

Name of Employer The Benefit Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618266

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 198.00

TOTAL This Period (last page this line 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 97 |
| | <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. William D. Robinson

Mailing Address 739 East Jackson Street

City State Zip Code
Martinsville IN 46151-2033

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

Name of Employer Occupation
NewDay! Marketing Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2016
Transaction ID : 10618267

Amount of Each Receipt this Period
42.00

Memo Item

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

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 ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2016
Transaction ID : 10618269

Amount of Each Receipt this Period
42.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Sheila H Hartman

Mailing Address 22801 Ventura Blvd. Suite 205

City State Zip Code
Woodland Hills CA 91364-5834

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

Name of Employer Occupation
Sheila Hartman Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2016
Transaction ID : 10618271

Amount of Each Receipt this Period
85.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 97 |
| | <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. Gwin
Full Name (Last, First, Middle Initial)

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

City Columbia State SC Zip Code 29219-0001

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

Name of Employer BlueChoice HealthPlan Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618279

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1600 St. Julian Place

City Columbia State SC Zip Code 29204-2408

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

Name of Employer Insurance Management Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618281

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 1120 C Professional Ct

City Hagerstown State MD Zip Code 21740-5858

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

Name of Employer Keller Stonebraker Ins Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 10618283

Amount of Each Receipt this Period
20.00

Memo Item

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 30 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd
 Ste 141, PMB 606
 City Glendale State AZ Zip Code 85310-3292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618296
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Hedy S. Hebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Boardwalk Blvd.
 City Bossier City State LA Zip Code 71111-4384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Consulting Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618297
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618301
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 97 |
| | <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. Crystal Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 709
 City State Zip Code
 Sugar Land TX 77487-0709
 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618302
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Stacey S. LaFay
 Full Name (Last, First, Middle Initial)
 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 ▼
 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618305
 Amount of Each Receipt this Period
 63.00
 Memo Item

C. Barbara A. McClaskey
 Full Name (Last, First, Middle Initial)
 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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618308
 Amount of Each Receipt this Period
 42.00
 Memo Item

| | |
|--|--------|
| 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 32 OF 97 |
| | <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"/> | <input type="checkbox"/> 17 |

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

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

Mailing Address 2108 West Laburnum Avenue, Suite 3

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Richmond | VA | 23227-4300 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : 10618310

Amount of Each Receipt this Period
120.00

Memo Item

B. Valerie Reeves
Full Name (Last, First, Middle Initial)

Mailing Address 3702 Brownsboro Rd

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Louisville | KY | 40207-1820 |

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

| | |
|-------------------------|------------|
| Name of Employer | Occupation |
| Preferred Benefits, LLC | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : 10618311

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 8000 IH-10 West, # 715

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| San Antonio | TX | 78230-3880 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| AVESIS, Inc. | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : 10618313

Amount of Each Receipt this Period
85.00

Memo Item

| | |
|---|---------------|
| 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: (check only one) | PAGE 33 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 12200 Northwest Frwy, Suite 662

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Houston | TX | 77092-4927 |

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

| | |
|-----------------------------|------------|
| Name of Employer | Occupation |
| Northwest General Insurance | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 23 | / | 2016 |

Transaction ID : 10618315

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

 Memo Item

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

Mailing Address 169A Lameuse St

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Biloxi | MS | 39530-3810 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 23 | / | 2016 |

Transaction ID : 10618318

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

 Memo Item

C. 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 ▼ **863.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 23 | / | 2016 |

Transaction ID : 10618326

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

 Memo Item

| | |
|--|---------------|
| 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 34 OF 97 |
| | <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. Dennis E. Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne State IN Zip Code 46814-8934

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

Name of Employer Employee Plans, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618330

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 255 Primera Blvd, Suite 264

City Lake Mary State FL Zip Code 32746-2148

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

Name of Employer CIGNA Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618331

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 6107 Hazelwood Ave.

City Indianapolis State IN Zip Code 46228-1316

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

Name of Employer D Hall & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618333

Amount of Each Receipt this Period 30.00

Memo Item

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 35 OF 97 |
| | <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 11006 Kernville Rd. #1

City Kernville State CA Zip Code 93238-9765

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 ▼ 425.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618334

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 2601C Blanding Ave #222

City Alameda State CA Zip Code 94501-1507

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

Name of Employer John Baskett Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618339

Amount of Each Receipt this Period 30.00

Memo Item

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

Mailing Address 700 Larkspur Landing Circle, Suite

City Larkspur State CA Zip Code 94939-1755

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

Name of Employer Copeland Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618345

Amount of Each Receipt this Period 85.00

Memo Item

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: (check only one) | PAGE 36 OF 97 |
| | <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. Beverly Gossage
Full Name (Last, First, Middle Initial)

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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618353

Amount of Each Receipt this Period
 42.00

Memo Item

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

Mailing Address 17535 Generations Dr

City South Bend State IN Zip Code 46635-1589

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

Name of Employer The Healy Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618354

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 2850 West Grand Boulevard

City Detroit State MI Zip Code 48202-2643

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

Name of Employer Health Alliance Plan Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10618357

Amount of Each Receipt this Period
 85.00

Memo Item

| | |
|--|--------|
| 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 37 OF 97 |
| | <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. Karen K. Irwin
Full Name (Last, First, Middle Initial)

