

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		93702.40
(b) Cash on Hand at Beginning of Reporting Period.....	136240.17	
(c) Total Receipts (from Line 19)	32810.67	362862.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	169050.84	456564.65
7. Total Disbursements (from Line 31).....	14012.28	301526.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	155038.56	155038.56
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).....	24087.67	200971.84
(ii) Unitemized	8723.00	156347.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32810.67	357319.53
(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)	32810.67	357319.53
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3792.72
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32810.67	362862.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32810.67	362862.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1092.28	12849.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1092.28	12849.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12750.00	287700.00
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	170.00	977.00
(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)).....	170.00	977.00
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)) ..	14012.28	301526.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14012.28	301526.09

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)	32810.67	357319.53
34. Total Contribution Refunds (from Line 28(d))	170.00	977.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32640.67	356342.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1092.28	12849.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3792.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1092.28	9056.37

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

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

FOR LINE NUMBER: PAGE 6 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Kate Banchy

Mailing Address 4233 Southtowne Drive

City Eau Claire State WI Zip Code 54701-2652

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

Name of Employer Spectrum Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : 9848801

Amount of Each Receipt this Period
30.00

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

Mailing Address 404 North Second Avenue, Suite E

City Upland State CA Zip Code 91786-4793

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

Name of Employer Ray Musser & Associates Insurance Serv Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : 9848809

Amount of Each Receipt this Period
85.00

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

Mailing Address 2091 Shepherdia Drive

City Anchorage State AK Zip Code 99508-4043

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

Name of Employer Providence Health & Services Alaska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : 9848810

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 160
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	<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. 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 Occupation
Code SixFour Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
741.00

Date of Receipt
08 / 03 / 2015
Transaction ID : 9848816

Amount of Each Receipt this Period
85.00

B. 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 Occupation
Northrim Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 04 / 2015
Transaction ID : 9848881

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 20185

City Portland State OR Zip Code 97294-0185

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

Name of Employer Occupation
Insurance Solutions NW, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
08 / 05 / 2015
Transaction ID : 9849127

Amount of Each Receipt this Period
30.00

Monthly Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 160
(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. Jean Van Der Sommen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 North River Drive
 City State Zip Code
 Cumming GA 30041-9495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employer Advisors Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : 9849130
 Amount of Each Receipt this Period
 42.00

B. R Dane Rianhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 E. Pratt St., Unit 902
 City State Zip Code
 Baltimore MD 21202-1193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TriBridg Partners, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 786.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : 9849131
 Amount of Each Receipt this Period
 30.00

C. Mari Stasco
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 K Street
 Suite 221
 City State Zip Code
 Anchorage AK 99501-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Total Benefit Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : 9849140
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 609 New Road, #D

City Linwood State NJ Zip Code 08221-1250

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

Name of Employer Hafetz & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : 9849143

Amount of Each Receipt this Period
42.00

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

Mailing Address 17445 Arbor St Suite 310

City Omaha State NE Zip Code 68130-4645

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

Name of Employer OCI Insurance and Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : 9849145

Amount of Each Receipt this Period
85.00

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

Mailing Address 5880 Live Oak Parkway Suite 230

City Norcross State GA Zip Code 30093-1740

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

Name of Employer DeBruin Benefit Services, Inc./ The La Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : 9849578

Amount of Each Receipt this Period
50.00

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: PAGE 10 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1860 Shaded Wood Road

City State Zip Code
Diamond Bar CA 91789-4011

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

Name of Employer Occupation
Fisher & Associates Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : 9849579

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 99565

City State Zip Code
Louisville KY 40269-0565

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

Name of Employer Occupation
Van Zandt Emrich and Cary Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : 9849580

Amount of Each Receipt this Period
42.00

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

Mailing Address 31666 W. Nine Dr.

City State Zip Code
Laguna Niguel CA 92677-2955

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

Name of Employer Occupation
Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : 9849756

Amount of Each Receipt this Period
85.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 OF 160
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Alexis Weilmuenster

Mailing Address 625 Elden Street, Suite 203

City Herndon State VA Zip Code 20170-4740

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : 9849760

Amount of Each Receipt this Period
30.00

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

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-1051

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

Name of Employer Sonus Benefits by MSMF Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : 9849763

Amount of Each Receipt this Period
75.00

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

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-1051

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

Name of Employer Sonus Benefits by MSMF Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : 9849766

Amount of Each Receipt this Period
75.00

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: PAGE 12 OF 160
(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. Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Court

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
Sonus Benefits by MSMF Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : 9849768

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Heidi Jona Sterner

Mailing Address 2724 North Tenaya Way
Suite 100

City State Zip Code
Las Vegas NV 89128-0424

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

Name of Employer Occupation
UnitedHealthcare Plan of NV Sierra Hea Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : 9849770

Amount of Each Receipt this Period
30.00

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

Mailing Address 4851 LBJ FWY, Ste 100

City State Zip Code
Dallas TX 75244-6079

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

Name of Employer Occupation
BenefitMall Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : 9849775

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jennifer 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 ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : 9849776

Amount of Each Receipt this Period
30.00

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

Mailing Address 3857 Grand Oak Drive

City Brunswick State OH Zip Code 44212-3594

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

Name of Employer Ameritas Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : 9849778

Amount of Each Receipt this Period
30.00

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

Mailing Address 12580 West Creek Parkway

City Richmond State VA Zip Code 23238-1110

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

Name of Employer Experient Health-A-Farm Bureau Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : 9849797

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1050 W. Western Avenue
 Suite 315

City Muskegon State MI Zip Code 49441-1666

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

Name of Employer Creative Benefit Systems, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 08 / 12 / 2015
Transaction ID : 9849800

Amount of Each Receipt this Period
 30.00

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

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 ▼
 2125.00

Date of Receipt
 08 / 12 / 2015
Transaction ID : 9849801

Amount of Each Receipt this Period
 250.00

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

Mailing Address P O Box 232325

City Las Vegas State NV Zip Code 89105-2325

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

Name of Employer Mayville Incorporated Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 245.00

Date of Receipt
 08 / 12 / 2015
Transaction ID : 9849802

Amount of Each Receipt this Period
 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 160
	<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. Kevin W. Smith
Full Name (Last, First, Middle Initial)

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 ▼
350.00

Date of Receipt
08 / 13 / 2015
Transaction ID : 9849844

Amount of Each Receipt this Period
50.00

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

Mailing Address 1915 West St
Ste C

City New Albany State IN Zip Code 47150-5083

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

Name of Employer C Mayberry Benefits LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 14 / 2015
Transaction ID : 9850095

Amount of Each Receipt this Period
30.00

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 ▼
231.00

Date of Receipt
08 / 15 / 2015
Transaction ID : 9850252

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John D. Susie
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 Olde Worthington Rd
 Suite 250
 City Westerville State OH Zip Code 43082-9175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aflac Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : 9850255
 Amount of Each Receipt this Period
 15.00

B. Christina Marzec
 Full Name (Last, First, Middle Initial)
 Mailing Address 14215 Moonridge Dr.
 City Riverside State CA Zip Code 92503-9745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freedomcare Benefits Occupation Sales Representative
 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
 08 / 16 / 2015
Transaction ID : 9850257
 Amount of Each Receipt this Period
 85.00

C. 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 ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : 9850264
 Amount of Each Receipt this Period
 42.00

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 17 OF 160
	<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. Steve Armstrong
Full Name (Last, First, Middle Initial)

Mailing Address 300 Concourse
Suite 300

City Ridgeland State MS Zip Code 39157-2085

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

Name of Employer HUB International Gulf South Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
08 / 17 / 2015
Transaction ID : 9850266

Amount of Each Receipt this Period
30.00

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

Mailing Address 1031 W 4th Ave., Ste 400

City Anchorage State AK Zip Code 99501-5905

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

Name of Employer Marsh & McLennan Agency LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
08 / 17 / 2015
Transaction ID : 9850270

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 7028

City Troy State MI Zip Code 48007-7028

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

Name of Employer Mason-McBride, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
08 / 17 / 2015
Transaction ID : 9850271

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 160
(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. 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 ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : 9850274
 Amount of Each Receipt this Period
 85.00

B. Karen E. Heller
 Full Name (Last, First, Middle Initial)
 Mailing Address 9831 Primrose Park Ln
 City State Zip Code
 Cypress TX 77433-4139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BCBS of Texas - Sr Producer Sales Cons Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : 9850279
 Amount of Each Receipt this Period
 150.00

C. Mark Riley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1635
 City State Zip Code
 Irmo SC 29063-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
American Benefit Services, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : 9850513
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 160
(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. Terrie L. Trevino

Mailing Address P O Box 7408

City State Zip Code
Boise ID 83707-1408

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

Name of Employer Occupation
Blue Cross of Idaho Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : 9850514

Amount of Each Receipt this Period
42.00

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

Mailing Address 1305 NE 29th St.

City State Zip Code
Ankeny IA 50021-6722

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

Name of Employer Occupation
Mercer Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : 9850515

Amount of Each Receipt this Period
63.00

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

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066-2362

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, In Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
751.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : 9850538

Amount of Each Receipt this Period
85.00

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 160
	<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. Spencer A. Lehmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 E. Tahquitz Cnyn Wy.
 Suite 4-506
 City State Zip Code
 Palm Springs CA 92262-7020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lehmann/Wood & Associates, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : 9850540
 Amount of Each Receipt this Period
 170.00

B. William M. Mulvaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 National Parkway
 Suite 93550
 City State Zip Code
 Schaumburg IL 60173-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenAxis, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : 9850545
 Amount of Each Receipt this Period
 25.00

C. Denise R. VanPutten
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Taylor Avenue North
 Suite 12
 City State Zip Code
 Grand Rapids MI 49503-1077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lighthouse Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : 9850547
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 160
	<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. Douglas Skinner

Mailing Address **PO Box 1277**

City **Bloomington** State **IN** Zip Code **47402-1277**

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

Name of Employer **Hoosier Dental Plans** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : 9850562

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Kyle Miller

Mailing Address **55 Campau Ave NW, Ste. 400**

City **GRAND RAPIDS** State **MI** Zip Code **49503-2642**

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

Name of Employer Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : 9850591

Amount of Each Receipt this Period
30.00

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

Mailing Address **2 Terrace Way, Suite B**

City **Greensboro** State **NC** Zip Code **27403-3663**

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

Name of Employer **Group US, Inc.** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 22 / 2015

