

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | <input type="text" value="93702.40"/> | <input type="text" value="93702.40"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="155038.56"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="40438.67"/> | <input type="text" value="403300.92"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="195477.23"/> | <input type="text" value="497003.32"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="25906.94"/> | <input type="text" value="327433.03"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="169570.29"/> | <input type="text" value="169570.29"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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)..... | 28754.67 | 229726.51 |
| (ii) Unitemized | 11684.00 | 168031.69 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 40438.67 | 397758.20 |
| (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) | 40438.67 | 397758.20 |
| 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))..... ▶ | 40438.67 | 403300.92 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 40438.67 | 403300.92 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1346.94 | 14196.03 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1346.94 | 14196.03 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 24500.00 | 312200.00 |
| 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 | 60.00 | 1037.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 60.00 | 1037.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 25906.94 | 327433.03 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 25906.94 | 327433.03 |

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) | 40438.67 | 397758.20 |
| 34. Total Contribution Refunds (from Line 28(d)) | 60.00 | 1037.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 40378.67 | 396721.20 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1346.94 | 14196.03 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 3792.72 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1346.94 | 10403.31 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : 9852499

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 ▼ **510.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : 9852512

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 ▼ **656.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : 9852513

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 7 OF 170
(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 C. Corson

Mailing Address 120 Governor Drive

City Basking Ridge State NJ Zip Code 07920-3601

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

Name of Employer American Benefits Planning Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : 9852527

Amount of Each Receipt this Period
500.00

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

Mailing Address 12201 Merit Drive
Suite #775

City Dallas State TX Zip Code 75251-2327

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

Name of Employer Digital Benefit Advisors Occupation 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
 09 / 02 / 2015
Transaction ID : 9852539

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Chad P. Schneider

Mailing Address 14430 Benefit St.
Apt 308

City Sherman Oaks State CA Zip Code 91423-4067

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

Name of Employer Code SixFour Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
826.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : 9852558

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1585.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 170 |
| | <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 F. Carroll
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Florence Ave.
 City Cincinnati State OH Zip Code 45206-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cornerstone Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 03 / 2015**
Transaction ID : 9852571
 Amount of Each Receipt this Period **500.00**

B. Donald M. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Moody Court, suite 100
 City Thousand Oaks State CA Zip Code 91360-6096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hogan Insurance Services, Inc. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2015**
Transaction ID : 9852574
 Amount of Each Receipt this Period **250.00**

C. Joshua Weinstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 C St., Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northrim Benefits Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 04 / 2015**
Transaction ID : 9852584
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **780.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 170 |
| | <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. Karen T. Kane
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 20185
 City Portland State OR Zip Code 97294-0185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Solutions NW, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 05 / 2015**
Transaction ID : 9852598
 Amount of Each Receipt this Period **30.00**
 Monthly Contribution

B. Jean Van Der Sommen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 North River Drive
 City Cumming State GA Zip Code 30041-9495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employer Advisors Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **282.00**

Date of Receipt **09 / 05 / 2015**
Transaction ID : 9852601
 Amount of Each Receipt this Period **42.00**

C. R Dane Rianhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 E. Pratt St., Unit 902
 City Baltimore State MD Zip Code 21202-1193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriBridge Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **816.00**

Date of Receipt **09 / 05 / 2015**
Transaction ID : 9852602
 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 10 OF 170
(check only one)

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

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

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

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 ▼
261.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 05 | / | 2015 |

Transaction ID : 9852606

Amount of Each Receipt this Period
30.00

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

Mailing Address 310 K Street Suite 221

| | | |
|-------------------|-------------|------------------------|
| City Anchorage | State AK | Zip Code 99501-2064 |
|-------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Total Benefit Solutions | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 06 | / | 2015 |

Transaction ID : 9852607

Amount of Each Receipt this Period
30.00

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

Mailing Address 1219 W. 2nd St.

| | | |
|----------------------|-------------|------------------------|
| City Grand Island | State NE | Zip Code 68801-5709 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 06 | / | 2015 |

Transaction ID : 9852609

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 11 OF 170
(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 ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 9852610

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 ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : 9852612

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 ▼
567.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : 9852614

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: (check only one) | PAGE 12 OF 170 |
| | <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. Joanne Bikmaz
 Full Name (Last, First, Middle Initial)
 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 ▼
 180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : 9852615
 Amount of Each Receipt this Period
 30.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : 9852616
 Amount of Each Receipt this Period
 42.00

C. William W. Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Waverly Place
 City State Zip Code
 San Francisco CA 94108-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bill Wong & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : 9852617
 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 13 OF 170
(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. Heather Ambro

Mailing Address 2157 Welsch Industrial Ct.

City State Zip Code
Saint Louis MO 63146-4220

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

Name of Employer Occupation
The ECCHIC Group VP of Administration Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : 9852622

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Emily Black Bremer

Mailing Address 8000 Bonhomme Ave., # 213

City State Zip Code
Saint Louis MO 63105-3515

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

Name of Employer Occupation
Bremer Conley LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : 9852627

Amount of Each Receipt this Period
63.00

Full Name (Last, First, Middle Initial)
C. Donald L. Balla

Mailing Address 1320 Grant Building

City State Zip Code
Pittsburgh PA 15219-2213

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

Name of Employer Occupation
Simpson & McCrady LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : 9852632

Amount of Each Receipt this Period
30.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 170 |
| | <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. Allen D. Bress
Full Name (Last, First, Middle Initial)

Mailing Address 15025 E. Miravista

City Fountain Hills State AZ Zip Code 85268-6393

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

Name of Employer AIM Marketing Occupation Owner/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : 9852638

Amount of Each Receipt this Period
 250.00

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

Mailing Address 31666 W. Nine Dr.

City Laguna Niguel State CA Zip Code 92677-2955

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

Name of Employer Self Occupation Agent

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
 09 / 09 / 2015
Transaction ID : 9853003

Amount of Each Receipt this Period
 85.00

C. Anthony C Buechler
Full Name (Last, First, Middle Initial)

Mailing Address 1203 Colonial Circle

City Papillion State NE Zip Code 68046-6109

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

Name of Employer Buechler Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : 9853005

Amount of Each Receipt this Period
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 OF 170
(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. 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 ▼ **235.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : 9853007

Amount of Each Receipt this Period
30.00

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

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : 9853021

Amount of Each Receipt this Period
30.00

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

Mailing Address 1773 Owasco Street

City Winter Springs State FL Zip Code 32708-5614

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

Name of Employer Sihle Insurance Group Occupation Partner

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
 09 / 10 / 2015
Transaction ID : 9853042

Amount of Each Receipt this Period
42.00

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

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 OF 170 |
| | (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. Heidi Jona Sterner
Full Name (Last, First, Middle Initial)

Mailing Address 2724 North Tenaya Way
Suite 100

City Las Vegas State NV Zip Code 89128-0424

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

Name of Employer UnitedHealthcare Plan of NV Sierra Hea Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.00