Mailing Address 116 S Main St

City Swanton State OH Zip Code 43558-1345

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

Name of Employer Kim Bradford & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618358

Amount of Each Receipt this Period 42.00

Memo Item

B. 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 ▼ 210.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618376

Amount of Each Receipt this Period 42.00

Memo Item

C. Sue M. Ober
Full Name (Last, First, Middle Initial)

Mailing Address 3000 NW Stucki Pl. Ste 230E

City Hillsboro State OR Zip Code 97124-7107

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

Name of Employer Sue Ober & Associates, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt 05 / 23 / 2016
Transaction ID : 10618672

Amount of Each Receipt this Period 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 97
(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. Karl W. Albrecht

Mailing Address 26533 Evergreen Rd Ste 400

City State Zip Code
 Southfield MI 48076-4234

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

Name of Employer Occupation
 Action Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 05 / 23 / 2016
Transaction ID : 10618679

Amount of Each Receipt this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. 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 ▼
 325.00

Date of Receipt
 05 / 24 / 2016
Transaction ID : 10618712

Amount of Each Receipt this Period
 30.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dale Bear

Mailing Address 2550 NE Douglas St

City State Zip Code
 Lees Summit MO 64064-2224

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

Name of Employer Occupation
 Education Services International Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 24 / 2016
Transaction ID : 10618717

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5130.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 97 |
| | <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. Jay Hazelbaker
Full Name (Last, First, Middle Initial)

Mailing Address 5007 Pine Creek Drive

City Westerville State OH Zip Code 43081-4849

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

Name of Employer Tabit, Arganbright & Hazelbaker, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 24 / 2016
Transaction ID : 10618721

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 1135 E 33rd Place

City Tulsa State OK Zip Code 74105-2501

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

Name of Employer Flex Plan Administrators Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2016
Transaction ID : 10618723

Amount of Each Receipt this Period 10.00

Memo Item

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

Mailing Address 935 Moraga Road Suite 240

City Lafayette State CA Zip Code 94549-4542

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 10619357

Amount of Each Receipt this Period 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00

TOTAL This Period (last page this line 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 97 |
| | <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. Edward P. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 191 North Ave

City Mount Clemens State MI Zip Code 48043-9703

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

Name of Employer Action Health Insurance Agency Occupation Owner

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
 05 / 25 / 2016
Transaction ID : 10619360

Amount of Each Receipt this Period
 42.00

Memo Item

B. Joni Robin Reents
Full Name (Last, First, Middle Initial)

Mailing Address 5760 W. 120th Avenue Suite 260

City Broomfield State CO Zip Code 80020-6939

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

Name of Employer Reents Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 10619361

Amount of Each Receipt this Period
 42.00

Memo Item

C. Clifton Stubbs
Full Name (Last, First, Middle Initial)

Mailing Address 12154 Red Hawk Dr

City Frisco State TX Zip Code 75033-1603

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

Name of Employer Benefit Mall Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 10619362

Amount of Each Receipt this Period
 12.00

Memo Item

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 96.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 97 |
| | <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. Sam Drysdale
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8222

City Springfield State MO Zip Code 65801-8222

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

Name of Employer Self Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.00

Date of Receipt 05 / 26 / 2016
Transaction ID : 10619520

Amount of Each Receipt this Period 42.00

Memo Item

B. James M. Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 6096 Innovation Way

City Carlsbad State CA Zip Code 92009-1741

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

Name of Employer Morrison Insurance Services, Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 26 / 2016
Transaction ID : 10619521

Amount of Each Receipt this Period 85.00

Memo Item

C. Matthew Kim Dinkel
Full Name (Last, First, Middle Initial)

Mailing Address 13720 Six Mile Cypress, Suite B

City Fort Myers State FL Zip Code 33912-4324

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

Name of Employer Alan Williams & Associates Insurance A Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 26 / 2016
Transaction ID : 10619529

Amount of Each Receipt this Period 85.00

Memo Item

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 97 |
| | <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. Consuelo Helbling
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 N Broadway
 Ste 100
 City Chicago State IL Zip Code 60613-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LegalShield Business Solutions Occupation General Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 273.00

Date of Receipt
 05 / 26 / 2016
Transaction ID : 10619534
 Amount of Each Receipt this Period
 12.00
 Memo Item

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 310.00

Date of Receipt
 05 / 26 / 2016
Transaction ID : 10619539
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Steven L. Wilson
 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 550.00

Date of Receipt
 05 / 26 / 2016
Transaction ID : 10619542
 Amount of Each Receipt this Period
 85.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 139.00 |
| TOTAL This Period (last page this line 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 97 |
| | <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. Matthew F. Hatfield

Mailing Address 2207 Springfield Avenue

City State Zip Code
Fort Wayne IN 46805-1541

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

Name of Employer Occupation
M Hatfield Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2016
Transaction ID : 10619544

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2157 Welsch Industrial Ct.