Transaction ID : 9850608

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 160
	<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 Hiram Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 6th Avenue North
 Suite 1720
 City Birmingham State AL Zip Code 35203-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regions Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850609
 Amount of Each Receipt this Period 30.00
 Member Contribution

B. Debra Beaucoudray
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 Superior Dr. Suite A-1
 City Baton Rouge State LA Zip Code 70816-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaucoudray Medica Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850610
 Amount of Each Receipt this Period 42.00

C. Lori Bergsma
 Full Name (Last, First, Middle Initial)
 Mailing Address Balanced Rock Insurance
 643 Canyon Drive
 City Twin Falls State ID Zip Code 83301-3014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Balanced Rock Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850611
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 23 OF 160
(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. Daniel J. Boaz

Mailing Address 5565 Roberts Drive
Suite 100

City Atlanta State GA Zip Code 30338-3350

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

Name of Employer HealthLife Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850612

Amount of Each Receipt this Period
30.00

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

Mailing Address 602 Main Street

City Cedar Falls State IA Zip Code 50613-2949

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

Name of Employer The Accel Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850613

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
c. Craig Thomas Currier

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 ▼
254.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850616

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 24 OF 160
(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. William V. Cable
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Independence Court
 City State Zip Code
 Vestavia AL 35216-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alternative Insurance Resources Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850618
 Amount of Each Receipt this Period
 30.00

B. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Liberty Ridge Drive, Suite 32
 City State Zip Code
 Chesterbrook PA 19087-5574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radnor Benefits Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850619
 Amount of Each Receipt this Period
 85.00

C. Wesley Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Copper Circle
 City State Zip Code
 Lantana TX 76226-7333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenefitMall Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850620
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 160
	<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 ▼ **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : 9850622

Amount of Each Receipt this Period
30.00

B. Bruce Frizen
Full Name (Last, First, Middle Initial)

Mailing Address 8058 Corporate Center Dr. Suite 200

City Charlotte State NC Zip Code 28226-4359

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

Name of Employer L.E. Goodgame & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : 9850627

Amount of Each Receipt this Period
45.00

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

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 ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : 9850629

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Don R. Griffey

Mailing Address 56294 Prim Rose Circle

City State Zip Code
 Elkhart IN 46516-1509

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

Name of Employer Occupation
 Hailey-Campbell, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : 9850630

Amount of Each Receipt this Period
 30.00

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

Mailing Address 5110 Maryland Way, Suite 250

City State Zip Code
 Brentwood TN 37027-7508

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

Name of Employer Occupation
 Cowan Benefit Services, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : 9850632

Amount of Each Receipt this Period
 100.00

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

Mailing Address 205 E. Warm Spring Rd, Suite 108

City State Zip Code
 Las Vegas NV 89119-4250

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

Name of Employer Occupation
 National Healthcare Access Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 243.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : 9850635

Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **680.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : 9850636

Amount of Each Receipt this Period **85.00**

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

Mailing Address 3419 Via Lido #306

City Newport Beach State CA Zip Code 92663-3908

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

Name of Employer Progressive Benefit Managers Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : 9850637

Amount of Each Receipt this Period **30.00**

C. Jean Marie Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 11 N. Starcrest Drive

City Clearwater State FL Zip Code 33765

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

Name of Employer Bouchard Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 22 / 2015**

Transaction ID : 9850638

Amount of Each Receipt this Period **30.00**

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

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

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

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

FOR LINE NUMBER: PAGE 28 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Betty J. Lindstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4026
 City Felton State CA Zip Code 95018-0349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lindstrom Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850639
 Amount of Each Receipt this Period
300.00

B. Robert Lindsay
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Emerson Place
 City Davenport State IA Zip Code 52801-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850643
 Amount of Each Receipt this Period
85.00

C. Mark Kolterman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 426
 341 North 6th Street
 City Seward State NE Zip Code 68434-0426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kolterman Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850646
 Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Glendae Tuthill
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Old Greenville Rd
 City Fayetteville State GA Zip Code 30215-5935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benevestco, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : 9850649
 Amount of Each Receipt this Period
 25.00

B. Joseph E. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Association Management Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : 9850650
 Amount of Each Receipt this Period
 35.00

C. Ross W. Pendergraft
 Full Name (Last, First, Middle Initial)
 Mailing Address 21820 Burbank Blvd, North Building, Suite 300
 City Woodland Hills State CA Zip Code 91367-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt
 08 / 22 / 2015
Transaction ID : 9850652
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 160
	<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. 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 ▼ 1360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850654
 Amount of Each Receipt this Period
 170.00

B. Donna M. Rudner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4665 Ivygate Circle SE
 City Atlanta State GA Zip Code 30339-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employer Relief, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850655
 Amount of Each Receipt this Period
 30.00

C. DianaLou Wolff
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Maiden Lane
 2nd Floor
 City Kingston State NY Zip Code 12401-4508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Counseling Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850657
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 160
	<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. 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 ▼ 360.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850659
 Amount of Each Receipt this Period 45.00

B. Ronald E. Seibel
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 317
 City Driftwood State TX Zip Code 78619-0317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Benefits Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850662
 Amount of Each Receipt this Period 30.00

C. Donald L. Mathern
 Full Name (Last, First, Middle Initial)
 Mailing Address 7650 Cherrywood Drive
 City Boise State ID Zip Code 83704-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialists Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850664
 Amount of Each Receipt this Period 30.00

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 32 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 231 Chestnut St. #410

City Meadville State PA Zip Code 16335-3458

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

Name of Employer The DJB Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850665

Amount of Each Receipt this Period 30.00

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

Mailing Address 921-C S. McPherson Church Road

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850666

Amount of Each Receipt this Period 85.00

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

Mailing Address 3800 Centerpoint Drive Suite 540

City Anchorage State AK Zip Code 99503-5826

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

Name of Employer USI Insurance Services, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 08 / 22 / 2015
Transaction ID : 9850667

Amount of Each Receipt this Period 42.00

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

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

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

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

FOR LINE NUMBER: PAGE 33 OF 160
(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. Trei Wild
 Mailing Address 3724 Hearst Castle Way
 City State Zip Code
 Plano TX 75025-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consultant Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2015
Transaction ID : 9850669
 Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
B. Thomas R. Wilson
 Mailing Address 701 Lamar
 City State Zip Code
 Wichita Falls TX 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boley Featherston Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850671
 Amount of Each Receipt this Period
 55.00

Full Name (Last, First, Middle Initial)
C. Terry G. Dressman
 Mailing Address 10508 Westbrooke Drive
 City State Zip Code
 Overland Park KS 66214-2062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Terry G. Dressman & Associates Regional VP Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850673
 Amount of Each Receipt this Period
 42.00
 Monthly Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 507

City State Zip Code
Carrollton GA 30112-0009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850674

Amount of Each Receipt this Period
85.00

Monthly Contribution

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

Mailing Address 1501 Ingersoll Ave Suite 200

City State Zip Code
Des Moines IA 50309-3102

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

Name of Employer Occupation
Prisma Strategies Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1106.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850675

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 27

City State Zip Code
Wheaton IL 60187-0027

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

Name of Employer Occupation
Colonial Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
662.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850676

Amount of Each Receipt this Period
68.75

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

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

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

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

FOR LINE NUMBER: PAGE 35 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 Slater Rd Suite 200
 City State Zip Code
 Morrisville NC 27560-8477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coventry/Aetna
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850677
 Amount of Each Receipt this Period
 30.00

B. Keith Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Broadway
 City State Zip Code
 Bellingham WA 98225-3036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wallace-Rice Benefits, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 645.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850678
 Amount of Each Receipt this Period
 85.00

C. Lee R. Patton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Maple Street
 City State Zip Code
 West Des Moines IA 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associations Marketing Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850679
 Amount of Each Receipt this Period
 85.00
 Monthly Contribution

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 160
	<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. G. Wayne Pettigrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 3815 East Memorial Road
 City Edmond State OK Zip Code 73013-7228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Compass Benefit Solutions, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850680
 Amount of Each Receipt this Period 85.00
 Monthly Contribution

B. Carolyn Marie Andress
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 Highway 138
 City Wall State NJ Zip Code 07719-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUB International Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850681
 Amount of Each Receipt this Period 30.00

C. Jo L. Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9525 Katy Freeway, Suite 125
 City Houston State TX Zip Code 77024-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TradeMark Insurance Agency LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850684
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **632.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850685

Amount of Each Receipt this Period
42.00

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

Mailing Address Six Concourse Parkway Suite 2750

City Atlanta State GA Zip Code 30328-6243

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

Name of Employer The Benefit Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850686

Amount of Each Receipt this Period
50.00

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

Mailing Address 739 East Jackson Street

City Martinsville State IN Zip Code 46151-2033

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

Name of Employer NewDay! Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850687

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.00**

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

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

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

FOR LINE NUMBER: PAGE 38 OF 160
(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. Jean M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 15433 E 480 Rd
 City Claremore State OK Zip Code 74017-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850688
 Amount of Each Receipt this Period
 30.00

B. David R. Gwin
 Full Name (Last, First, Middle Initial)
 Mailing Address I-20 At Alpine Rd. AV-100
 City Columbia State SC Zip Code 29219-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueChoice HealthPlan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 551.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850694
 Amount of Each Receipt this Period
 85.00

C. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Management Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850695
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Read H. Allen
Full Name (Last, First, Middle Initial)

Mailing Address 1550 W 5th St

City Washington State NC Zip Code 27889-4184

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

Name of Employer Carowan-Allen Insurance, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850697

Amount of Each Receipt this Period 30.00

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

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

City New Berlin State WI Zip Code 53151-0925

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

Name of Employer Planned Futures LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850700

Amount of Each Receipt this Period 50.00

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

Mailing Address P. O. Box 70

City Zirconia State NC Zip Code 28790-0070

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

Name of Employer Senior Healthcare Solutions, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850701

Amount of Each Receipt this Period 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lynn Atkinson

Mailing Address 3800 Electric Road, # 406

City State Zip Code
Roanoke VA 24018-4568

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

Name of Employer Occupation
Humana Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
282.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850702

Amount of Each Receipt this Period
 30.00

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

Mailing Address 2601C Blanding Ave #222

City State Zip Code
Alameda CA 94501-1507

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

Name of Employer Occupation
John Baskett Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850705

Amount of Each Receipt this Period
 30.00

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

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

City State Zip Code
West Lake Hills TX 78746-6428

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

Name of Employer Occupation
UnitedHealthcare Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850709