Date of Receipt
09 / 10 / 2015
Transaction ID : 9853043

Amount of Each Receipt this Period
30.00

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

Mailing Address 4851 LBJ FWY, Ste 100

City Dallas State TX Zip Code 75244-6079

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

Name of Employer BenefitMall Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
09 / 11 / 2015
Transaction ID : 9853080

Amount of Each Receipt this Period
30.00

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

Mailing Address 208 N. Mill

City Pryor State OK Zip Code 74361-2422

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

Name of Employer Brown & Brown, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
09 / 11 / 2015
Transaction ID : 9853081

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 17 OF 170 |
| | <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. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 9853083
 Amount of Each Receipt this Period
 30.00

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 ▼ 361.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : 9853090
 Amount of Each Receipt this Period
 100.00

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 9853155
 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 18 OF 170 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Steven T. Wisneski
 Full Name (Last, First, Middle Initial)
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 9853158
 Amount of Each Receipt this Period
 300.00

B. David S. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 Baron Court
 City Stone Mountain State GA Zip Code 30087-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 9853159
 Amount of Each Receipt this Period
 250.00

C. Vickie Eileen Mayville
 Full Name (Last, First, Middle Initial)
 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 ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : 9853160
 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 19 OF 170 |
| | <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 ▼
400.00

Date of Receipt
09 / 13 / 2015
Transaction ID : 9853162

Amount of Each Receipt this Period
50.00

B. Mike R. Castleberry
Full Name (Last, First, Middle Initial)

Mailing Address 506 Holly St

City Little Rock State AR Zip Code 72205-3932

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

Name of Employer HealthSCOPE Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
09 / 13 / 2015
Transaction ID : 9853165

Amount of Each Receipt this Period
85.00

C. 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 ▼
270.00

Date of Receipt
09 / 14 / 2015
Transaction ID : 9853167

Amount of Each Receipt this Period
30.00

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 20 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : 9853580
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : 9853582
 Amount of Each Receipt this Period
 85.00

C. Kathleen Kelly Hutchinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1997 Annapolis Exchange Parkway,
 Suite 300
 City Annapolis State MD Zip Code 21401-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrchestrateHR - Annapolis Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : 9853637
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 21 OF 170 |
| | (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. Ross L. Shamburger

Mailing Address 12215 Quaker Ave

| | | |
|-----------------|-------------|------------------------|
| City Lubbock | State TX | Zip Code 79424-7560 |
|-----------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Shamburger Agency, Inc. | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2015 |

Transaction ID : 9853644

Amount of Each Receipt this Period
100.00

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

Mailing Address 1212 New York Ave, Suite 1100

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

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

| | |
|--------------------------|---------------------|
| Name of Employer NAHU | Occupation staff |
|--------------------------|---------------------|

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 |
| 09 | / | 16 | / | 2015 |

Transaction ID : 9853659

Amount of Each Receipt this Period
1000.00

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

Mailing Address 180 South Lake Avenue, Suite 510

| | | |
|------------------|-------------|------------------------|
| City Pasadena | State CA | Zip Code 91101-2665 |
|------------------|-------------|------------------------|

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

| | |
|------------------------------------|----------------------|
| Name of Employer John J. Baxter | Occupation Broker |
|------------------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2015 |

Transaction ID : 9853662

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 170 |
| | <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. Vicki Cox
Full Name (Last, First, Middle Initial)
Mailing Address 3415 Indian Lane
City Reno State NV Zip Code 89506-9752
FEC ID number of contributing federal political committee. **C**
Name of Employer Cox Insurance Services, LLC Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : 9853788
Amount of Each Receipt this Period **30.00**
monthly contribution

B. Jill L. Pedersen
Full Name (Last, First, Middle Initial)
Mailing Address 16325 Boones Ferry Rd #204
City Lake Oswego State OR Zip Code 97035-4297
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **333.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : 9853789
Amount of Each Receipt this Period **42.00**

C. 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 **240.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : 9853791
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 170
(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. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : 9853794
 Amount of Each Receipt this Period
 30.00

B. 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 ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : 9853795
 Amount of Each Receipt this Period
 30.00

C. Mary Lynn Barnette
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Executive Center Dr. Suite 108
 City Columbia State SC Zip Code 29210-8418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Barnette Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : 9854097
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 170 |
| | <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 ▼ **378.00**

Date of Receipt **09 / 17 / 2015**

Transaction ID : 9854148

Amount of Each Receipt this Period **42.00**

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

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

City Palm Springs State CA Zip Code 92262-7020

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1360.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : 9854153

Amount of Each Receipt this Period **170.00**

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

Mailing Address PO Box 1635

City Irmo State SC Zip Code 29063-1635

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

Name of Employer American Benefit Services, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : 9854155

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **312.00**

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

**SCHEDULE A (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 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 2842 Landing Way

City Marietta State GA Zip Code 30066-2362

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

Name of Employer Robert Fitzgerald Insurance Agency, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **836.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : 9854156

Amount of Each Receipt this Period **85.00**

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

Mailing Address P O Box 7408

City Boise State ID Zip Code 83707-1408

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

Name of Employer Blue Cross of Idaho Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : 9854157

Amount of Each Receipt this Period **42.00**

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

Mailing Address 1305 NE 29th St.

City Ankeny State IA Zip Code 50021-6722

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

Name of Employer Mercer Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **583.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : 9854158

Amount of Each Receipt this Period **63.00**

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: PAGE 26 OF 170
(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. Barry Cogdill

Mailing Address 4710 4th Street
Ste. 300

City La Mesa State CA Zip Code 91941-5384

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

Name of Employer Business Choice Insurance Services Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : 9854160

Amount of Each Receipt this Period
30.00

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

Mailing Address 3975 Fair Ridge Drive
110-N

City Fairfax State VA Zip Code 22033-2911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : 9854412

Amount of Each Receipt this Period
85.00

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

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : 9854504

Amount of Each Receipt this Period
25.00

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 170 |
| | <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. Denise R. VanPutten
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Taylor Avenue North
 Suite 12
 City Grand Rapids State MI Zip Code 49503-1077
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : 9854506
 Amount of Each Receipt this Period
 30.00

B. Douglas Skinner
 Full Name (Last, First, Middle Initial)
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2015
Transaction ID : 9854610
 Amount of Each Receipt this Period
 30.00

C. Kyle Miller
 Full Name (Last, First, Middle Initial)
 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 Strategic Employee Benefit Services 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
 09 / 21 / 2015
Transaction ID : 9854706
 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 28 OF 170 |
| | <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. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consultant Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854824
 Amount of Each Receipt this Period
 85.00

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 ▼ 1152.00

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854825
 Amount of Each Receipt this Period
 85.00

C. Al C. Schiebel
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Sandy Springs Pl., # 300A
 City Atlanta State GA Zip Code 30328-3854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schiebel & Associates, LLC dba Shopben Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854826
 Amount of Each Receipt this Period
 45.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 215.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 170 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Jeff 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 ▼ 354.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854827
 Amount of Each Receipt this Period
 42.00