City State Zip Code
Saint Louis MO 63146-4220

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

Name of Employer Occupation
The ECCHIC Group VP of Administration Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2016
Transaction ID : 10619546

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 11555 Sorrento Valley Road
Suite 203

City State Zip Code
San Diego CA 92121-1331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2016
Transaction ID : 10620006

Amount of Each Receipt this Period
42.00

Memo Item

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 44 OF 97 |
| | <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 J. Underhill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Underhill Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 482.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 10620010
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Justin Lord
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 East 36th Place
 City Tulsa State OK Zip Code 74105-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilcox & McGrath, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 10620014
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Michael S. Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 13800 Jackson Road
 City Mishawaka State IN Zip Code 46544-9195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keystone Insurers Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 10620015
 Amount of Each Receipt this Period 85.00
 Memo Item

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: (check only one) | PAGE 45 OF 97 |
| | <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 State Zip Code
Americus GA 31709-1547

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

Name of Employer Occupation
Russ Childers, CLU Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2016
Transaction ID : 10620018

Amount of Each Receipt this Period
90.00

Memo Item

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

Mailing Address 38176 Medical Center Avenue

City State Zip Code
Zephyrhills FL 33540-1380

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

Name of Employer Occupation
The Canadian Drugstore Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2016
Transaction ID : 10620019

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address P O Box 221649

City State Zip Code
Louisville KY 40252-1649

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

Name of Employer Occupation
Epic Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2016
Transaction ID : 10620020

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|--|--------|
| 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 46 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 26 Kennedy Court

City North Middletown State NJ Zip Code 07748-3532

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

Name of Employer SlatteryGA, A division of Arthur J. Ga Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 10620022

Amount of Each Receipt this Period 42.00

Memo Item

B. Carolyn Beck
Full Name (Last, First, Middle Initial)

Mailing Address 7321 Eagle Crest Blvd.

City Evansville State IN Zip Code 47715-8157

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

Name of Employer SIHO Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 10620025

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 3033 N. Central Ave Suite 810

City Phoenix State AZ Zip Code 85012-2804

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

Name of Employer Sunwest Benefits Consulting, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2016
Transaction ID : 10620028

Amount of Each Receipt this Period 100.00

Memo Item

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: (check only one) | PAGE 47 OF 97 |
| | <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. Douglas Lubenow
Full Name (Last, First, Middle Initial)

Mailing Address 214 West Main Street
Suite 203

City Moorestown State NJ Zip Code 08057-2345

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

Name of Employer Lubenow Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 10620029

Amount of Each Receipt this Period
42.00

Memo Item

B. Timothy N. Barhorst
Full Name (Last, First, Middle Initial)

Mailing Address 5222 Double Eagle Drive

City Westerville State OH Zip Code 43081-4821

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

Name of Employer Business Partners, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 10620032

Amount of Each Receipt this Period
42.00

Memo Item

C. Erin Nevins
Full Name (Last, First, Middle Initial)

Mailing Address 1717 Central Avenue Suite 202

City Albany State NY Zip Code 12205-4759

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

Name of Employer EP Nevins Insurance Agency Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 10620054

Amount of Each Receipt this Period
63.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.00

TOTAL This Period (last page this line 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 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-1051

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

Name of Employer Sonus Benefits by MSMF Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 27 / 2016**

Transaction ID : 10620189

Amount of Each Receipt this Period **150.00**

Memo Item

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

Mailing Address 5113 N. Executive Drive Suite 102

City Peoria State IL Zip Code 61614-4893

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 ▼ **210.00**

Date of Receipt **05 / 27 / 2016**

Transaction ID : 10620193

Amount of Each Receipt this Period **42.00**

Memo Item

C. Andrea Brody
Full Name (Last, First, Middle Initial)

Mailing Address 6018 E Lowden Rd.

City Cave Creek State AZ Zip Code 85331-3004

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

Name of Employer Bravo Wellness Occupation Vice President of Business Developmen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **05 / 28 / 2016**

Transaction ID : 10620195

Amount of Each Receipt this Period **12.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **204.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 97 |
| | <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. Shelly K. Winson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1914

City Chandler State AZ Zip Code 85244-1914

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

Name of Employer True Choice Benefits LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2016

Transaction ID : 10620196

Amount of Each Receipt this Period
30.00

Memo Item

B. Ruppert Reinstadler
Full Name (Last, First, Middle Initial)

Mailing Address 6443 SW Beaverton-Hillsdale Hwy Suite 200

City Portland State OR Zip Code 97221-4230

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

Name of Employer Coordinated Resources Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2016

Transaction ID : 10620197

Amount of Each Receipt this Period
42.00

Memo Item

C. 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 ▼ **955.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2016

Transaction ID : 10620202

Amount of Each Receipt this Period
170.00

Memo Item

| | |
|--|---------------|
| 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 50 OF 97 |
| <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. Margaret Evelyn Stedt
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 74325
 City San Clemente State CA Zip Code 92673-0145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stedt Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt **05 / 28 / 2016**
Transaction ID : 10620204
 Amount of Each Receipt this Period **85.00**
 Memo Item

B. Charles E. Underhill
 Full Name (Last, First, Middle Initial)
 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 **425.00**

Date of Receipt **05 / 28 / 2016**
Transaction ID : 10620205
 Amount of Each Receipt this Period **85.00**
 Memo Item

C. Al Hombroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Lumpkin St, Suite D
 City Lawrenceville State GA Zip Code 30046-8410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multiple Benefits Corporation Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 28 / 2016**
Transaction ID : 10620225
 Amount of Each Receipt this Period **85.00**
 Memo Item

| | |
|---|---------------|
| 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 51 OF 97 |
| | <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. Paul E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489-2052