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 160
	<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. Stephanie Berger
Full Name (Last, First, Middle Initial)

Mailing Address 79 Daily Dr. #276

City Camarillo State CA Zip Code 93010-5807

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

Name of Employer HLS Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : 9850711

Amount of Each Receipt this Period
30.00

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

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

City Las Vegas State NV Zip Code 89119-4250

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

Name of Employer National Healthcare Access Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : 9850713

Amount of Each Receipt this Period
100.00

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

Mailing Address AI Torstrick Insurance Agency, Inc
343 Waller Av

City Lexington State KY Zip Code 40504-2912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : 9850715

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 160
	<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. Jodie E. Braner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4555 Mansell Road, Suite 300
 City Alpharetta State GA Zip Code 30022-8279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hays Companies of Georgia 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
 08 / 23 / 2015
Transaction ID : 9850718
 Amount of Each Receipt this Period
 30.00

B. Sydney K. Briley
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 E. Van Buren St.
 City Broken Arrow State OK Zip Code 74011-7261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850719
 Amount of Each Receipt this Period
 30.00

C. Mark Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 10876
 City Lynchburg State VA Zip Code 24506-0876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Personal Design Financial Services, In Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850720
 Amount of Each Receipt this Period
 30.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 160
(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. Keith Brownrigg
 Full Name (Last, First, Middle Initial)
 Mailing Address 8156 E South Wadworth Blvd
 Ste 328
 City Littleton State CO Zip Code 80128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Benefit Team, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850723
 Amount of Each Receipt this Period
 42.00

B. Paul H. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Plantation Chase
 City Sea Island State GA Zip Code 31561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paul Jackson Ins. & Investments, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850724
 Amount of Each Receipt this Period
 30.00

C. Raymond F. Buza
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 East Lakewood Road
 City West Palm Beach State FL Zip Code 33405-3316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palm Beach Insurance Advisory Group, I Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850727
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 160
	<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. Loretta L. Camp
Full Name (Last, First, Middle Initial)

Mailing Address 10101 Reunion Place, Ste 300

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

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

Name of Employer Davidson Camp Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850728

Amount of Each Receipt this Period

30.00

B. 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 ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850734

Amount of Each Receipt this Period

85.00

C. Claudia S. Dodge
Full Name (Last, First, Middle Initial)

Mailing Address 2108 W Laburnum Ave., # 300

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850742

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 160
(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. Daniel T. Duffy

Mailing Address 9700 Ormsby

City State Zip Code
Louisville KY 40223-4038

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

Name of Employer Occupation
Epic Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850744

Amount of Each Receipt this Period
30.00

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

Mailing Address 112 South Liberty, # 221

City State Zip Code
Jackson TN 38301-6367

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

Name of Employer Occupation
The Eblen Agency/A Divison of IPSEO Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850746

Amount of Each Receipt this Period
30.00

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

Mailing Address 1151 Red Mile Road

City State Zip Code
Lexington KY 40504-2649

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

Name of Employer Occupation
Benefit Insurance Marketing Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850748

Amount of Each Receipt this Period
42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 160
	<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. Jennifer Liane Farrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 North Central Avenue
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Gould & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 08 / 23 / 2015
Transaction ID : 9850752
 Amount of Each Receipt this Period
 50.00

B. Albert Fogle
 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 ▼ 261.00

Date of Receipt
 08 / 23 / 2015
Transaction ID : 9850757
 Amount of Each Receipt this Period
 30.00

C. 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 ▼ 680.00

Date of Receipt
 08 / 23 / 2015
Transaction ID : 9850761
 Amount of Each Receipt this Period
 85.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Carolyn L. Goodwin

Mailing Address 12740 Hillcrest Road
Suite 275

City Dallas State TX Zip Code 75230-7129

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

Name of Employer Goodwin Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850763

Amount of Each Receipt this Period
 30.00

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

Mailing Address 1813 Sweetbay Dr
Ste 10

City Salisbury State MD Zip Code 21804-1663

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850764

Amount of Each Receipt this Period
 30.00

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

Mailing Address 9325 Evening Star Terr

City Eudora State KS Zip Code 66025-8334

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

Name of Employer HSA Benefits Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850765

Amount of Each Receipt this Period
 42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 160
	<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. 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 ▼ **967.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015

Transaction ID : 9850766

Amount of Each Receipt this Period
100.00

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

Mailing Address 4200 East Skelly Drive Suite 320

City Tulsa State OK Zip Code 74135-3261

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

Name of Employer Guardian Life Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015

Transaction ID : 9850768

Amount of Each Receipt this Period
30.00

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

Mailing Address 2940 Camino Diablo # 205

City Walnut Creek State CA Zip Code 94597-3992

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

Name of Employer John Helms Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015

Transaction ID : 9850770

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 160
<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. 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 ▼ **357.00**

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850772

Amount of Each Receipt this Period
42.00

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

Mailing Address P.O. Box 709

City Sugar Land State TX Zip Code 77487-0709

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850773

Amount of Each Receipt this Period
30.00

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 ▼ **680.00**

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850775

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 160
	<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. 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 ▼ 1026.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850777

Amount of Each Receipt this Period 85.00

B. Karen K. Irwin
Full Name (Last, First, Middle Initial)

Mailing Address 3912 Sunforest Ct

City Toledo State OH Zip Code 43623-4486

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

Name of Employer Roemer Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850778

Amount of Each Receipt this Period 42.00

C. Alan L. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Pump Road, #144

City Richmond State VA Zip Code 23233-1111

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

Name of Employer TPA Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850780

Amount of Each Receipt this Period 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 823 Commerce Drive, Suite 350

City	State	Zip Code
Oak Brook	IL	60523-8855

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

Name of Employer	Occupation
Employee Benefit Risk Mgmt. Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850782

Amount of Each Receipt this Period

30.00

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

Mailing Address 6 Country Lane

City	State	Zip Code
Sussex	NJ	07461-4630

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

Name of Employer	Occupation
New England Financial	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850784

Amount of Each Receipt this Period

30.00

C. 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 ▼ **328.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850786

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 12022 Forest Moon Dr

City State Zip Code
Cypress TX 77433-3834

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

Name of Employer Occupation
Humana Market Point Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850791

Amount of Each Receipt this Period
30.00

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

Mailing Address 214 West Main Street Suite 203

City State Zip Code
Moorestown NJ 08057-2345

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

Name of Employer Occupation
Lubenow Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850794

Amount of Each Receipt this Period
42.00

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

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850795

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 160
<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. Kelly A. Madison

Mailing Address PO Box 370

City Meridian State ID Zip Code 83680-0370

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

Name of Employer Myriad Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015

Transaction ID : 9850797

Amount of Each Receipt this Period
30.00

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

Mailing Address 1965 Pine Street

City Redding State CA Zip Code 96001-1921

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

Name of Employer Barbara McClaskey Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015

Transaction ID : 9850799

Amount of Each Receipt this Period
42.00

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

Mailing Address 6510 Mesaverde Dr

City Lincoln State NE Zip Code 68510-5153

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

Name of Employer Les McGerr & Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015

Transaction ID : 9850801

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 160
	<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. Victor C. McKnight
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Tunney Place
 City Santa Rosa State CA Zip Code 95403-7764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edgewood Partners Insurance Center Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 23 / 2015**
Transaction ID : 9850802
 Amount of Each Receipt this Period **30.00**

B. 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 **680.00**

Date of Receipt **08 / 23 / 2015**
Transaction ID : 9850805
 Amount of Each Receipt this Period **85.00**

C. James Ming
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 621
 City Union State MO Zip Code 63084-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ming Senior Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **605.00**

Date of Receipt **08 / 23 / 2015**
Transaction ID : 9850811
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6501 Wyoming Blvd NE
Building G

City Albuquerque State NM Zip Code 87109-0030

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

Name of Employer Norris and Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850815

Amount of Each Receipt this Period
30.00

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

Mailing Address 1115 Taylor Avenue North
Suite 112

City Grand Rapids State MI Zip Code 49503-1079

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

Name of Employer Lighthouse Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850817

Amount of Each Receipt this Period
30.00

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

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284-8850

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

Name of Employer Pennington Associates Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850819

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 160
	<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. Jeff Perry
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 51019

City Idaho Falls State ID Zip Code 83405-1019

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

Name of Employer The Hartwell Corporation Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850821

Amount of Each Receipt this Period
30.00

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

Mailing Address 2108 West Laburnum Avenue, Suite 3

City Richmond State VA Zip Code 23227-4300

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850825

Amount of Each Receipt this Period
120.00

C. 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 ▼ 378.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850826

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 160
	<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. Valerie Reeves
Full Name (Last, First, Middle Initial)
Mailing Address 3702 Brownsboro Rd
City Louisville State KY Zip Code 40207-1820
FEC ID number of contributing federal political committee. **C**
Name of Employer Preferred Benefits, LLC Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **336.00**

Date of Receipt **08 / 23 / 2015**
Transaction ID : 9850827
Amount of Each Receipt this Period **42.00**

B. Russell Lee Rice
Full Name (Last, First, Middle Initial)
Mailing Address 8000 IH-10 West, # 715
City San Antonio State TX Zip Code 78230-3880
FEC ID number of contributing federal political committee. **C**
Name of Employer AVESIS, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **701.00**

Date of Receipt **08 / 23 / 2015**
Transaction ID : 9850830
Amount of Each Receipt this Period **85.00**

C. Michael P. Ripley
Full Name (Last, First, Middle Initial)
Mailing Address 200 East Main St. Suite 800
City Fort Wayne State IN Zip Code 46802-1900
FEC ID number of contributing federal political committee. **C**
Name of Employer Gibson Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 23 / 2015**
Transaction ID : 9850831
Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **157.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 ▼
805.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850832

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 21533

City State Zip Code
Winston Salem NC 27120-1533

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

Name of Employer Occupation
Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
646.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850841

Amount of Each Receipt this Period
85.00

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

Mailing Address 12121 Wilshire Blvd Ste 1100

City State Zip Code
Los Angeles CA 90025-1166

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

Name of Employer Occupation
First Financial Resources Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850842

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 160
(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. Nicole Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Northwest Pkwy
 City San Antonio State TX Zip Code 78249-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850843
 Amount of Each Receipt this Period
 30.00

B. Kevin Shively
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 Paluxy Dr Ste 540
 City Tyler State TX Zip Code 75703-1664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield Occupation Carrier Sales Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850845
 Amount of Each Receipt this Period
 30.00