B. 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854829
 Amount of Each Receipt this Period
 30.00

C. Debra Beaucourday
 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 Beaucourday Medica Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854831
 Amount of Each Receipt this Period
 42.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 114.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 30 OF 170 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Robert 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854834
 Amount of Each Receipt this Period
 30.00
 Member Contribution

B. 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854835
 Amount of Each Receipt this Period
 30.00

C. James C. Bosier
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Main Street
 City Cedar Falls State IA Zip Code 50613-2949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Accel Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854836
 Amount of Each Receipt this Period
 85.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 170 |
| | <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. William J. Brannon
Full Name (Last, First, Middle Initial)

Mailing Address 2 Terrace Way, Suite B

City Greensboro State NC Zip Code 27403-3663

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

Name of Employer Group US, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854837

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 Chesterbrook State PA Zip Code 19087-5574

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

Name of Employer Radnor Benefits Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854838

Amount of Each Receipt this Period
85.00

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

Mailing Address 11213 Davenport St. Ste. 201

City Omaha State NE Zip Code 68154-2604

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

Name of Employer Aon Risk Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854839

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: (check only one) | PAGE 32 OF 170 |
| | <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 ▼ **445.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854840

Amount of Each Receipt this Period
30.00

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

Mailing Address 411 Copper Circle

City Lantana State TX Zip Code 76226-7333

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

Name of Employer BenefitMall Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854842

Amount of Each Receipt this Period
30.00

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

Mailing Address 56294 Prim Rose Circle

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer Hailey-Campbell, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854845

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 33 OF 170
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. William V. Cable

Mailing Address 1770 Independence Court

| | | |
|------------------|-------------|------------------------|
| City Vestavia | State AL | Zip Code 35216-1259 |
|------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Alternative Insurance Resources | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : 9854847

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)
B. 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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : 9854850

Amount of Each Receipt this Period

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

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

Mailing Address 25B Hanover Rd., Suite 220

| | | |
|----------------------|-------------|------------------------|
| City Florham Park | State NJ | Zip Code 07932-1443 |
|----------------------|-------------|------------------------|

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

| | |
|--------------------------------------|----------------------|
| Name of Employer Savoy Associates | Occupation Broker |
|--------------------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : 9854854

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: (check only one) | PAGE 34 OF 170 |
| | <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 R. Girdler
Full Name (Last, First, Middle Initial)

Mailing Address 5110 Maryland Way, Suite 250

| | | |
|-------------------|-------------|------------------------|
| City Brentwood | State TN | Zip Code 37027-7508 |
|-------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Cowan Benefit Services, Inc. | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : 9854855

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

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 ▼ **405.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : 9854856

Amount of Each Receipt this Period

| |
|-------|
| 45.00 |
|-------|

C. 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 ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : 9854858

Amount of Each Receipt this Period

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 170 |
| | <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 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 ▼ 765.00

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854860
 Amount of Each Receipt this Period
 85.00

B. Larry S. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Spring Rd, Suite 108
 City Las Vegas State NV Zip Code 89119-4250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854861
 Amount of Each Receipt this Period
 30.42

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 ▼ 390.00

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854862
 Amount of Each Receipt this Period
 30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.42 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 170 |
| | <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. 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 ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854864
 Amount of Each Receipt this Period
 35.00

B. Donald L. Mathern
 Full Name (Last, First, Middle Initial)
 Mailing Address 7650 Cherrywood Drive
 City Boise State ID Zip Code 83704-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialists Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854865
 Amount of Each Receipt this Period
 30.00

C. Robert Lindsay
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Emerson Place
 City Davenport State IA Zip Code 52801-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : 9854870
 Amount of Each Receipt this Period
 85.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 37 OF 170 |
| | (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. Joseph E. Pittman
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 24133

City State Zip Code
Omaha NE 68124-0133

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

Name of Employer Occupation
Creative Association Management Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
09 / 22 / 2015
Transaction ID : 9854873

Amount of Each Receipt this Period
35.00

B. Raymer M. Sale
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

City State Zip Code
Duluth GA 30097-5246

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

Name of Employer Occupation
E2E Benefits Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt
09 / 22 / 2015
Transaction ID : 9854875

Amount of Each Receipt this Period
170.00

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

Mailing Address 4665 Ivygate Circle SE

City State Zip Code
Atlanta GA 30339-1332

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

Name of Employer Occupation
Employer Relief, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 22 / 2015
Transaction ID : 9854878

Amount of Each Receipt this Period
30.00

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 170 |
| | <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. 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 **270.00**

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854881
 Amount of Each Receipt this Period
30.00

B. 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 **250.00**

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854882
 Amount of Each Receipt this Period
25.00

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 **807.00**

Date of Receipt
 09 / 22 / 2015
Transaction ID : 9854883
 Amount of Each Receipt this Period
85.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 140.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 170 |
| | <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. Ronald E. Seibel

Mailing Address P. O. Box 317

City State Zip Code
Driftwood TX 78619-0317

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

Name of Employer Occupation
Advanced Benefits Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2015
Transaction ID : 9854884

Amount of Each Receipt this Period
30.00

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 ▼
835.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015
Transaction ID : 9855183

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 ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015
Transaction ID : 9855184

Amount of Each Receipt this Period
42.00

Monthly Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 170 |
| | <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 David Knight
Full Name (Last, First, Middle Initial)

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 ▼
680.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855185

Amount of Each Receipt this Period
85.00

Monthly Contribution

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

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 ▼
1191.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855186

Amount of Each Receipt this Period
85.00

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

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 ▼
731.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855187

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: (check only one) | PAGE 41 OF 170 |
| | <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 McLeod
Full Name (Last, First, Middle Initial)

Mailing Address 2801 Slater Rd Suite 200

City Morrisville State NC Zip Code 27560-8477

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

Name of Employer Coventry/Aetna 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
09 / 23 / 2015

Transaction ID : 9855188

Amount of Each Receipt this Period
300.00

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

Mailing Address 1400 Broadway

City Bellingham State WA Zip Code 98225-3036

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

Name of Employer Wallace-Rice Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855189

Amount of Each Receipt this Period
85.00

C. 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 ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855191

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 42 OF 170 |
| | <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. 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 ▼ **312.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855192

Amount of Each Receipt this Period

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

B. 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 ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855194

Amount of Each Receipt this Period

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

C. Steven Selinsky
Full Name (Last, First, Middle Initial)
Mailing Address 28638 Oak Point Drive

| | | |
|--------------------------|-------------|------------------------|
| City Farmington Hills | State MI | Zip Code 48331-2706 |
|--------------------------|-------------|------------------------|

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

| | |
|--|---------------------------------|
| Name of Employer Health Alliance Plan | Occupation Director of Sales |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **674.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855195

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER: PAGE 43 OF 170
(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. 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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855196

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
379.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855197