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

Name of Employer Paul E Smith Insurance, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2016
Transaction ID : 10620229

Amount of Each Receipt this Period
 175.00

Memo Item

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

Mailing Address PO Box 6398

City Charleston State WV Zip Code 25362-0398

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

Name of Employer Black Horse Financial Advisors Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2016
Transaction ID : 10620232

Amount of Each Receipt this Period
 42.00

Memo Item

C. Candius Michelle Stearns
Full Name (Last, First, Middle Initial)

Mailing Address 3290 W Big Beaver Rd Ste 503

City Troy State MI Zip Code 48084-2917

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

Name of Employer Mason-McBride/DFB Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : 10620244

Amount of Each Receipt this Period
 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 302.00

TOTAL This Period (last page this line 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 97 |
| | <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. Angela Garner

Mailing Address 1605 Concentric Blvd.
Suite #1

City State Zip Code
Saginaw MI 48604-9547

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 ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : 10643957

Amount of Each Receipt this Period
165.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lynn M. Schreder

Mailing Address 130 North 25th Street

City State Zip Code
Fort Dodge IA 50501-4338

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

Name of Employer Occupation
KHI Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR433076113507

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3111 C St., Suite 500

City State Zip Code
Anchorage AK 99503-3973

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

Name of Employer Occupation
Northrim Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR433079013507

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 265.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 97 |
| | <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. Madeleine Brown

Mailing Address P.O. Box 1490,

City Jackson State MS Zip Code 39215-1490

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

Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **05 / 31 / 2016**

Transaction ID : PR433118913507

Amount of Each Receipt this Period **85.00**

Memo Item

P/R Deduction (\$85.00 Monthly)

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

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 ▼ **425.00**

Date of Receipt **05 / 31 / 2016**

Transaction ID : PR433168113507

Amount of Each Receipt this Period **85.00**

Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. H Elizabeth Christensen

Mailing Address 3013 Sonora Canyon Rd

City Weatherford State TX Zip Code 76087-8215

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 ▼ **325.00**

Date of Receipt **05 / 31 / 2016**

Transaction ID : PR433187713507

Amount of Each Receipt this Period **30.00**

Memo Item

P/R Deduction (\$30.00 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: (check only one) | PAGE 54 OF 97 |
| | <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 ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR433196813507
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Michael Spleet
 Full Name (Last, First, Middle Initial)
 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 ▼ 351.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR433316613507
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

C. John P. Garven
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 8
 11715 East Main Street -
 City Huntley State IL Zip Code 60142-0008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benico, LTD Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436791113507
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 159.00 |
| TOTAL This Period (last page this line 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 55 OF 97 |
| | <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. 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 ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436808013507

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 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 ▼ 850.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436821413507

Amount of Each Receipt this Period 170.00

Memo Item

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 ▼ 500.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436823413507

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00

TOTAL This Period (last page this line 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 97
(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. 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 ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436824513507
 Amount of Each Receipt this Period 50.00
 Memo Item
 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 ▼ 1250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436824613507
 Amount of Each Receipt this Period 250.00
 Memo Item
 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 ▼ 1750.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436829513507
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220-4369

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436829713507

Amount of Each Receipt this Period 85.00

Memo Item

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 ▼ 850.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436830313507

Amount of Each Receipt this Period 170.00

Memo Item

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 ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436836213507

Amount of Each Receipt this Period 42.00

Memo Item

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 58 OF 97 |
| | <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 **250.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR436838913507
 Amount of Each Receipt this Period **50.00**
 Memo Item
 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 **600.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR436839813507
 Amount of Each Receipt this Period **100.00**
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Dorothy M. Cociu
 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 **425.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR436844613507
 Amount of Each Receipt this Period **85.00**
 Memo Item
 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 59 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. H. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436852613507

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 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 ▼ 500.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436853713507

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

C. George R. Keeling
Full Name (Last, First, Middle Initial)

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

City Levelland State TX Zip Code 79336-3720

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

Name of Employer George R. Keeling Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436865513507

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 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: PAGE 60 OF 97
(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. 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR436869313507
 Amount of Each Receipt this Period
 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Paula L. Wilson
 Mailing Address 31930 Daniel Way
 City State Zip Code
 Temecula CA 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Paula Wilson, Inc. 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
 05 / 31 / 2016
Transaction ID : PR436873513507
 Amount of Each Receipt this Period
 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Kathy M. Rainwater
 Mailing Address 515 West Southwest Loop 323
 City State Zip Code
 Tyler TX 75701-9455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Threlkeld & Company Insurance 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
 05 / 31 / 2016
Transaction ID : PR436873713507
 Amount of Each Receipt this Period
 85.00
 Memo Item
 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 61 OF 97 |
| | <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. Rodney Stuart
Full Name (Last, First, Middle Initial)

Mailing Address 600 E Carmel Dr
Suite 100

City Carmel State IN Zip Code 46032-2805

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 ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR43688313507

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

B. Jackie L. Spragins
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2073

City Wichita Falls State TX Zip Code 76307-2073

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

Name of Employer Allred-Thompson-Mason-Daugherty Insura Occupation Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436895313507