C. Sean G. Shoemake
 Full Name (Last, First, Middle Initial)
 Mailing Address 169A Lameuse St
 City Biloxi State MS Zip Code 39530-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Specialists, P.A. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850846
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 160
	<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. Barbara Shooshanian

Mailing Address 39500 High Pointe Blvd
Ste 400

City State Zip Code
Novi MI 48375-5517

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

Name of Employer Occupation
Health Alliance Administrators, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850847

Amount of Each Receipt this Period
30.00

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

Mailing Address 143 E Austin St

City State Zip Code
Giddings TX 78942-3201

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

Name of Employer Occupation
The Nitsche Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850849

Amount of Each Receipt this Period
30.00

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

Mailing Address 100 Queen Street

City State Zip Code
Southington CT 06489-2052

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

Name of Employer Occupation
Paul E Smith Insurance, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850851

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 160
	<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. Scott D. Snowden
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane, Suite 101

City	State	Zip Code
Louisville	KY	40222-3844

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

Name of Employer	Occupation
Snowden & Associates, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850852

Amount of Each Receipt this Period

_____	30.00
-------	--------------

B. Tamela L. Southan
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Renner Rd., Ste 160

City	State	Zip Code
Richardson	TX	75082-2019

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

Name of Employer	Occupation
Benefit Solutions By Design	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850853

Amount of Each Receipt this Period

_____	42.00
-------	--------------

C. Anne P. Sperling
Full Name (Last, First, Middle Initial)

Mailing Address 805 St. Michael's Drive

City	State	Zip Code
Santa Fe	NM	87505-7625

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

Name of Employer	Occupation
Daniels Insurance Agency, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2015

Transaction ID : 9850855

Amount of Each Receipt this Period

_____	60.00
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SUBTOTAL of Receipts This Page (optional).....▶	132.00
TOTAL This Period (last page this line 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 160
	<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. Dustin Stacy
Full Name (Last, First, Middle Initial)
Mailing Address 1151 Red Mile Road
City Lexington State KY Zip Code 40504-2649
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Insurance Marketing Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850856
Amount of Each Receipt this Period 30.00

B. Julia Beckie Stockstill
Full Name (Last, First, Middle Initial)
Mailing Address 125 E. San Augustine
City Deer Park State TX Zip Code 77536-4160
FEC ID number of contributing federal political committee. **C**
Name of Employer Stockstill & Associates Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 282.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850859
Amount of Each Receipt this Period 30.00

C. Marsha Tellesbo-Kembel
Full Name (Last, First, Middle Initial)
Mailing Address 1001 4th Avenue, Suite 3200
City Seattle State WA Zip Code 98154-1003
FEC ID number of contributing federal political committee. **C**
Name of Employer Tellesbo & Company Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 847.00

Date of Receipt 08 / 23 / 2015
Transaction ID : 9850864
Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... 145.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 160
<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. Helen M. Todd
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 56166

City Little Rock State AR Zip Code 72215-6166

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

Name of Employer The Todd Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **08 / 23 / 2015**

Transaction ID : 9850866

Amount of Each Receipt this Period **30.00**

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 ▼ **386.00**

Date of Receipt **08 / 23 / 2015**

Transaction ID : 9850869

Amount of Each Receipt this Period **42.00**

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

Mailing Address 1907 B Mangrove Ave.

City Chico State CA Zip Code 95926-2381

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

Name of Employer John Warwick Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 23 / 2015**

Transaction ID : 9850870

Amount of Each Receipt this Period **85.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 160
	<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. Mitchell West

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

City Centennial State CO Zip Code 80111-6479

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

Name of Employer MW Family Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850871

Amount of Each Receipt this Period
30.00

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

Mailing Address 16619 74th Ave NE

City Kenmore State WA Zip Code 98028-4261

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

Name of Employer Chris Wickizer Insurance Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850873

Amount of Each Receipt this Period
30.00

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

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504-2649

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850874

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 160
	<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. Owen W. Wingate
Full Name (Last, First, Middle Initial)

Mailing Address 155 Professional Dr

City State Zip Code
Ponte Vedra Beach FL 32082-6217

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

Name of Employer Occupation
Wingate Insurance Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850875

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 17236

City State Zip Code
Tucson AZ 85731-7236

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

Name of Employer Occupation
Wolfe Insurance & Consultants, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850876

Amount of Each Receipt this Period
30.00

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

Mailing Address 1111 Chestnut Hills Pky

City State Zip Code
Fort Wayne IN 46814-8934

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

Name of Employer Occupation
Employee Plans, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 23 / 2015
Transaction ID : 9850878

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 160
	<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. 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 ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : 9850879

Amount of Each Receipt this Period
42.00

B. Julia T. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Clinton Anderson Drive NW

City Albuquerque State NM Zip Code 87114-5317

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

Name of Employer J. Moore Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : 9850882

Amount of Each Receipt this Period
10.00

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

Mailing Address PO Box 5125

City Culver City State CA Zip Code 90231-5125

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

Name of Employer Friedman & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : 9850885

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	137.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Charles L. Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Cloiffview Drive
 City State Zip Code
 Brandon MS 39047-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850887
 Amount of Each Receipt this Period
 30.00

B. David C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Englewood Avenue
 City State Zip Code
 Durham NC 27701-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 786.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : 9850888
 Amount of Each Receipt this Period
 170.00

C. Karla Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 61010
 City State Zip Code
 Santa Barbara CA 93160-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brown & Brown, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : 9850889
 Amount of Each Receipt this Period
 42.00
 Contribution

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 68 OF 160
	<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. Erica R. Hain
Full Name (Last, First, Middle Initial)

Mailing Address 1995 Point Township Drive

City Northumberland State PA Zip Code 17857-8856

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

Name of Employer Keystone Insurers Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **08 / 24 / 2015**

Transaction ID : 9850891

Amount of Each Receipt this Period **100.00**

B. 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 ▼ **210.00**

Date of Receipt **08 / 24 / 2015**

Transaction ID : 9850893

Amount of Each Receipt this Period **30.00**

C. 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 ▼ **357.00**

Date of Receipt **08 / 24 / 2015**

Transaction ID : 9850894

Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional).....▶	172.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 240.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 9850895

Amount of Each Receipt this Period 30.00

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

Mailing Address 125 Grand Avenue, Unit B

City Grand Junction State CO Zip Code 81501-2251

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

Name of Employer MHIB Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 24 / 2015
Transaction ID : 9851990

Amount of Each Receipt this Period 30.00

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

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309-1775

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 08 / 25 / 2015
Transaction ID : 9851991

Amount of Each Receipt this Period 42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 160
	<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. Jason Gootee
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 L Street
 Suite 270
 City Anchorage State AK Zip Code 99501-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Moda Health Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt: 08 / 25 / 2015
Transaction ID : 9851992
 Amount of Each Receipt this Period: **30.00**

B. 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 **427.00**

Date of Receipt: 08 / 25 / 2015
Transaction ID : 9851995
 Amount of Each Receipt this Period: **30.00**

C. Cynthia Whaley
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 N. Washington Street
 Suite A
 City Easton State MD Zip Code 21601-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Avery Hall Benefit Solutions, Inc. Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt: 08 / 25 / 2015
Transaction ID : 9852003
 Amount of Each Receipt this Period: **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lori 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 ▼ 294.00

Date of Receipt 08 / 26 / 2015
Transaction ID : 9852011

Amount of Each Receipt this Period 42.00

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

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg State VA Zip Code 23185-5871

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

Name of Employer Hinck Financial Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 26 / 2015
Transaction ID : 9852012

Amount of Each Receipt this Period 30.00

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

Mailing Address 550 Boardwalk Blvd.

City Bossier City State LA Zip Code 71111-4384

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

Name of Employer Benefit Consulting Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 08 / 26 / 2015
Transaction ID : 9852020

Amount of Each Receipt this Period 170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00

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

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

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

FOR LINE NUMBER: PAGE 72 OF 160
(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. 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 ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : 9852057

Amount of Each Receipt this Period
50.00

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

Mailing Address 13800 Jackson Road

City State Zip Code
Mishawaka IN 46544-9195

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

Name of Employer Occupation
Keystone Insurers Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 9852061

Amount of Each Receipt this Period
85.00

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

Mailing Address 32110 Agoura Road

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : 9852063

Amount of Each Receipt this Period
85.00

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 73 OF 160
	<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. JoAnn Marie Charron
 Full Name (Last, First, Middle Initial)
 Mailing Address 11325 Pegasus St., Suite W-102
 City Dallas State TX Zip Code 75238-5214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Dallas Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 27 / 2015
Transaction ID : 9852064
 Amount of Each Receipt this Period 85.00

B. Alycia Riedl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Utica Ave S
 City Saint Louis Park State MN Zip Code 55416-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willis of Minnesota, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 27 / 2015
Transaction ID : 9852065
 Amount of Each Receipt this Period 30.00

C. 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 ▼ 616.00

Date of Receipt 08 / 27 / 2015
Transaction ID : 9852066
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 160
	<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. 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 ▼ 637.00

Date of Receipt 08 / 27 / 2015
Transaction ID : 9852069
 Amount of Each Receipt this Period 85.00

B. Richard F. Galardini
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Stonewood Dr., Ste 251
 City Wexford State PA Zip Code 15090-7376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRG Advisors, LLC Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.50

Date of Receipt 08 / 27 / 2015
Transaction ID : 9852071
 Amount of Each Receipt this Period 42.50

C. Fred Cartier
 Full Name (Last, First, Middle Initial)
 Mailing Address 11555 Sorrento Valley Road Suite 203
 City San Diego State CA Zip Code 92121-1331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group, Inc. Occupation Employee Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 08 / 27 / 2015
Transaction ID : 9852072
 Amount of Each Receipt this Period 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2015

Transaction ID : 9852081

Amount of Each Receipt this Period
85.00

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 ▼ **235.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2015

Transaction ID : 9852086

Amount of Each Receipt this Period
10.00

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

Mailing Address 400 Galleria Pkwy, #300

City Atlanta State GA Zip Code 30339-3182

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

Name of Employer Digital Insurance, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2015

Transaction ID : 9852089

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Russell 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 ▼
 845.00

Date of Receipt
 08 / 27 / 2015
Transaction ID : 9852091

Amount of Each Receipt this Period
 90.00

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

Mailing Address 5113 N. Executive Drive
 Suite 102

City State Zip Code
 Peoria IL 61614-4893

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

Name of Employer Occupation
 Jackson Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 08 / 27 / 2015
Transaction ID : 9852092