Amount of Each Receipt this Period
42.00

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

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

City Columbia State SC Zip Code 29219-0001

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

Name of Employer BlueChoice HealthPlan Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
636.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855203

Amount of Each Receipt this Period
85.00

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: (check only one) | PAGE 44 OF 170 |
| | <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. 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 ▼ 765.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855204
 Amount of Each Receipt this Period
 85.00

B. 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 ▼ 270.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855206
 Amount of Each Receipt this Period
 30.00

C. 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 ▼ 450.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855207
 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: (check only one) | PAGE 45 OF 170 |
| | <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. Thomas F. Ashby

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 ▼ **312.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855208

Amount of Each Receipt this Period
30.00

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

Mailing Address 3800 Electric Road, # 406

City Roanoke State VA Zip Code 24018-4568

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855209

Amount of Each Receipt this Period
30.00

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

Mailing Address 2601C Blanding Ave #222

City Alameda State CA Zip Code 94501-1507

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

Name of Employer John Basket Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855212

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 46 OF 170
(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. Mark Bellman

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

City West Lake Hills State TX Zip Code 78746-6428

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

Name of Employer UnitedHealthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855216

Amount of Each Receipt this Period
 30.00

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

Mailing Address 79 Daily Dr. #276

City Camarillo State CA Zip Code 93010-5807

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

Name of Employer HLS Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855218

Amount of Each Receipt this Period
 30.00

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

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

City Las Vegas State NV Zip Code 89119-4250

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

Name of Employer National Healthcare Access Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855220

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 170 |
| | <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. Bradford H. Blain
 Full Name (Last, First, Middle Initial)
 Mailing Address Al 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 Al Torstrick Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855222
 Amount of Each Receipt this Period
 30.00

B. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855224
 Amount of Each Receipt this Period
 30.00

C. 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855225
 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 48 OF 170 |
| | <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. 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, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855226
 Amount of Each Receipt this Period
 30.00

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 **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855229
 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 **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855232
 Amount of Each Receipt this Period
 30.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 49 OF 170 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 10101 Reunion Place, Ste 300

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855233

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 ▼ **765.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855237

Amount of Each Receipt this Period

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

C. Claudia S. Robertson
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 ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855242

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 50 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address 9700 Ormsby

City Louisville State KY Zip Code 40223-4038

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

Name of Employer Epic Insurance Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855244

Amount of Each Receipt this Period
 30.00

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

Mailing Address 112 South Liberty, # 221

City Jackson State TN Zip Code 38301-6367

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855246

Amount of Each Receipt this Period
 30.00

C. Gregory Engle
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 ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855248

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 51 OF 170 |
| | <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 ▼ **630.00**

Date of Receipt
09 / 23 / 2015

Transaction ID : 9855251

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 ▼ **391.00**

Date of Receipt
09 / 23 / 2015

Transaction ID : 9855256

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 ▼ **765.00**

Date of Receipt
09 / 23 / 2015

Transaction ID : 9855260

Amount of Each Receipt this Period
85.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 170 |
| | <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. Carolyn L. Goodwin
Full Name (Last, First, Middle Initial)

Mailing Address 12740 Hillcrest Road
Suite 275

City Dallas State TX Zip Code 75230-7129

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

Name of Employer Goodwin Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855262

Amount of Each Receipt this Period
30.00

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

Mailing Address 1813 Sweetbay Dr
Ste 10

City Salisbury State MD Zip Code 21804-1663

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855263

Amount of Each Receipt this Period
30.00

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

Mailing Address 9325 Evening Star Terr

City Eudora State KS Zip Code 66025-8334

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

Name of Employer HSA Benefits Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855264

Amount of Each Receipt this Period
42.00

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

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

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

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

FOR LINE NUMBER: PAGE 53 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 17535 Generations Dr

City State Zip Code
 South Bend IN 46635-1589

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

Name of Employer Occupation
 The Healy Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1067.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855265

Amount of Each Receipt this Period
 100.00

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

Mailing Address 4200 East Skelly Drive
 Suite 320

City State Zip Code
 Tulsa OK 74135-3261

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

Name of Employer Occupation
 Guardian Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855267

Amount of Each Receipt this Period
 30.00

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

Mailing Address 550 Boardwalk Blvd.

City State Zip Code
 Bossier City LA 71111-4384

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

Name of Employer Occupation
 Benefit Consulting Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855268

Amount of Each Receipt this Period
 85.00

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

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 54 OF 170 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. John 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 ▼
270.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855270

Amount of Each Receipt this Period
30.00

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

Mailing Address 2905 Premiere Parkway
Suite 285

City Duluth State GA Zip Code 30097-5246

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

Name of Employer E2E Benefit Services Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855272

Amount of Each Receipt this Period
42.00

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

Mailing Address P.O. Box 709

City Sugar Land State TX Zip Code 77487-0709

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855273

Amount of Each Receipt this Period
85.00

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

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

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

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

FOR LINE NUMBER: PAGE 55 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Al Hombroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Lumpkin St, Suite D
 City 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 ▼ 765.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855275
 Amount of Each Receipt this Period 85.00

B. Michelle S. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2850 West Grand Boulevard
 City Detroit State MI Zip Code 48202-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1111.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855277
 Amount of Each Receipt this Period 85.00

C. Karen K. Irwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Sunforest Ct
 City Toledo State OH Zip Code 43623-4486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roemer Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855278
 Amount of Each Receipt this Period 42.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3420 Pump Road, #144

City Richmond State VA Zip Code 23233-1111

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

Name of Employer TPA Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855280

Amount of Each Receipt this Period
30.00

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

Mailing Address 823 Commerce Drive, Suite 350

City Oak Brook State IL Zip Code 60523-8855

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

Name of Employer Employee Benefit Risk Mgmt. Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855282

Amount of Each Receipt this Period
30.00

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

Mailing Address 6 Country Lane

City Sussex State NJ Zip Code 07461-4630

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

Name of Employer New England Financial Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855284

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 57 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Full Name (Last, First, Middle Initial)
A. Stacey S. LaFay

Mailing Address 2444 East Hill Rd.