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1173 Brittmore

City Houston State TX Zip Code 77043-5003

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436903713507

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 142.00 |
| TOTAL This Period (last page this line 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 62 OF 97 |
| | <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. Tonya S. Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Gateway Blvd.
 Suite 200
 City Richardson State TX Zip Code 75080-3646
 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 ▼ 325.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436911013507
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Michael A. Embry
 Full Name (Last, First, Middle Initial)
 Mailing Address 26555 Evergreen Road
 Suite 535
 City Southfield State MI Zip Code 48076-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1775.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436914113507
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR436934813507
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 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: (check only one) | PAGE 63 OF 97 |
| | <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. Jimmie Whitmire
Full Name (Last, First, Middle Initial)

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 ▼
210.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR436939113507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 8926 Crown Colony Boulevard

City State Zip Code
Fort Myers FL 33908-5627

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

Name of Employer Occupation
NAHU Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR436939913507

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address PO Box 189
916 Main Street

City State Zip Code
Vancouver WA 98666-0189

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

Name of Employer Occupation
Biggs Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR436941613507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 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 64 OF 97 |
| | <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 C. Parker
Full Name (Last, First, Middle Initial)

Mailing Address 38 Hope St
Unit 1312

City Niantic State CT Zip Code 06357-2454

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 ▼
675.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR436986813507

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

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

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 ▼
250.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR436992813507

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

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 ▼
785.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437002313507

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 180.00 |
| TOTAL This Period (last page this line 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 65 OF 97 |
| | <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 **375.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR437004013507
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$40.00 Monthly)

B. Scott T. Buie
Full Name (Last, First, Middle Initial)
Mailing Address 6440 South Wasatch Blvd., #150
City Salt Lake City State UT Zip Code 84121-3513
FEC ID number of contributing federal political committee. **C**
Name of Employer Buie Insurance Services Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR437010513507
Amount of Each Receipt this Period **50.00**
 Memo Item
P/R Deduction (\$50.00 Monthly)

C. James P Better
Full Name (Last, First, Middle Initial)
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 **425.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR437011513507
Amount of Each Receipt this Period **85.00**
 Memo Item
P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **175.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Michael D. Gray
Full Name (Last, First, Middle Initial)

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 ▼
825.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : PR437016713507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 2950 Breckenridge Lane, Suite 8

| | | |
|--------------------|-------------|------------------------|
| City Louisville | State KY | Zip Code 40220-1462 |
|--------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Schwartz Insurance Group | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : PR437037813507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address P. O. Box 21479

| | | |
|----------------|-------------|------------------------|
| City Keizer | State OR | Zip Code 97307-1479 |
|----------------|-------------|------------------------|

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

| | |
|-------------------------------------|----------------------|
| Name of Employer Olson Insurance | Occupation Broker |
|-------------------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : PR437070213507

Amount of Each Receipt this Period
65.00

Memo Item

P/R Deduction (\$65.00 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 67 OF 97 |
| | <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. Suzetta E. Alberts
Full Name (Last, First, Middle Initial)

Mailing Address 26555 Evergreen Drive
Ste 535

City Southfield State MI Zip Code 48076-4213

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437076113507

Amount of Each Receipt this Period
84.00

Memo Item

P/R Deduction (\$84.00 Monthly)

B. Juan R. Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 22431 Antonio Pkwy
Suite B160-420

City Rancho Santa Margarita State CA Zip Code 92688-2804

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

Name of Employer Self Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437079013507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. 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 ▼
210.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437080813507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 211.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 97 |
| | <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, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437090113507
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Dierdre Kennedy-Simington
 Full Name (Last, First, Middle Initial)
 Mailing Address 17200 Ventura Blvd., Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Financial & Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437094113507
 Amount of Each Receipt this Period 42.00
 Memo Item
 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 ▼ 600.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437097913507
 Amount of Each Receipt this Period 85.00
 Memo Item
 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: (check only one) | PAGE 69 OF 97 |
| | <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. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437104913507

Amount of Each Receipt this Period 42.00

Memo Item

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 ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437105913507

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. 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 ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437111613507

Amount of Each Receipt this Period 85.00

Memo Item

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: (check only one) | PAGE 70 OF 97 |
| | <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 J. MCEVILLY
Full Name (Last, First, Middle Initial)

Mailing Address 4455 S. Pecos Rd.

City Las Vegas State NV Zip Code 89121-5029

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

Name of Employer GLB Insurance Group of Nevada Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437117713507

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 1128 Lincoln Mall Suite 200

City Lincoln State NE Zip Code 68508-2878

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

Name of Employer UNICO Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437118013507

Amount of Each Receipt this Period 170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

C. Wendy Vanderwater Bratteli
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701-9455

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

Name of Employer Threlkeld & Company Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437122413507

Amount of Each Receipt this Period 42.00

Memo Item

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 71 OF 97 |
| | <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. Bruce D. Benton
 Full Name (Last, First, Middle Initial)
 Mailing Address 17200 Ventura Blvd
 Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Financial & Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437123013507
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

B. Linda K. Friedrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4435 O Street
 City Lincoln State NE Zip Code 68510-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNICO Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437129113507
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Laura L. Hebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 Graham Road
 PO BOX 18508
 City Corpus Christi State TX Zip Code 78418-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hebert Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437154813507
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 262.00 |
| TOTAL This Period (last page this line 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 72 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <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. Tina Durand
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 61157