Amount of Each Receipt this Period
 42.00

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

Mailing Address 424 Lewis Hargett Circle Ste 100

City State Zip Code
 Lexington KY 40503-3683

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

Name of Employer Occupation
 Epic Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 08 / 27 / 2015
Transaction ID : 9852094

Amount of Each Receipt this Period
 42.00

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 160
	<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 Gary Wood Associates, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **459.00**

Date of Receipt **08 / 27 / 2015**

Transaction ID : 9852095

Amount of Each Receipt this Period **42.00**

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 ▼ **294.00**

Date of Receipt **08 / 27 / 2015**

Transaction ID : 9852103

Amount of Each Receipt this Period **42.00**

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

Mailing Address 38176 Medical Center Avenue

City Zephyrhills State FL Zip Code 33540-1380

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

Name of Employer The Canadian Drugstore Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 27 / 2015**

Transaction ID : 9852104

Amount of Each Receipt this Period **85.00**

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 78 OF 160
	<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. 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 ▼ **800.00**

Date of Receipt **08 / 27 / 2015**

Transaction ID : 9852108

Amount of Each Receipt this Period **100.00**

B. 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 ▼ **1196.00**

Date of Receipt **08 / 28 / 2015**

Transaction ID : 9852112

Amount of Each Receipt this Period **150.00**

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

Mailing Address 1201 N Watson Rd
Ste 287

City Arlington State TX Zip Code 76006-6222

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

Name of Employer Vogue Insurance Agency, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **436.00**

Date of Receipt **08 / 28 / 2015**

Transaction ID : 9852114

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **280.00**

TOTAL This Period (last page this line 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 160
	<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. Korina Kay Gregg
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E Paseo Santa Teresa

City Tucson State AZ Zip Code 85750-1723

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

Name of Employer HR Executive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : 9852124

Amount of Each Receipt this Period
42.00

B. 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 ▼ **436.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : 9852352

Amount of Each Receipt this Period
30.00

C. Mary Moody Applewhite
Full Name (Last, First, Middle Initial)

Mailing Address 397 Little Neck Road
3300 Bldg, Suite 301

City Virginia Beach State VA Zip Code 23452-5765

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

Name of Employer TFA Benefits - A TowneBank Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : 9853148

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$80.00

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 80 OF 160
	<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. Paul H. Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 311 Plantation Chase

City State Zip Code
Sea Island GA 31561

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : 9853149

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$240.00

B. Kathryn A. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 10205 Oasis Drive Suite 305

City State Zip Code
San Antonio TX 78216-4031

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

Name of Employer Occupation
Rockies Insurance Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt
08 / 31 / 2015
Transaction ID : 9853150

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$70.00

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

Mailing Address 1312 W Kiva Ave

City State Zip Code
Mesa AZ 85202-6633

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

Name of Employer Occupation
Affiliated Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR433059212150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 160
(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. Tiffany Stock
 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 ▼ 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR433079012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Carla Adams
 Mailing Address 2229 Mesa Brook
 City Schertz State TX Zip Code 78154-1975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Total Administrative Services Corporat Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR433095012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Melissa Davies
 Mailing Address 730 Sandhill Rd STE 310
 City Reno State NV Zip Code 89521-4837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clark and Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR433115412150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 82 OF 160
(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. 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 ▼ **855.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR433118912150

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Joseph H. Deacon

Mailing Address 107 Hale St. Suite 316

City Charleston State WV Zip Code 25301-2672

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

Name of Employer Deacon & Deacon Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR433129312150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼ **610.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR433168112150

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 83 OF 160
(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. William J. Barrett

Mailing Address 7400 West Campus Road

City State Zip Code
New Albany OH 43054-8725

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

Name of Employer Occupation
Aetna Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR433180612150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 10816 Fandor Street

City State Zip Code
Fort Worth TX 76108-4500

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

Name of Employer Occupation
United Senior Services of Texas Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR433187712150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 7 Stonewall Lane

City State Zip Code
Mamaroneck NY 10543-1025

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

Name of Employer Occupation
Insurance & Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR433196812150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 160
	<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. Scott W. Long
Full Name (Last, First, Middle Initial)
Mailing Address 1715 Greenway Village Dr.
City State Zip Code
Katy TX 77494-2175
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Transamerica Employee Benefits Sales Manager
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR433206812150
Amount of Each Receipt this Period
30.00
P/R Deduction (\$30.00 Monthly)

B. Amanda McCann Potter
Full Name (Last, First, Middle Initial)
Mailing Address 2101 W Wadley #33C
City State Zip Code
Midland TX 79705-6439
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Aflac Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR433277612150
Amount of Each Receipt this Period
30.00
P/R Deduction (\$30.00 Monthly)

C. Lynn Charles Wentworth
Full Name (Last, First, Middle Initial)
Mailing Address 137 Executive Drive Suite E
City State Zip Code
Madison MS 39110-8456
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AFLAC Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR433282012150
Amount of Each Receipt this Period
30.00
P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 85 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼
 410.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR433316612150

Amount of Each Receipt this Period
 63.00

P/R Deduction (\$63.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Samantha Di Vito

Mailing Address 13689 Highway 9
 Suite C-100

City State Zip Code
 Milton GA 30004-3616

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

Name of Employer Occupation
 AlwaysCare Benefits Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR433454612150

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

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 Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR433519212150

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 160
(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. Roger W. Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4010 State Street
 City Tampa State FL Zip Code 33609-1264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Argus Dental and Vision Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436789412150
 Amount of Each Receipt this Period 30.50
 P/R Deduction (\$30.50 Monthly)

B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436791112150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. John F. Rippinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 East Woodfield Rd. #110 E
 City Schaumburg State IL Zip Code 60173-4945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rippinger Financial Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436793512150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 87 OF 160
(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. Catherine Van Zant

Mailing Address 5500 Euper Lane
P.O. Box 3529

City Fort Smith State AR Zip Code 72903-3234

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436801912150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 5716

City Boise State ID Zip Code 83705-0716

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

Name of Employer Insurance Network America Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436808012150

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 16000 Ventura Blvd

City Encino State CA Zip Code 91436-2744

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436817912150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey Sherrod
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Granite Parkway Suite 700

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

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

Name of Employer United Healthcare Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR436818312150

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1212 New York Ave. NW, Ste 1100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR436821412150

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

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

Mailing Address P.O Box 795008
131 Interpark Blvd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR436823412150

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 160
<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. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436824512150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. Thomas Besselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Perkins Rd., # 2B, Bldg A
 City Baton Rouge State LA Zip Code 70808-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436824612150
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Jesse A. Patton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associations Marketing Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436829512150
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$350.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David 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 ▼ 826.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436829712150
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Elizabeth Ashmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79424-0803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashmore & Associates Insurance Agency, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436830312150
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

C. Mary B. Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2637 S. 158th Plaza #200
 City Omaha State NE Zip Code 68130-1769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holmes Murphy & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436836212150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 160
	<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 R. McConaughey
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 805

City West Chester State OH Zip Code 45071-0805

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

Name of Employer JRM & Associates Agency, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436837512150

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 7412 Karl Drive

City Lincoln State NE Zip Code 68516-4368

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

Name of Employer Senior Benefit Strategies Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436838912150

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3150 N. Elm Street Suite 201

City Greensboro State NC Zip Code 27408-3840

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

Name of Employer EbenConcepts Company Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436839812150

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **192.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 160
	<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. Dorothy M. Cociu

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834-6677

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt: **08 / 31 / 2015**

Transaction ID : PR436844612150

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

P/R Deduction (\$85.00 Monthly)

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

Mailing Address PO Box 2137

City Kernville State CA Zip Code 93238-2137

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt: **08 / 31 / 2015**

Transaction ID : PR436847212150

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

P/R Deduction (\$85.00 Monthly)

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

Mailing Address PO Box 16566

City Jackson State MS Zip Code 39236-6566

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt: **08 / 31 / 2015**

Transaction ID : PR436852612150

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

P/R Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2171 So. Pebblecreek Lane

City State Zip Code
Boise ID 83706-6123

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

Name of Employer Occupation
Retired Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR436853212150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Darrald T. Bean
Full Name (Last, First, Middle Initial)

Mailing Address 3922 Rampart ST

City State Zip Code
Boise ID 83704-4557

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

Name of Employer Occupation
Bean Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR436853312150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 31029

City State Zip Code
Charleston SC 29417-1029

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

Name of Employer Occupation
David M. Gilston Insurance Agency, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR436853712150

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Phyllis Martinsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 West Boise Avenue, Suite 100
 City Boise State ID Zip Code 83706-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Byron Hyatt Erstad & Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436864012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. George R. Keeling
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Drawer K-1630 507 Avenue G
 City Levelland State TX Zip Code 79336-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George R. Keeling Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436865512150
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Sandra V. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mobley Insurance Agency LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436869312150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paula L. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 31930 Daniel Way

City Temecula State CA Zip Code 92591-2129

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

Name of Employer Paula Wilson, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436873512150

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

B. Kathy M. Rainwater
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701-9455

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

Name of Employer Threlkeld & Company Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436873712150

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

C. Rodney Stuart
Full Name (Last, First, Middle Initial)

Mailing Address 600 East Carmel Drive Suite 110

City Carmel State IN Zip Code 46032-3003

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

Name of Employer Strategic Insurance Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436883312150

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 160
	<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. Jackie L. Spragins
Full Name (Last, First, Middle Initial)

Mailing Address 1300 10th St

City State Zip Code
Wichita Falls TX 76301-3227

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

Name of Employer Occupation
Higginbotham Ins Agency, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR436895312150

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Leah-Anne Janway
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 20626

City State Zip Code
Oklahoma City OK 73156-0626

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

Name of Employer Occupation
Bigbie, Hensley & Janway Insurance Age Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR436901512150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 110 International Way

City State Zip Code
Springfield OR 97477-1034

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

Name of Employer Occupation
PacificSource Health Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR436902912150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 160
	<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. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436903712150

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 1775 E Palm Canyon Dr, Ste 110 -

City Palm Springs State CA Zip Code 92264-1623

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

Name of Employer Retired Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436906912150

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 26555 Evergreen Road Suite 535

City Southfield State MI Zip Code 48076-4213

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2527.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR436914112150