City State Zip Code
Grand Blanc MI 48439-5098

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

Name of Employer Occupation
Franklin Benefit Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855286

Amount of Each Receipt this Period
50.00

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

Mailing Address 12022 Forest Moon Dr

City State Zip Code
Cypress TX 77433-3834

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

Name of Employer Occupation
Humana Market Point Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855291

Amount of Each Receipt this Period
30.00

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

Mailing Address 214 West Main Street
Suite 203

City State Zip Code
Moorestown NJ 08057-2345

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

Name of Employer Occupation
Lubenow Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855293

Amount of Each Receipt this Period
42.00

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 58 OF 170 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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

Mailing Address 301 Madison Avenue, 4th Floor

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10017-8103 |
|------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer The Medical Link, Inc. | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855294

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855296

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
354.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2015 |

Transaction ID : 9855298

Amount of Each Receipt this Period
42.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 322.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 59 OF 170 |
| | (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. Leslie E. McGerr
 Full Name (Last, First, Middle Initial)
 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 ▼ 270.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855300
 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 ▼ 765.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855304
 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 ▼ 635.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855310
 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 60 OF 170
(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. Donna Norris

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855313

Amount of Each Receipt this Period
 30.00

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

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855315

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. William H. 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 Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855317

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 61 OF 170 |
| | <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. Jeff Perry

Mailing Address P O Box 51019

City State Zip Code
Idaho Falls ID 83405-1019

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

Name of Employer Occupation
The Hartwell Corporation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855319

Amount of Each Receipt this Period
30.00

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

Mailing Address 2108 West Laburnum Avenue, Suite 3

City State Zip Code
Richmond VA 23227-4300

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1430.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855323

Amount of Each Receipt this Period
120.00

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

Mailing Address 5760 W. 120th Avenue Suite 260

City State Zip Code
Broomfield CO 80020-6939

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

Name of Employer Occupation
Reents Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
09 / 23 / 2015
Transaction ID : 9855324

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: PAGE 62 OF 170
(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. 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 ▼ 378.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855325
 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 ▼ 786.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855327
 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 ▼ 270.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855328
 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 63 OF 170 |
| | <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. Michael A. Rivera
 Full Name (Last, First, Middle Initial)
 Mailing Address 12200 Northwest Frwy, Suite 662
 City Houston State TX Zip Code 77092-4927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest General Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855329
 Amount of Each Receipt this Period 85.00

B. Kenneth N Scopp
 Full Name (Last, First, Middle Initial)
 Mailing Address 12121 Wilshire Blvd Ste 1100
 City Los Angeles State CA Zip Code 90025-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Financial Resources Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855338
 Amount of Each Receipt this Period 25.00

C. 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 ▼ 270.00

Date of Receipt 09 / 23 / 2015
Transaction ID : 9855339
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 170
(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. Kevin Shively

Mailing Address 3800 Paluxy Dr
 Ste 540

City Tyler State TX Zip Code 75703-1664

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

Name of Employer Blue Cross Blue Shield Occupation Carrier Sales Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855341

Amount of Each Receipt this Period
 30.00

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

Mailing Address 169A Lameuse St

City Biloxi State MS Zip Code 39530-3810

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855342

Amount of Each Receipt this Period
 85.00

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

Mailing Address 39500 High Pointe Blvd
 Ste 400

City Novi State MI Zip Code 48375-5517

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

Name of Employer Health Alliance Administrators, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855343

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 65 OF 170 |
| | (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 John Simmamg

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 ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015
Transaction ID : 9855345

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015
Transaction ID : 9855346

Amount of Each Receipt this Period
175.00

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

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 ▼
378.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015
Transaction ID : 9855347

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 247.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 170
(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. Anne P. Sperling
 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 ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855349
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Dustin Stacy
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855350
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Julia Beckie Stockstill
 Mailing Address 125 E. San Augustine
 City State Zip Code
 Deer Park TX 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stockstill & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855353
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 67 OF 170
(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. Marsha Tellesbo-Kembel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Avenue, Suite 3200
 City State Zip Code
 Seattle WA 98154-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tellesbo & Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 932.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855358
 Amount of Each Receipt this Period
 85.00

B. Helen M. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 56166
 City State Zip Code
 Little Rock AR 72215-6166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Todd Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855360
 Amount of Each Receipt this Period
 30.00

C. Michael Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 E. Camelback Road #569
 City State Zip Code
 Phoenix AZ 85018-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerging Benefits Consultants, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 428.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855363
 Amount of Each Receipt this Period
 42.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 170
(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. John L. Warwick

Mailing Address 1907 B Mangrove Ave.

City State Zip Code
 Chico CA 95926-2381

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

Name of Employer Occupation
 John Warwick Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855364

Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
B. Mitchell West

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

City State Zip Code
 Centennial CO 80111-6479

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

Name of Employer Occupation
 MW Family Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855365

Amount of Each Receipt this Period
 30.00

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

Mailing Address 16619 74th Ave NE

City State Zip Code
 Kenmore WA 98028-4261

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

Name of Employer Occupation
 Chris Wickizer Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : 9855367

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 69 OF 170 |
| | <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. Steven L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855368
 Amount of Each Receipt this Period
 85.00

B. Owen W. Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Professional Dr
 City Ponte Vedra Beach State FL Zip Code 32082-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wingate Insurance Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855369
 Amount of Each Receipt this Period
 42.00

C. Rosanne Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 566.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855370
 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 70 OF 170 |
| | <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. Dennis E. Wright

Mailing Address 1111 Chestnut Hills Pky

| | | |
|--------------------|-------------|------------------------|
| City Fort Wayne | State IN | Zip Code 46814-8934 |
|--------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Employee Plans, LLC | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855372

Amount of Each Receipt this Period
85.00

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

Mailing Address 255 Primera Blvd, Suite 264

| | | |
|-------------------|-------------|------------------------|
| City Lake Mary | State FL | Zip Code 32746-2148 |
|-------------------|-------------|------------------------|

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

| | |
|---------------------------|----------------------|
| Name of Employer CIGNA | Occupation Broker |
|---------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855373

Amount of Each Receipt this Period
42.00

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

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 ▼
218.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855376

Amount of Each Receipt this Period
10.00

| | |
|--|--------|
| 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 71 OF 170
(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 Graves

Mailing Address 4808 Broadmoor SE

City State Zip Code
Grand Rapids MI 49512-5306

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

Name of Employer Occupation
Lighthouse Insurance Group Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855378

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 5125

City State Zip Code
Culver City CA 90231-5125

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

Name of Employer Occupation
Friedman & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855379

Amount of Each Receipt this Period
85.00

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

Mailing Address 532 Cloifview Drive

City State Zip Code
Brandon MS 39047-9183

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

Name of Employer Occupation
Allstate Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : 9855381

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 72 OF 170 |
| | <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 C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 915 Englewood Avenue

City Durham State NC Zip Code 27701-1105

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

Name of Employer Ebenconcepts Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **956.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855382

Amount of Each Receipt this Period
170.00

B. 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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : 9855483

Amount of Each Receipt this Period
30.00

C. Karla Torres
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 61010

City Santa Barbara State CA Zip Code 93160-1010

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 ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : 9856520

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: PAGE 73 OF 170
(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. Erica R. Hain

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 ▼ **800.00**

Date of Receipt
09 / 24 / 2015

Transaction ID : 9856521

Amount of Each Receipt this Period
100.00

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

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 ▼ **270.00**

Date of Receipt
09 / 24 / 2015

Transaction ID : 9856524

Amount of Each Receipt this Period
30.00

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

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 ▼ **399.00**

Date of Receipt
09 / 24 / 2015

Transaction ID : 9856529

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: (check only one) | PAGE 74 OF 170 |
| | <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. 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 ▼ 270.00

Date of Receipt 09 / 24 / 2015
Transaction ID : 9856530

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 ▼ 457.00

Date of Receipt 09 / 25 / 2015
Transaction ID : 9857448

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 ▼ 532.00

Date of Receipt 09 / 25 / 2015
Transaction ID : 9857450

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 75 OF 170 |
| <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. 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 ▼
270.00

Date of Receipt
09 / 25 / 2015
Transaction ID : 9857451

Amount of Each Receipt this Period
30.00

B. 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 ▼
240.00

Date of Receipt
09 / 25 / 2015
Transaction ID : 9857452

Amount of Each Receipt this Period
30.00

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

Mailing Address 5556-B Cheviot Rd.