City State Zip Code
Corpus Christi TX 78466-1157

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

Name of Employer Occupation
Heaven & Associates Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : PR437154913507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Robert H. White
Full Name (Last, First, Middle Initial)

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 ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : PR437174113507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Dale Ducote
Full Name (Last, First, Middle Initial)

Mailing Address 7922 Summa Avenue, Suite B-1

City State Zip Code
Baton Rouge LA 70809-3475

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

Name of Employer Occupation
Health Plus Consulting Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : PR437184613507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 126.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 97 |
| | <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. 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 ▼
425.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437194613507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. 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 ▼
250.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437199713507

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3875 Johns Creek Parkway, Suite C

City Suwanee State GA Zip Code 30024-1294

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 ▼
1250.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437201913507

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 385.00 |
| TOTAL This Period (last page this line 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 97 |
| | <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. 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 ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437204313507

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. 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 ▼ 515.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437204413507

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437206413507

Amount of Each Receipt this Period 85.00

Memo Item

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: (check only one) | PAGE 75 OF 97 |
| | <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 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 ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437212213507

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi State MI Zip Code 48375-5517

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

Name of Employer Health Alliance Administrators Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437218313507

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Thomas E. Shores
Full Name (Last, First, Middle Initial)

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 ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437221413507

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 212.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 76 OF 97
(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. Joy K. Gardner
 Mailing Address 9424 Double R Blvd
 City State Zip Code
 Reno NV 89521-5977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Comstock Insurance Agencies, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 05 / 31 / 2016
Transaction ID : PR437231213507
 Amount of Each Receipt this Period
 47.00
 Memo Item
 P/R Deduction (\$47.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Sandra Lee Powers-Booth
 Mailing Address 4817 S. 175th Street
 City State Zip Code
 Seatac WA 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Benefits Northwest Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 05 / 31 / 2016
Transaction ID : PR437264313507
 Amount of Each Receipt this Period
 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jennifer L. Toups
 Mailing Address #1 Galleria Blvd, Suite 1122
 City State Zip Code
 Metairie LA 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Humana Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 05 / 31 / 2016
Transaction ID : PR437270513507
 Amount of Each Receipt this Period
 85.00
 Memo Item
 P/R Deduction (\$85.00 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 77 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 8420 West Dodge Road, 5th Floor

| | | |
|---------------|-------------|------------------------|
| City 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 ▼
625.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : PR437281013507

Amount of Each Receipt this Period
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

B. Patricia Mihalyi-Stiffler
Full Name (Last, First, Middle Initial)

Mailing Address 155 N. Riverview Drive

| | | |
|-----------------|-------------|------------------------|
| City Anaheim | State CA | Zip Code 92808-1225 |
|-----------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Options in Insurance | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : PR437326113507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Susan R. Pittman
Full Name (Last, First, Middle Initial)

Mailing Address 32418 51st Avenue, SW

| | | |
|---------------------|-------------|------------------------|
| City Federal Way | State WA | Zip Code 98023-1936 |
|---------------------|-------------|------------------------|

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

| | |
|------------------------------------|----------------------|
| Name of Employer Insure NW Inc. | Occupation Broker |
|------------------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2016 |

Transaction ID : PR437343513507

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

| | |
|---|--------|
| 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 78 OF 97 |
| | <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. Jim Lawless
Full Name (Last, First, Middle Initial)

Mailing Address Epic Insurance Solutions, LLC
710 East Main Street

City Lexington State KY Zip Code 40502-1602

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

Name of Employer Epic Insurance Solutions, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437348013507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Valerie Lynn Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 588 - 3 Mile Road, NW
Suite 101

City Grand Rapids State MI Zip Code 49544-8221

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

Name of Employer Grotenhuis Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437416413507

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 7548 Preston Road

City Frisco State TX Zip Code 75034-5683

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

Name of Employer Clark Insurance Associates, PLLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437427213507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

| | |
|---|--------|
| 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: (check only one) | PAGE 79 OF 97 |
| | <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. 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 ▼
210.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437427413507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. 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 Occupation
HIRE Benefits, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437468913507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 915 Englewood Avenue

City Durham State NC Zip Code 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 ▼
850.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437474513507

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 297.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 97 |
| | <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. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDaniel Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR437485713507
 Amount of Each Receipt this Period **42.00**
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Susan M. Rider
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 N Capital #400
 City Indianapolis State IN Zip Code 46202-2375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gregory & Appel Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **424.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR437510713507
 Amount of Each Receipt this Period **63.00**
 Memo Item
 P/R Deduction (\$63.00 Monthly)

c. Maggie Coley
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Olde Gate Court
 City Pooler State GA Zip Code 31322-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coley Benefit Services, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR437534013507
 Amount of Each Receipt this Period **42.00**
 Memo Item
 P/R Deduction (\$42.00 Monthly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 147.00 |
| TOTAL This Period (last page this line 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 81 OF 97 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. David Contorno
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Professional Park Dr
 Ste 103
 City Mooresville State NC Zip Code 28117-5538
 Name of Employer Lake Norman Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437566613507
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Dennis F. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Drive
 Suite D
 City Madison State MS Zip Code 39110-8456
 Name of Employer Mobley Insurance Agency, LLC, a Divisi Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437587513507
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Doris Waller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1778 N. Plano Rd.
 Suite 310
 City Richardson State TX Zip Code 75081-1958
 Name of Employer Pan-American Benefits Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437591513507
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 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 82 OF 97 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Judith 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 381.00 | |