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dwight Hall
Full Name (Last, First, Middle Initial)
Mailing Address 6107 Hazelwood Ave.
City Indianapolis State IN Zip Code 46228-1316
FEC ID number of contributing federal political committee. **C**
Name of Employer D Hall & Associates Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **436.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436914812150
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. Annette Shaffer
Full Name (Last, First, Middle Initial)
Mailing Address 418 South Main Street
City Findlay State OH Zip Code 45840-3273
FEC ID number of contributing federal political committee. **C**
Name of Employer Group Benefit Consultants Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436917212150
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

C. Betty J. Lindstrom
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4026
City Felton State CA Zip Code 95018-0349
FEC ID number of contributing federal political committee. **C**
Name of Employer Lindstrom Insurance Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436918212150
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 160
	<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 J. Recker
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 North Perry Street
 P.O. Box 276
 City Ottawa State OH Zip Code 45875-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fawcett, Lammon, Recker & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436919012150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. Lawrence Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address 2633 State Route 59, Suite B
 City Ravenna State OH Zip Code 44266-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **248.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436923412150
 Amount of Each Receipt this Period **31.00**
 P/R Deduction (\$31.00 Monthly)

C. Peter F. Stehr
 Full Name (Last, First, Middle Initial)
 Mailing Address 13636 Seward Street
 City Omaha State NE Zip Code 68154-3823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peter Stehr Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436932412150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **91.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 160
	<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. 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 **680.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436934812150
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

B. Jimmie Whitmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Eighth Street
 City Wichita Falls State TX Zip Code 76301-6507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Whitmire & Whitmire, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436939112150
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

C. James R. Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVS Consulting Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1527.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR436939912150
 Amount of Each Receipt this Period **170.00**
 P/R Deduction (\$170.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 101 OF 160
(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. Sandra Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 Network Blvd, # 403
 City San Antonio State TX Zip Code 78249-3310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hairston, Johnson & Associates, PLLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436946312150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Nicole Fairbairn
 Full Name (Last, First, Middle Initial)
 Mailing Address 8069 Little Circle Road
 City Noblesville State IN Zip Code 46060-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Creative Insurance Concepts Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 261.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436957112150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Scott A Delisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Fallbrook Blvd
 City Lincoln State NE Zip Code 68521-9033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ameritas Life Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436958812150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 102 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert V. Holland
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centralia General Agencies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436961712150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. John E Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Sidco Drive, Suite 200
 City Nashville State TN Zip Code 37204-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colonial Life Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436963512150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. John C. Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Laurel Hill Drive
 City Niantic State CT Zip Code 06357-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parker Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 946.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR436986812150
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 103 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Bob Bentley

Mailing Address 9557 Silverdale Loop Road, NW

City Silverdale State WA Zip Code 98383-9132

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

Name of Employer Albers Company Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436990412150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rand R. Wall

Mailing Address 12603 Southwest Freeway, Suite 620

City Stafford State TX Zip Code 77477-3864

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

Name of Employer Lone Star Health Plans, Ltd. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436992612150

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 800 Avenue C

City Katy State TX Zip Code 77493-2302

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

Name of Employer Splawn & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR436992812150

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 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 104 OF 160
	<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. Paige W. Phillips

Mailing Address 1434 Hwy 301

City Calera State AL Zip Code 35040-5466

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

Name of Employer AWM, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **788.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR436993012150

Amount of Each Receipt this Period
98.50

P/R Deduction (\$98.50 Monthly)

Full Name (Last, First, Middle Initial)
B. Charla S. Rose

Mailing Address PO Box 1299

City Amarillo State TX Zip Code 79105-0299

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

Name of Employer Upshaw Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR436999112150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 807 8th Street, Suite 300

City Wichita Falls State TX Zip Code 76301-3317

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

Name of Employer Financial Partners Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437002312150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 105 OF 160
(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. Ryan P. Thorn

Mailing Address 10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

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

Name of Employer Occupation
Ryan P. Thorn Insurance Planning, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437004012150

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Betty R. Doyle

Mailing Address 108 SE 3rd, Suite A

City State Zip Code
Moore OK 73160-5234

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

Name of Employer Occupation
Doyle-Crow & Associates Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437006912150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 500 Faunce Corner Rd
Bldg 100, Suite 120

City State Zip Code
Dartmouth MA 02747-1255

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437009212150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **155.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 160
	<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 ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437016712150

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B. Dee Forshee
Full Name (Last, First, Middle Initial)

Mailing Address 203 E Main #B

City Union	State MO	Zip Code 63084-1645
---------------	-------------	------------------------

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

Name of Employer Ming Senior Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437017012150

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 80158

City Lafayette	State LA	Zip Code 70598-0158
-------------------	-------------	------------------------

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

Name of Employer The Family Insurance Center, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437017112150

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tammy Winn
Full Name (Last, First, Middle Initial)

Mailing Address 9811 S IH 35, Building 1
Suite 100

City Austin State TX Zip Code 78744-7901

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

Name of Employer SWBC Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437022712150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address P O Box 345

City Ravenna State OH Zip Code 44266-0345

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437026312150

Amount of Each Receipt this Period 31.00

P/R Deduction (\$31.00 Monthly)

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

Mailing Address 1939 Racimo Dr

City Sarasota State FL Zip Code 34240-9426

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

Name of Employer Employee Benefits Marketing Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437031512150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 91.00

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

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

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

FOR LINE NUMBER: PAGE 109 OF 160
(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. Carol Matznick
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 38905
 City Greensboro State NC Zip Code 27438-8905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Carolina AHU Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437035312150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Matt B. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Breckenridge Lane, Suite 8
 City Louisville State KY Zip Code 40220-1462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schwartz Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437037812150
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Wesley P. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540-0604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437039412150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 106 South Harris Street
237

City Round Rock State TX Zip Code 78664-6081

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

Name of Employer The Buffum Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
532.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437042312150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 812 Lyndon Lane Suite 101

City Louisville State KY Zip Code 40222-3844

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437043312150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address P.O. Box 388
807 S. Maltby Ave.

City Sutton State NE Zip Code 68979-0388

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

Name of Employer Insurance Plus, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437046612150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 160
	<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. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City State Zip Code
 Salt Lake City UT 84121-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fringe Benefit Analysts Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437051512150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Eleanor M. Brockhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 East Osborn Road, Suite 110
 City State Zip Code
 Phoenix AZ 85014-5537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brockhurst & Associates, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437052812150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Kimberly C. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1027 S Pendleton Street
 Suite B-217
 City State Zip Code
 Easley SC 29642-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437058212150
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Terri M. Olson
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 21479

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437070212150

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B. Suzetta E. Alberts
Full Name (Last, First, Middle Initial)
Mailing Address 26555t Evergreen Drive Ste 535

City Southfield	State MI	Zip Code 48076-4201
--------------------	-------------	------------------------

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

Name of Employer Comprehensive Benefits	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **818.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437076112150

Amount of Each Receipt this Period

84.00

P/R Deduction (\$84.00 Monthly)

C. Juan R. Lopez
Full Name (Last, First, Middle Initial)
Mailing Address 1851 E. First, #1100

City Santa Ana	State CA	Zip Code 92705-4051
-------------------	-------------	------------------------

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

Name of Employer Kaiser Permanente	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437079012150

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	219.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 160
	<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. 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 ▼ **336.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437080812150

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 5047 Sherri Ann Road

City San Antonio State TX Zip Code 78233-6213

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

Name of Employer Wells Fargo Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437086412150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 235 Main Street

City Pleasanton State CA Zip Code 94566-8206

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

Name of Employer Herzog Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **826.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437090112150

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 17200 Ventura Blvd., Suite 312

City	State	Zip Code
Encino	CA	91316-5018

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

Name of Employer	Occupation
Genesis Financial & Insurance Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **511.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437094112150

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

B. Joseph E. Henehan
Full Name (Last, First, Middle Initial)

Mailing Address 685 Carnegie Dr., Ste. #205

City	State	Zip Code
San Bernardino	CA	92408-3550

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

Name of Employer	Occupation
The Henehan Company	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437097912150

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

C. Mario Roiz
Full Name (Last, First, Middle Initial)

Mailing Address 10446 NW 31st Terrace

City	State	Zip Code
Doral	FL	33172-1200

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

Name of Employer	Occupation
HR Benefit Services, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR437104912150

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 115 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6101 Executive Boulevard, Suite 12

City State Zip Code
Rockville MD 20852-3907

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

Name of Employer Occupation
Insurance Marketing Center, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
08 / 31 / 2015

Transaction ID : PR437105912150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 100 Mansell Ct East Suite 400

City State Zip Code
Roswell GA 30076-4859

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

Name of Employer Occupation
Humana Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
08 / 31 / 2015

Transaction ID : PR437110712150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joseph W. Buyalos

Mailing Address 9713 Key West Ave, Suite 401

City State Zip Code
Rockville MD 20850-4082

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

Name of Employer Occupation
The Insurance Exchange, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
08 / 31 / 2015

Transaction ID : PR437111612150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. G. Russell Garner
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Murraywood Drive

City Columbia State SC Zip Code 29212-1159

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

Name of Employer G. Russell Garner LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437113212150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

B. Cynthia H. Doucet
Full Name (Last, First, Middle Initial)

Mailing Address 104 Mondrian Way

City Lafayette State LA Zip Code 70501-7730

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

Name of Employer Global Financial Resources, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437116412150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. Brian Joseph McEville
Full Name (Last, First, Middle Initial)

Mailing Address 7260 W. Azure Drive #140-201

City Las Vegas State NV Zip Code 89130-7999

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

Name of Employer McEville Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437117712150

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Angela Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 2300 S. 16th Street
City Lincoln State NE Zip Code 68502-3704
FEC ID number of contributing federal political committee. **C**
Name of Employer Bryan Medical Center Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437117812150
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. Joseph K. Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 7101 S. 82nd St., #B
City Lincoln State NE Zip Code 68516-6584
FEC ID number of contributing federal political committee. **C**
Name of Employer Midlands Financial Benefits Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1402.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437118012150
Amount of Each Receipt this Period **170.00**
P/R Deduction (\$170.00 Monthly)

C. Lonnie Klene
Full Name (Last, First, Middle Initial)
Mailing Address 14339 Torrey Chase Blvd., Ste F
City Houston State TX Zip Code 77014-1631
FEC ID number of contributing federal political committee. **C**
Name of Employer Core Benefits Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437119612150
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **230.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 160
	<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. 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 **336.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437122412150
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