City Cincinnati State OH Zip Code 45247-5202

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

Name of Employer: United Benefits Agency, Inc. Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
09 / 25 / 2015
Transaction ID : 9857453

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 76 OF 170
(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. 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 Occupation
 Piedmont Community Heath Plan, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 09 / 26 / 2015
Transaction ID : 9857530
 Amount of Each Receipt this Period
 42.00

B. Patrick J. Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Freeman Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 09 / 26 / 2015
Transaction ID : 9857531
 Amount of Each Receipt this Period
 30.00

C. Matthew F. Hatfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 Springfield Avenue
 City Fort Wayne State IN Zip Code 46805-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M Hatfield Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 09 / 26 / 2015
Transaction ID : 9857532
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg State VA Zip Code 23185-5871

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

Name of Employer Occupation
Hinck Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
09 / 26 / 2015
Transaction ID : 9857533

Amount of Each Receipt this Period
30.00

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

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544-9195

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

Name of Employer Occupation
Keystone Insurers Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
09 / 27 / 2015
Transaction ID : 9857538

Amount of Each Receipt this Period
85.00

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

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
705.00

Date of Receipt
09 / 27 / 2015
Transaction ID : 9857540

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 78 OF 170 |
| | <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. 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 ▼ **701.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 27 | / | 2015 |

Transaction ID : 9857543

Amount of Each Receipt this Period

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

B. 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 ▼ **722.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 27 | / | 2015 |

Transaction ID : 9857546

Amount of Each Receipt this Period

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

C. 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 ▼ **340.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 27 | / | 2015 |

Transaction ID : 9857547

Amount of Each Receipt this Period

| |
|-------|
| 42.50 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 212.50 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 170 |
| | <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. 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 ▼
357.00

Date of Receipt
09 / 27 / 2015
Transaction ID : 9857548

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 626

City Woodland Hills State CA Zip Code 91365-0626

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

Name of Employer Underhill Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
09 / 27 / 2015
Transaction ID : 9857556

Amount of Each Receipt this Period
85.00

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

Mailing Address 3950 Chain Bridge Road
Suite 8

City Fairfax State VA Zip Code 22030-3935

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

Name of Employer Blue Kamen Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
09 / 27 / 2015
Transaction ID : 9857560

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 80 OF 170 |
| | <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. 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 ▼ 245.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : 9857561

Amount of Each Receipt this Period
 10.00

B. 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 ▼ 270.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : 9857564

Amount of Each Receipt this Period
 30.00

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

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers, CLU Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : 9857566

Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 170
(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 Hepscher

Mailing Address 38176 Medical Center Avenue

City State Zip Code
 Zephyrhills FL 33540-1380

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

Name of Employer Occupation
 The Canadian Drugstore Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : 9857567

Amount of Each Receipt this Period
 85.00

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 ▼
 336.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : 9857568

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 ▼
 378.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : 9857570

Amount of Each Receipt this Period
 42.00

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: PAGE 82 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David 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 ▼ 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 9857571
 Amount of Each Receipt this Period
 42.00

B. Peter L. Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3033 N. Central Ave Suite 810
 City Phoenix State AZ Zip Code 85012-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sunwest Benefits Consulting, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 9857572
 Amount of Each Receipt this Period
 100.00

C. 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : 9857575
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 170 |
| | <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. 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 ▼ 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 9857581
 Amount of Each Receipt this Period
 30.00

B. Anya Y. Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Newtown Road, Suite 5
 City Norfolk State VA Zip Code 23502-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Plans, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 9857582
 Amount of Each Receipt this Period
 30.00

C. Terry Allard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 9857585
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 170 |
| | <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. 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 ▼ 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 9857588
 Amount of Each Receipt this Period
 30.00

B. 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 ▼ 368.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : 9857598
 Amount of Each Receipt this Period
 42.00

C. 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 ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 9857726
 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 85 OF 170 |
| | <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. Janice Michaud
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Lomax Lane
City Redondo Beach State CA Zip Code 90278-4740
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **70.00**

Date of Receipt **09 / 02 / 2015**
Transaction ID : 9858883
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

B. Spencer W. Swalm
Full Name (Last, First, Middle Initial)
Mailing Address 1873 South Bellaire St Ste 600
City Denver State CO Zip Code 80222-4353
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **90.00**

Date of Receipt **09 / 23 / 2015**
Transaction ID : 9858884
Amount of Each Receipt this Period **0.00**
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$90.00

C. Heather Lee McDougall
Full Name (Last, First, Middle Initial)
Mailing Address 1312 W Kiva Ave
City Mesa State AZ Zip Code 85202-6633
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Broker
Affiliated Insurance Solutions
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433059212218
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: (check only one) | PAGE 86 OF 170 |
| | <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. Denise S. Villagran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433061212218
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. Tiffany Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 C St., Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northrim Benefits Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **290.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433079012218
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

C. Carla Adams
 Full Name (Last, First, Middle Initial)
 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 **270.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433095012218
 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 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dwane C. McFerrin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road
 Suite 510
 City Omaha State NE Zip Code 68114-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Market Sales, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 695.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR433168112218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. William J. Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 West Campus Road
 City New Albany State OH Zip Code 43054-8725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR433180612218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. H Elizabeth Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 Fandor Street
 City Fort Worth State TX Zip Code 76108-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Senior Services of Texas Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR433187712218
 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 89 OF 170 |
| | <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 L. Rifkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Stonewall Lane
 City Mamaroneck State NY Zip Code 10543-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance & Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR433196812218
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Scott W. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Greenway Village Dr.
 City Katy State TX Zip Code 77494-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Transamerica Employee Benefits Occupation Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR433206812218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Amanda McCann Potter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 W Wadley #33C
 City Midland State TX Zip Code 79705-6439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aflac Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR433277612218
 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 90 OF 170 |
| | <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. Lynn Charles Wentworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Drive
 Suite E
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFLAC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433282012218
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. Michael Spleet
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Benefit Solutions Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **473.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433316612218
 Amount of Each Receipt this Period **63.00**
 P/R Deduction (\$63.00 Monthly)

C. Mindy Payne Farnsley
 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 Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR433519212218
 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 91 OF 170
(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 ▼ 274.50

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436789412218
 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 ▼ 378.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436791112218
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436793512218
 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: (check only one) | PAGE 92 OF 170 |
| | <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. 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 ▼
270.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR436801912218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Roy W. Kern