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437594113507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Ryan R. Swinton
Full Name (Last, First, Middle Initial)
Mailing Address 1128 Lincoln Mall Suite 200

| | | |
|---|------------------------------------|------------------------|
| City Lincoln | State NE | Zip Code 68508-2878 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UNICO Group, Inc. | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437594913507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Patrick Burns
Full Name (Last, First, Middle Initial)
Mailing Address 5653 Maxwellton Road

| | | |
|---|------------------------------------|------------------------|
| City Oakland | State CA | Zip Code 94618-2654 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Burns Employee Benefits Insurance Serv | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437600513507

Amount of Each Receipt this Period
85.00

Memo Item

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 83 OF 97 |
| <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. 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 ▼
815.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437603113507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 4204 Manor Forest Trail

City Boynton Beach State FL Zip Code 33436-8851

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

Name of Employer S. Florida Affiliated Health Insurers, Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437654413507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 11225 SE 6 Th St
Suite 110

City Bellevue State WA Zip Code 98004-6478

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 ▼
850.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437657713507

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 297.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 97 |
| | <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. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437683113507
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. 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 ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437684513507
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. 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 ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437693213507
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 177.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 97 |
| | <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. 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 ▼ 560.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437705613507
 Amount of Each Receipt this Period 112.00
 Memo Item
 P/R Deduction (\$112.00 Monthly)

B. Teresa Conto
 Full Name (Last, First, Middle Initial)
 Mailing Address 15800 Crabbs Branch Way #350
 City Rockville State MD Zip Code 20855-2697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437740813507
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR437778613507
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 367.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 97 |
| | <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. Julie Hulsey
Full Name (Last, First, Middle Initial)

Mailing Address 6601 I-40 West, Ste. 1
PO Box 32015

City Amarillo State TX Zip Code 79120-2015

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

Name of Employer Insurance Professionals Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437785813507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 545 South Third Street
Suite 300

City Louisville State KY Zip Code 40202-1936

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

Name of Employer Sterling G. Thompson Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437797613507

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Debbie R. Hediger
Full Name (Last, First, Middle Initial)

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 ▼
210.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR437852413507

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 97 |
| | <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. 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 **250.00**

Date of Receipt: 05 / 31 / 2016
Transaction ID : PR437855213507
 Amount of Each Receipt this Period: 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Jessica Fulginiti Waltman
 Full Name (Last, First, Middle Initial)
 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 **550.00**

Date of Receipt: 05 / 31 / 2016
Transaction ID : PR470100113507
 Amount of Each Receipt this Period: 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 135.00 |
| TOTAL This Period (last page this line number only)..... | 25281.25 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10643779

Amount of Each Disbursement this Period

Memo Item
Credit Card Fees

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10643782

Amount of Each Disbursement this Period

Memo Item
Credit Card Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10643785

Amount of Each Disbursement this Period

Memo Item
Credit Card Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
5/10 Dinner

Category/
Type

Candidate Name

Ronald Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

/ /

Transaction ID : 10612882

Amount of Each Disbursement this Period

Memo Item
5/10 Dinner

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement
5/10 Dinner

Category/
Type

Candidate Name

Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

/ /

Transaction ID : 10612885

Amount of Each Disbursement this Period

Memo Item
5/10 Dinner

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement
5/10 Dinner

Category/
Type

Candidate Name

Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

/ /

Transaction ID : 10612886

Amount of Each Disbursement this Period

Memo Item
5/10 Dinner

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

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
5/14 Local Event

Candidate Name

Anna Eshoo

Office Sought: House
 Senate
 President

State: CA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2016

Transaction ID : 10612892

Amount of Each Disbursement this Period

4,567.89
1000.00

Memo Item
5/14 Local Event

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
5/17 Dinner

Candidate Name

Kristi Noem

Office Sought: House
 Senate
 President

State: SD District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : 10612894

Amount of Each Disbursement this Period

4,567.89
1500.00

Memo Item
5/17 Dinner

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
5/18 Dinner

Candidate Name

Steven Guthrie

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2016

Transaction ID : 10612896

Amount of Each Disbursement this Period

4,567.89
1500.00

Memo Item
5/18 Dinner

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

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

4,567.89
4000.00

4,567.89

**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. Dan Lipinski For Congress

Mailing Address P.O. Box 520

City Western Springs State IL Zip Code 60558

Purpose of Disbursement
5/12 Lunch

Category/
Type

Candidate Name

Daniel Lipinski

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10613554

Amount of Each Disbursement this Period

Memo Item
5/12 Lunch

Full Name (Last, First, Middle Initial)

B. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
5/17 Lunch

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10613555

Amount of Each Disbursement this Period

Memo Item
5/17 Lunch

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement
5/18 Lunch

Category/
Type

Candidate Name

Rep. David Rouzer

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 10613560

Amount of Each Disbursement this Period

Memo Item
5/18 Lunch

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

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Women 2 Women PAC

Mailing Address 325 7th Street NW
Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement
Void - Women 2 Women PAC