B. Bruce D. Benton
 Full Name (Last, First, Middle Initial)
 Mailing Address 17200 Ventura Blvd Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Financial & Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1506.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437123012150
 Amount of Each Receipt this Period **170.00**
 P/R Deduction (\$170.00 Monthly)

C. Joanna Antongiovanni
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 795008
 City San Antonio State TX Zip Code 78279-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437128012150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Linda K. Friedrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4435 O Street
 City Lincoln State NE Zip Code 68510-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNICO Financial Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437129112150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. Jeffrey Papenfus
 Full Name (Last, First, Middle Initial)
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warner Pacific Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437137812150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Timothy P. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 417
 City Hampstead State NC Zip Code 28443-0417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Insurance Systems Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437149412150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 160
	<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. Laura L. Hebert

Mailing Address 935 Graham Road
PO BOX 18508

City Corpus Christi State TX Zip Code 78418-5123

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

Name of Employer Hebert Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437154812150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Tina Durand

Mailing Address P.O.Box 61157

City Corpus Christi State TX Zip Code 78466-1157

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

Name of Employer Heavin & Associates Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437154912150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 6724 S 29th W Place

City Tulsa State OK Zip Code 74132-1766

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437174112150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 160
	<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. Robert J. Tierney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2113 West Parkstone Ct
 City Meridian State ID Zip Code 83646-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tierney Consulting, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437175212150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Neal Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 East Atlantic Boulevard
 City Pompano Beach State FL Zip Code 33060-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frank H. Furman, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437183412150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Dale Ducote
 Full Name (Last, First, Middle Initial)
 Mailing Address 7922 Summa Avenue, Suite A-2
 City Baton Rouge State LA Zip Code 70809-3492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plus Consulting Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437184612150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 160
	<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 McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Elm Street, Suite 301
 City Manchester State NH Zip Code 03101-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Granite Group Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437187212150
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Alan R. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15883-B Crabbs Branch Way
 City Rockville State MD Zip Code 20855-2635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Benefits & Advisors Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437194612150
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Douglas F. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Ohio River Blvd
 City Pittsburgh State PA Zip Code 15202-2835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seubert & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437195512150
 Amount of Each Receipt this Period 30.00
 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 123 OF 160
	<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 B. Crable
Full Name (Last, First, Middle Initial)

Mailing Address 5000 Dearborn Cir. Ste 100

City State Zip Code
Mount Laurel NJ 08054-4108

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

Name of Employer Occupation
Corporate Synergies Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437199712150

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 11555 Medlock Bridge Rd

City State Zip Code
Johns Creek GA 30097-1564

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

Name of Employer Occupation
Braden Benefit Strategies, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437201912150

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C. Joshua D. Nace
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Harrison Street, Suite S440

City State Zip Code
Seattle WA 98119-4116

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

Name of Employer Occupation
Dental Health Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437203312150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 124 OF 160
(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. Lon G. Wilson

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 ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437204312150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jennifer Bundy-Cobb

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437204412150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Marilyn A. Stenger

Mailing Address 8926 Crown Colony Blvd

City Fort Myers State FL Zip Code 33908-5627

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437206412150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 160
	<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 ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR437212212150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 4330 La Jolla Village Dr.,# 330

City San Diego State CA Zip Code 92122-6241

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

Name of Employer Auerbach & Gussin Insurance and Financ Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **986.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR437216012150

Amount of Each Receipt this Period
105.00

P/R Deduction (\$105.00 Monthly)

C. 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 ▼ **826.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR437218312150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line 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 126 OF 160
	<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. 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 **336.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437221412150
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

B. Debra L. Righter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1804 Juan Tabo Blvd, NE, Suite B
 City Albuquerque State NM Zip Code 87112-3309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Righter Insurance, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437223412150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

C. Rita A. Musser
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Thames Drive
 City Fort Wayne State IN Zip Code 46815-5994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437229112150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 160
	<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. Joy K. Gardner
Full Name (Last, First, Middle Initial)
Mailing Address 9424 Double R Blvd
City Reno State NV Zip Code 89521-5977
FEC ID number of contributing federal political committee. **C**
Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 558.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437231212150
Amount of Each Receipt this Period 47.00
P/R Deduction (\$47.00 Monthly)

B. Michael A. Norris
Full Name (Last, First, Middle Initial)
Mailing Address 295 E Palmer Street
City Franklin State NC Zip Code 28734-3049
FEC ID number of contributing federal political committee. **C**
Name of Employer Wayah Employee Benefits / EbenConcepts Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437250012150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. Diane L. Barton-Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 3856 S. Boulevard, Suite 100
City Edmond State OK Zip Code 73013-5584
FEC ID number of contributing federal political committee. **C**
Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437254112150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 107.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 160
	<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. Christian Bergstrom
Full Name (Last, First, Middle Initial)

Mailing Address 300 1st Avenue South,#500

City Saint Petersburg State FL Zip Code 33701-4200

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437260912150

Amount of Each Receipt this Period **63.00**

P/R Deduction (\$63.00 Monthly)

B. Sandra Lee Powers-Booth
Full Name (Last, First, Middle Initial)

Mailing Address 4817 S. 175th Street

City Seatac State WA Zip Code 98188-3710

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

Name of Employer Health Benefits Northwest Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437264312150

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

C. Allen D. Hardy
Full Name (Last, First, Middle Initial)

Mailing Address 802 Kosciusko Road
P.O. Box 89

City Philadelphia State MS Zip Code 39350-3555

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

Name of Employer Philadelphia Security Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437264912150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 129 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul H. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Plantation Chase
 City State Zip Code
 Sea Island GA 31561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Paul Jackson Ins. & Investments, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437270012150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Jennifer L. Toups
 Full Name (Last, First, Middle Initial)
 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 ▼
 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437270512150
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

C. Bill Eastin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Hackberry Street
 City State Zip Code
 Metairie LA 70001-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dardis Couvillion & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437271712150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 130 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Margaret S. Tolbert

Mailing Address 6501 Peake Rd Bld 950

City State Zip Code
 Macon GA 31210-8063

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

Name of Employer Occupation
 Tolbert & Associates Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR437280512150

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 8420 West Dodge Road, 5th Floor

City State Zip Code
 Omaha NE 68114-3443

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

Name of Employer Occupation
 Senior Market Sales, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR437281012150

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address P O Box 3198

City State Zip Code
 Little Rock AR 72203-3198

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

Name of Employer Occupation
 Rebsamen Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : PR437300712150

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **185.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 160
	<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. Luann S. Yarberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 10th St
 City State Zip Code
 Wichita Falls TX 76301-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Higginbotham Ins Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437301012150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Angela Oakes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1323 Highway 2, Ste. 300
 City State Zip Code
 Sandpoint ID 83864-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Summit Insurance Resource Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437309012150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Russ Blakely
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11310
 City State Zip Code
 Chattanooga TN 37401-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Russ Blakely & Associates, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437317312150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 160
<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. Kimberly L. Auclair
 Full Name (Last, First, Middle Initial)
 Mailing Address 6873 Raccoon Ct
 City Viera State FL Zip Code 32940-6869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pineapple Financial Services, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437318512150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Marie D. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 4th Ave S. #1500
 City Minneapolis State MN Zip Code 55415-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeRuyter-Bell, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437323312150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 378.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437326112150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 160
	<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. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City State Zip Code
 Federal Way WA 98023-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Insure NW Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437343512150
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. Jim Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address Epic Insurance Solutions, LLC
 710 East Main Street
 City State Zip Code
 Lexington KY 40502-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Epic Insurance Solutions, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437348012150
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

C. Susan Marie McGinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City State Zip Code
 Tulsa OK 74133-7035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenEx Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437359312150
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 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 134 OF 160
	<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. Catherine A. Bajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Health Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437361112150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. David M. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialties, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437364412150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Rina Tikia
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 N. Causeway Blvd., Suite 815
 City Metairie State LA Zip Code 70002-3655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tikia Consulting Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437375312150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 160
<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. Jeffery C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Reynolds Road
 City Jackson State MI Zip Code 49201-9386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Small Business Association of Michigan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437385412150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Antonio Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 Riverdance Dr.
 City Raleigh State NC Zip Code 27613-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACA Compliance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437402012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Valerie Lynn Cramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 588 - 3 Mile Road, NW Suite 101
 City Grand Rapids State MI Zip Code 49544-8221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grotenhuis Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 421.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437416412150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 160
	<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. Monique E. Hahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2081 Columbiana Road
 Suite 18
 City Birmingham State AL Zip Code 35216-2139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Synergy Benefits & Risk Mgt Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437417012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Hollie Gandy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2920 Duniven Circle, #2
 City Amarillo State TX Zip Code 79109-1650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Solutions Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437425012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 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 ▼ 336.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437427212150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 137 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joel Rosenblum
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Lipan Way
 City Boulder State CO Zip Code 80303-3635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance for Asset Protection Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437427412150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Victoria A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 Harwich Ct
 City Greenacres State FL Zip Code 33467-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VMB Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437432012150
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Rebecca L. Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9153 Whitekirk Place
 City Las Vegas State NV Zip Code 89145-8720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nevada Health CO-OP Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437450412150
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Reed Damron
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, Suite 250
 City Norcross State GA Zip Code 30093-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HIRE Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437468912150
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

B. Melinda S. Anderson-Wallis
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 N. Meridian St. Suite 200
 City Indianapolis State IN Zip Code 46204-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IU Health Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437470812150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

C. Marcus Creasy
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 220
 City Heber Springs State AR Zip Code 72543-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adams & Creasy Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437474912150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 139 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas Siino

Mailing Address 1126 Clifton Avenue

City Clifton State NJ Zip Code 07013-3622

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

Name of Employer Executive Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437477512150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Carol C. Pennington

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284-8850

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

Name of Employer Pennington Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437485412150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Randy L. McDaniel

Mailing Address 575 Chambers Road

City McDonough State GA Zip Code 30253-6447

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

Name of Employer McDaniel Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437485712150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **102.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Colleen J. Gransee
Full Name (Last, First, Middle Initial)
Mailing Address 1277 Deming Way
City Madison State WI Zip Code 53717-1971
FEC ID number of contributing federal political committee. **C**
Name of Employer Dean Health Plan Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437490412150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

B. Barry S. Cohn
Full Name (Last, First, Middle Initial)
Mailing Address 21515 Vanowen St Ste 200
City Canoga Park State CA Zip Code 91303-2715
FEC ID number of contributing federal political committee. **C**
Name of Employer RGEB Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437497312150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. Susan M. Rider
Full Name (Last, First, Middle Initial)
Mailing Address 1402 N Capital #400
City Indianapolis State IN Zip Code 46202-2375
FEC ID number of contributing federal political committee. **C**
Name of Employer Gregory & Appel Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 457.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437510712150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 160
	<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. Jeanne A. Embry
 Full Name (Last, First, Middle Initial)
 Mailing Address 26240 Wacker Drive
 City Chesterfield State MI Zip Code 48051-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437533412150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. 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 **336.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437534012150
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

C. Charles J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetLife Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437562812150
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 142 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 109 Professional Park Dr
Ste 103

City State Zip Code
Mooresville NC 28117-5538

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

Name of Employer Occupation
Lake Norman Benefits, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437566612150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Emma Stacey Leigh

Mailing Address 323 Carillon Ln

City State Zip Code
Macon GA 31210-9711

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

Name of Employer Occupation
Essential Benefit Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437574312150

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1404 Northpoint Glen Ct.