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield State MO Zip Code 65807-4311

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

Name of Employer Kern Insurance Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR436804512218

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
450.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR436808012218

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 93 OF 170 |
| | (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. Eugene L. Rowe
Full Name (Last, First, Middle Initial)
Mailing Address 16000 Ventura Blvd
City Encino State CA Zip Code 91436-2744
FEC ID number of contributing federal political committee. **C**
Name of Employer R & R Retirement and Insurance Service Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR436817912218
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. 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 **270.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR436818312218
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

C. 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 **1530.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR436821412218
Amount of Each Receipt this Period **170.00**
P/R Deduction (\$170.00 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 94 OF 170 |
| <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. 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 **900.00**

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR436823412218
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

B. 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 **450.00**

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR436824512218
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

C. 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 **2250.00**

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR436824612218
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 95 OF 170
(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. 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 ▼ 3150.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436829512218
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$350.00 Monthly)

B. 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 ▼ 911.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436829712218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. 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 ▼ 1530.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436830312218
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 605.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 170 |
| | <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. 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 ▼ 378.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436836212218
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436838912218
 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 ▼ 900.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436839812218
 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 97 OF 170 |
| | <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 ▼ **765.00**

Date of Receipt
09 / 30 / 2015

Transaction ID : PR436844612218

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 ▼ **765.00**

Date of Receipt
09 / 30 / 2015

Transaction ID : PR436847212218

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 ▼ **378.00**

Date of Receipt
09 / 30 / 2015

Transaction ID : PR436852612218

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 98 OF 170
(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. Ann C. BELL

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436853212218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Darrald T. Bean

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436853312218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436853712218

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 99 OF 170 |
| | <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. Phyllis Martinsen

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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR436864012218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

| | | |
|-------------------|-------------|------------------------|
| City 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 ▼
765.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR436865512218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 137 Executive Dr. Suite D

| | | |
|-----------------|-------------|------------------------|
| City 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 ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR436869312218

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 100 OF 170 |
| | <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. 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 ▼ 765.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436873512218
 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 ▼ 765.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436873712218
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436883312218
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 220.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 101 OF 170 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 502 Paris St.

City Lafayette State LA Zip Code 70506-5249

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

Name of Employer Oxford Asset Management,LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : PR436894612218

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1300 10th St

City Wichita Falls State TX Zip Code 76301-3227

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 471.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : PR436895312218

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

c. John G. Fagen
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : PR436896512218

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 102 OF 170 |
| | (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. Leah-Anne Janway

Mailing Address PO Box 20626

City State Zip Code
Oklahoma City OK 73156-0626

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

Name of Employer Occupation
Bigbie, Hensley & Janway Insurance Age Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR436901512218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 110 International Way

City State Zip Code
Springfield OR 97477-1034

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

Name of Employer Occupation
PacificSource Health Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR436902912218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1173 Brittmore

City State Zip Code
Houston TX 77043-5003

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

Name of Employer Occupation
Benefit Concepts, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR436903712218

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 103 OF 170
(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 T. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 E Palm Canyon Dr, Ste 110 -
 City State Zip Code
 Palm Springs CA 92264-1623
 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 ▼
 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436906912218
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

B. Michael A. Embry
 Full Name (Last, First, Middle Initial)
 Mailing Address 26555 Evergreen Road
 Suite 535
 City State Zip Code
 Southfield MI 48076-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Comprehensive Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2697.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436914112218
 Amount of Each Receipt this Period
 170.00
 P/R Deduction (\$170.00 Monthly)

C. Dwight Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6107 Hazelwood Ave.
 City State Zip Code
 Indianapolis IN 46228-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 D Hall & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436914812218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 170 |
| | <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. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436917212218

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Dennis J. Recker
Full Name (Last, First, Middle Initial)

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

City Ottawa State OH Zip Code 45875-1218

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436919012218

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 2633 State Route 59, Suite B

City Ravenna State OH Zip Code 44266-1684

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436923412218

Amount of Each Receipt this Period 31.00

P/R Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 91.00

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

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

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

FOR LINE NUMBER: PAGE 105 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Peter F. Stehr

Mailing Address 13636 Seward Street

City State Zip Code
Omaha NE 68154-3823

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436932412218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 11229

City State Zip Code
Columbia SC 29211-1229

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

Name of Employer Occupation
The Cason Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436934812218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 503 Eighth Street

City State Zip Code
Wichita Falls TX 76301-6507

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

Name of Employer Occupation
Whitmire & Whitmire, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436939112218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 170 |
| | <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. 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 ▼ 1697.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436939912218
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

B. Sandra Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 Network Blvd, # 403
 City San Antonio State TX Zip Code 78249-3310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hairston, Johnson & Associates, PLLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436946312218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. John Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 High Street
 City Warren State OH Zip Code 44481-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INSURANCE NAVIGATORS AGENCY Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR436950012218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 107 OF 170
(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 Fairbairn
 Full Name (Last, First, Middle Initial)
 Mailing Address 8069 Little Circle Road
 City Noblesville State IN Zip Code 46060-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Insurance Concepts Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436957112218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Scott A Delisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Fallbrook Blvd
 City Lincoln State NE Zip Code 68521-9033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ameritas Life Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436958812218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436961712218
 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 108 OF 170 |
| | <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. John E Schneider | | Date of Receipt 09 / 30 / 2015 Transaction ID : PR436963512218 |
| Mailing Address 4300 Sidco Drive, Suite 200 | | Amount of Each Receipt this Period 30.00 |
| City Nashville | State TN | Zip Code 37204-4537 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$30.00 Monthly) |
| Name of Employer Colonial Life | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. John C. Parker | | Date of Receipt 09 / 30 / 2015 Transaction ID : PR436986812218 |
| Mailing Address 47 Laurel Hill Drive | | Amount of Each Receipt this Period 100.00 |
| City Niantic | State CT | Zip Code 06357-1536 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$100.00 Monthly) |
| Name of Employer Parker Agency | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1046.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Bob Bentley | | Date of Receipt 09 / 30 / 2015 Transaction ID : PR436990412218 |
| Mailing Address 9557 Silverdale Loop Road, NW | | Amount of Each Receipt this Period 30.00 |
| City Silverdale | State WA | Zip Code 98383-9132 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$30.00 Monthly) |
| Name of Employer Albers Company | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | |
|--|--------|
| 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 109 OF 170 |
| | <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. Rand R. Wall
Full Name (Last, First, Middle Initial)

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 ▼ **842.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR436992612218

Amount of Each Receipt this Period

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

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 800 Avenue C

| | | |
|--------------|-------------|------------------------|
| City Katy | State TX | Zip Code 77493-2302 |
|--------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Splawn & Associates | Occupation Broker |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR436992812218

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1434 Hwy 301

| | | |
|----------------|-------------|------------------------|
| City Calera | State AL | Zip Code 35040-5466 |
|----------------|-------------|------------------------|