011

Category/
Type

Candidate Name

Women 2 Women PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2016

Transaction ID : 10613562

Amount of Each Disbursement this Period

-250.00

Memo Item
Void - Women 2 Women PAC

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 901 SE OAK STREET
Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement
5/12 Reception-Sponsor

011

Category/
Type

Candidate Name

Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2016

Transaction ID : 10613570

Amount of Each Disbursement this Period

4000.00

Memo Item
5/12 Reception-Sponsor

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
5/10 Lunch

011

Category/
Type

Candidate Name

Devin Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : 10613665

Amount of Each Disbursement this Period

2000.00

Memo Item
5/10 Lunch

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

5750.00

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. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Future Event

Candidate Name

David McKinley

Office Sought: House
 Senate
 President

State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 10613870

Amount of Each Disbursement this Period

2000.00

Memo Item
Future Event

Full Name (Last, First, Middle Initial)

B. Poliquin For Congress

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement
Lunch 6/23 and Future Event

Candidate Name

Rep. Bruce Poliquin

Office Sought: House
 Senate
 President

State: ME District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : 10613871

Amount of Each Disbursement this Period

2000.00

Memo Item
Lunch 6/23 and Future Event

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
5/17 Dinner

Candidate Name

Michael Bishop

Office Sought: House
 Senate
 President

State: MI District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2016

Transaction ID : 10614142

Amount of Each Disbursement this Period

1000.00

Memo Item
5/17 Dinner

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Huizenga For Congress

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
5/17 Lunch Phil

011

Category/
Type

Candidate Name

William Huizenga

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : 10615755

Amount of Each Disbursement this Period

1000.00

Memo Item
5/17 Lunch Phil

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Brat Inc.

Mailing Address PO Box 5094

City Glen Allen State VA Zip Code 23058

Purpose of Disbursement
Local Event 5/19

011

Category/
Type

Candidate Name

Rep. Dave Brat

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : 10615756

Amount of Each Disbursement this Period

1000.00

Memo Item
Local Event 5/19

Full Name (Last, First, Middle Initial)

C. Elise For Congress

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
5/23 Nats

011

Category/
Type

Candidate Name

Rep. Elise Stefanik

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : 10617476

Amount of Each Disbursement this Period

1500.00

Memo Item
5/23 Nats

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Sanford Bishop For Congress

Mailing Address P. O. Box 909

City State Zip Code
Columbus GA 31902

Purpose of Disbursement
5/19 Reception

011
Category/
Type

Candidate Name

Sanford Bishop Jr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : 10618666

Amount of Each Disbursement this Period

1000.00

Memo Item
5/19 Reception

Full Name (Last, First, Middle Initial)

B. Friends Of Don Beyer

Mailing Address 1751 Potomac Greens Drive

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
5/10 Lunch

011
Category/
Type

Candidate Name

Rep. Don Beyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : 10618667

Amount of Each Disbursement this Period

1000.00

Memo Item
5/10 Lunch

Full Name (Last, First, Middle Initial)

C. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City State Zip Code
Newburgh NY 12550

Purpose of Disbursement
5/18 Reception

011
Category/
Type

Candidate Name

Sean Maloney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : 10618668

Amount of Each Disbursement this Period

1000.00

Memo Item
5/18 Reception

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Crowley For Congress | | Date of Disbursement MM / DD / YYYY 05 / 23 / 2016 |
| Mailing Address 84-56 Grand Avenue | | Transaction ID : 10618669 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item 5/24 Lunch |
| City Elmhurst | State NY | |
| Zip Code 11373 | Category/Type 011 | |
| Purpose of Disbursement 5/24 Lunch | | |
| Candidate Name Joseph Crowley | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: NY District: 07 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Martin Heinrich For Senate | | Date of Disbursement MM / DD / YYYY 05 / 24 / 2016 |
| Mailing Address P.O. Box 25763 | | Transaction ID : 10618731 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Memo Item 5/26 Host Lunch |
| City Albuquerque | State NM | |
| Zip Code 87125 | Category/Type 011 | |
| Purpose of Disbursement 5/26 Host Lunch | | |
| Candidate Name Sen. Martin Heinrich | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: NM District: | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends Of Cheri Bustos | | Date of Disbursement MM / DD / YYYY 05 / 24 / 2016 |
| Mailing Address 1050 17th St Nw Ste 590 | | Transaction ID : 10618732 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item 5/25 Reception |
| City Washington | State DC | |
| Zip Code 20036 | Category/Type 011 | |
| Purpose of Disbursement 5/25 Reception | | |
| Candidate Name Rep. Cheri Bustos | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: IL District: 17 | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5000.00 |
| 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. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
5/25 Lunch

Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

/ /

Transaction ID : 10618734

Amount of Each Disbursement this Period

Memo Item
5/25 Lunch

Full Name (Last, First, Middle Initial)

B. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City State Zip Code
East Lansing MI 48826

Purpose of Disbursement
5/25 Dinner

Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

/ /

Transaction ID : 10618735

Amount of Each Disbursement this Period

Memo Item
5/25 Dinner

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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