City State Zip Code
Herndon VA 20170-2707

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

Name of Employer Occupation
Virginia Medical Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2015
Transaction ID : PR437580912150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 143 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 3248

City State Zip Code
Omaha NE 68103-0248

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437585512150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dennis F. Mobley

Mailing Address 137 Executive Drive Suite D

City State Zip Code
Madison MS 39110-8456

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

Name of Employer Occupation
Mobley Insurance Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437587512150

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 5300 Oakbrook Parkway Building 300, Suite 350

City State Zip Code
Norcross GA 30093-6206

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

Name of Employer Occupation
The Agency of North Georgia Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437588412150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Daniel C. LaBroad
Full Name (Last, First, Middle Initial)

Mailing Address 17304 Preston Road
Suite 800

City Dallas State TX Zip Code 75252-5645

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

Name of Employer Ovation Health & Life Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
701.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437588912150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. Doris Waller
Full Name (Last, First, Middle Initial)

Mailing Address 1778 N. Plano Rd.
Suite 310

City Richardson State TX Zip Code 75081-1958

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

Name of Employer Pan-American Benefits Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437591512150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

C. Judith L. Robinson
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 10071

City Tyler State TX Zip Code 75711-0071

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

Name of Employer CFG Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437594112150

Amount of Each Receipt this Period
63.00

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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

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

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

FOR LINE NUMBER: PAGE 145 OF 160
(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. Ryan R. Swinton

Mailing Address 7101 S. 82 St.

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437594912150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Patrick Burns

Mailing Address 5653 Maxwellton Road

City Oakland State CA Zip Code 94618-2654

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

Name of Employer Burns Employee Benefits Insurance Serv Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437600512150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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 ▼ **1569.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR437603112150

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 160
	<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. George Williams
Full Name (Last, First, Middle Initial)
Mailing Address 4109 Woodway Dr.
City Monroe State LA Zip Code 71201-2218
FEC ID number of contributing federal political committee. **C**
Name of Employer Financial Planning Resources Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437605712150
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. Andrew M. LaRocco
Full Name (Last, First, Middle Initial)
Mailing Address 5880 Live Oak Parkway, # 230
City Norcross State GA Zip Code 30093-1740
FEC ID number of contributing federal political committee. **C**
Name of Employer The LaRocco Companies Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437640912150
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$40.00 Monthly)

C. 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 **333.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : PR437654412150
Amount of Each Receipt this Period **42.00**
P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **112.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 160
	<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. Blake Izatt
Full Name (Last, First, Middle Initial)

Mailing Address 46 West 200 South

City Bountiful State UT Zip Code 84010-6258

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

Name of Employer: RBI Benefits Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 31 / 2015
Transaction ID : PR437655512150

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue State WA Zip Code 98007-6493

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

Name of Employer: The Partners Group Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt: 08 / 31 / 2015
Transaction ID : PR437657712150

Amount of Each Receipt this Period: 170.00

P/R Deduction (\$170.00 Monthly)

C. Dominic Siciliano
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Cascade Road SE Suite 106

City Grand Rapids State MI Zip Code 49546-3665

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

Name of Employer: Benefit Profiles, Inc. Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 08 / 31 / 2015
Transaction ID : PR437669512150

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 160
	<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 ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437683112150

Amount of Each Receipt this Period
42.00

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 ▼
400.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437684512150

Amount of Each Receipt this Period
50.00

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 ▼
680.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437693212150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 177.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 160
	<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
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		<input type="checkbox"/> 17

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

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

Mailing Address 295 East Palmer Street

City Franklin State NC Zip Code 28734-3049

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

Name of Employer Wayah Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437699012150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

B. Penny E. Nickel
Full Name (Last, First, Middle Initial)

Mailing Address 917 S Main St., Ste 200

City Longmont State CO Zip Code 80501-6400

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

Name of Employer Nickel Insurance Associates LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437728912150

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. Sam Drysdale
Full Name (Last, First, Middle Initial)

Mailing Address 4520 S National

City Springfield State MO Zip Code 65810-2898

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

Name of Employer Aetna Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR437733412150

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 160
	<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. Ernest Berry
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424-1631

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

Name of Employer Berry Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437737412150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 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 ▼ 1485.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437740812150

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

C. Leslie A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 2275 North Street

City Anderson State CA Zip Code 96007-3469

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

Name of Employer Leslie A. Williams Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : PR437742912150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 160
	<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. Tommy Abney
Full Name (Last, First, Middle Initial)

Mailing Address 113 Hereford Drive

City State Zip Code
Tupelo MS 38804-9104

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

Name of Employer Occupation
The Bottrell Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437745812150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Les Perlson
Full Name (Last, First, Middle Initial)

Mailing Address 250 Crossways Park Dr

City State Zip Code
Woodbury NY 11797-2015

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

Name of Employer Occupation
CB Planning Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437767512150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 8414 N. Wall Street
Ste C

City State Zip Code
Spokane WA 99208-6161

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

Name of Employer Occupation
IFS Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437775812150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kareim R. Cade
Full Name (Last, First, Middle Initial)
Mailing Address 28411 Northwestern Hwy., Ste 950

City 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 ▼
705.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR43778612150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. Julie Hulsey
Full Name (Last, First, Middle Initial)
Mailing Address 6601 I-40 West, Ste. 1
PO Box 32015

City 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 ▼
510.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437785812150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Gregory J. Schell
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Alliant Avenue

City Louisville	State KY	Zip Code 40299-6338
--------------------	-------------	------------------------

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

Name of Employer Garrett-Stotz Company	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437797612150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michele Gasparre

Mailing Address 80 Business Park Drive
Suite 306

City Armonk State NY Zip Code 10504-1705

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

Name of Employer Meridian Benefits Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437807412150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 400 N Tampa St
Suite 1900

City Tampa State FL Zip Code 33602-4776

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

Name of Employer Lykes Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
314.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437852412150

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Suzanne Kolterman

Mailing Address 344 Main Street
PO Box 426

City Seward State NE Zip Code 68434-2117

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437855212150

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 160
	<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. Cathy Little
Full Name (Last, First, Middle Initial)

Mailing Address 1145 2nd Street
#A-269

City State Zip Code
Brentwood CA 94513-2292

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

Name of Employer Occupation
Essential Exchange Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437855612150

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

B. Sher Sparano
Full Name (Last, First, Middle Initial)

Mailing Address 70-20 108th St, #5-0

City State Zip Code
Forest Hills NY 11375-4449

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

Name of Employer Occupation
Benefits Advisory Service Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437859412150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Mike Emidy
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2021

City State Zip Code
Ridgeland MS 39158-2021

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

Name of Employer Occupation
Colonial Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 31 / 2015
Transaction ID : PR437878312150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 160
	<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. Kenneth G. Penn

Mailing Address 500 East Main Street
Suite 700-CS

City Norfolk State VA Zip Code 23510-2205

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

Name of Employer ChamberSolutions Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR438401512150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. JAMES H HISSONG

Mailing Address 8401 Widmer Rd

City Lenexa State KS Zip Code 66215-5416

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

Name of Employer Jim Hissong Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR439660012150

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jessica Fulginiti Waltman

Mailing Address 10 Doyle Road

City Wayne State PA Zip Code 19087-3903

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

Name of Employer Forward Health Consulting Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR470100112150

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	24087.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 : 9852502

Amount of Each Disbursement this Period

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 : 9852503

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9852504

Amount of Each Disbursement this Period

Credit Card Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Hoosiers For Rokita, Inc.

Mailing Address 314 Arsenal Ave.

City Indianapolis State IN Zip Code 46201

Purpose of Disbursement
Local Meeting 8/7/15

011

Candidate Name

Theodore Rokita

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : 9849137

Amount of Each Disbursement this Period

500.00

Local Meeting 8/7/15

Full Name (Last, First, Middle Initial)

B. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Local Meeting 8/12/15

011

Candidate Name

Rep. David Young

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 9849725

Amount of Each Disbursement this Period

1000.00

Local Meeting 8/12/15

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
8/28 Local Event

011

Candidate Name

Michael Bishop

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : 9850246

Amount of Each Disbursement this Period

250.00

8/28 Local Event

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

1750.00

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. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
August Local Event

Candidate Name

Julia Brownley

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : 9850247

Amount of Each Disbursement this Period

1000.00

August Local Event

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Local Event

Candidate Name

Charles Boustany Jr.

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 9850580

Amount of Each Disbursement this Period

1000.00

Local Event

Full Name (Last, First, Middle Initial)

C. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
9/16 Dinner

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 9850582

Amount of Each Disbursement this Period

5000.00

9/16 Dinner

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Local Event

011
Category/
Type

Candidate Name

Rep. David Young

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : 9850583

Amount of Each Disbursement this Period

1000.00

Local Event

Full Name (Last, First, Middle Initial)

B. Pittenger For Congress Llc

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement
Local Event 8/25

011
Category/
Type

Candidate Name

Robert Pittenger

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : 9851996

Amount of Each Disbursement this Period

1000.00

Local Event 8/25

Full Name (Last, First, Middle Initial)

C. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement
Local Event 9/1

011
Category/
Type

Candidate Name

Rep. Brad Ashford

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : 9851997

Amount of Each Disbursement this Period

2000.00

Local Event 9/1

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

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

4000.00

12750.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Paul H. Jackson

Mailing Address 311 Plantation Chase

City State Zip Code
Sea Island GA 31561

Purpose of Disbursement
Refund, Double Charged

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : 9852024

Amount of Each Disbursement this Period

150.00

Refund, Double Charged

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

150.00

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

150.00