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

| | |
|------------------------------|----------------------|
| Name of Employer AWM, Inc | Occupation Broker |
|------------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **886.50**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR436993012218

Amount of Each Receipt this Period

| |
|-------|
| 98.50 |
|-------|

P/R Deduction (\$98.50 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 190.50 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 170 |
| | <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. Charla S. Rose
Full Name (Last, First, Middle Initial)

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR436999112218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 807 8th Street, Suite 300

City Wichita Falls State TX Zip Code 76301-3317

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

Name of Employer Financial Partners Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437002312218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Ryan P. Thorn
Full Name (Last, First, Middle Initial)

Mailing Address 10342 South Springcrest Lane

City South Jordan State UT Zip Code 84095-4538

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437004012218

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 111 OF 170 |
| | <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. Betty R. Doyle
Full Name (Last, First, Middle Initial)

Mailing Address 108 SE 3rd, Suite A

City Moore State OK Zip Code 73160-5234

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

Name of Employer Doyle-Crow & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437006912218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Julie A. Jennings
Full Name (Last, First, Middle Initial)

Mailing Address 500 Faunce Corner Rd
Bldg 100, Suite 120

City Dartmouth State MA Zip Code 02747-1255

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

Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437009212218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Scott T. Buie
Full Name (Last, First, Middle Initial)

Mailing Address 6440 South Wasatch Blvd., #150

City Salt Lake City State UT Zip Code 84121-3513

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

Name of Employer Buie Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437010512218

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 112 OF 170 |
| | <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. James P Better

Mailing Address 11 Summer Street, Suite 6

| | | |
|--------------------|-------------|------------------------|
| City Chelmsford | State MA | Zip Code 01824-3064 |
|--------------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer New England Medical Insurance Agency | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437011512218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 15 New England Executive Park

| | | |
|--------------------|-------------|------------------------|
| City Burlington | State MA | Zip Code 01803-5202 |
|--------------------|-------------|------------------------|

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

| | |
|--------------------------------------|----------------------|
| Name of Employer BenefitsMart LLC | Occupation Broker |
|--------------------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437015612218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 233 South 13th Street, Suite 1650

| | | |
|-----------------|-------------|------------------------|
| City Lincoln | State NE | Zip Code 68508-2036 |
|-----------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer The Harry A. Koch Co | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437016712218

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 113 OF 170
(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. Dee Forshee

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437017012218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437017112218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Lorelei G. Castellani

Mailing Address PO Box 905

City Branchville State NJ Zip Code 07826-0905

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

Name of Employer Benefit Guidance Systems Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437019212218

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **85.00**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 170 |
| | <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. 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437022712218
 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 ▼ 279.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437026312218
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437031512218
 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 115 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Carol Matznick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 38905

City Greensboro State NC Zip Code 27438-8905

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

Name of Employer North Carolina AHU Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437035312218

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 ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437037812218

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437039412218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 116 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ronald S. Buffum

Mailing Address 106 South Harris Street
237

City Round Rock State TX Zip Code 78664-6081

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

Name of Employer The Buffum Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437042312218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 812 Lyndon Lane Suite 101

City Louisville State KY Zip Code 40222-3844

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437043312218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address P.O. Box 388
807 S. Maltby Ave.

City Sutton State NE Zip Code 68979-0388

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

Name of Employer Insurance Plus, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437046612218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00

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

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

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

FOR LINE NUMBER: PAGE 117 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City State Zip Code
 Salt Lake City UT 84121-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fringe Benefit Analysts Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437051512218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Tim Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 8950
 City State Zip Code
 Madison WI 53708-8950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M3 Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437051612218
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. Eleanor M. Brockhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 East Osborn Road, Suite 110
 City State Zip Code
 Phoenix AZ 85014-5537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brockhurst & Associates, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437052812218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 170 |
| | <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. Kimberly C. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 1027 S Pendleton Street
Suite B-217

City Easley State SC Zip Code 29642-1046

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437058212218

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B. 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 ▼
450.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437070212218

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. 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 ▼
902.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437076112218

Amount of Each Receipt this Period
84.00

P/R Deduction (\$84.00 Monthly)

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 170 |
| | <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. 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 ▼ 765.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437079012218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Shelley A Chornak
 Full Name (Last, First, Middle Initial)
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sage Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437080812218
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Lori R. Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 5047 Sherri Ann Road
 City San Antonio State TX Zip Code 78233-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wells Fargo Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437086412218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Linda Rose Koehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Main Street
 City Pleasanton State CA Zip Code 94566-8206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Herzog Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 911.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437090112218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Dierdre Kennedy-Simington
 Full Name (Last, First, Middle Initial)
 Mailing Address 17200 Ventura Blvd., Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Financial & Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437094112218
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Joseph E. Henehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Carnegie Dr., Ste. #205
 City San Bernardino State CA Zip Code 92408-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Henehan Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437097912218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 170 |
| | <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. Mario Roiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10446 NW 31st Terrace
 City Doral State FL Zip Code 33172-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HR Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437104912218
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Robert P. Poli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Executive Boulevard, Suite 12
 City Rockville State MD Zip Code 20852-3907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437105912218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. James R. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Mansell Ct East Suite 400
 City Roswell State GA Zip Code 30076-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437110712218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Joseph W. Buyalos
Full Name (Last, First, Middle Initial)

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 ▼ **765.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437111612218

Amount of Each Receipt this Period

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

P/R Deduction (\$85.00 Monthly)

B. G. Russell Garner
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Murraywood Drive

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Columbia | SC | 29212-1159 |

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

| | |
|-----------------------|------------|
| Name of Employer | Occupation |
| G. Russell Garner LLC | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437113212218

Amount of Each Receipt this Period

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

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 104 Mondrian Way

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Lafayette | LA | 70501-7730 |

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

| | |
|----------------------------------|------------|
| Name of Employer | Occupation |
| Global Financial Resources, Inc. | Broker |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437116412218

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 123 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Brian Joseph 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 ▼
595.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437117712218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. Angela Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 2300 S. 16th Street

City Lincoln State NE Zip Code 68502-3704

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 ▼
270.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437117812218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 7101 S. 82nd St., #B

City Lincoln State NE Zip Code 68516-6584

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 ▼
1572.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437118012218

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 170 |
| | <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. 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 ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437119612218

Amount of Each Receipt this Period

| |
|--------|
| 270.00 |
|--------|

P/R Deduction (\$30.00 Monthly)

B. 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 ▼ **378.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437122412218

Amount of Each Receipt this Period

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

P/R Deduction (\$42.00 Monthly)

C. Bruce D. Benton
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd
Suite 312

| | | |
|----------------|-------------|------------------------|
| City Encino | State CA | Zip Code 91316-5018 |
|----------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Genesis Financial & Insurance Services | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1676.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437123012218

Amount of Each Receipt this Period

| |
|--------|
| 170.00 |
|--------|

P/R Deduction (\$170.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 125 OF 170
(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. 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 **270.00**

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR437128012218
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$30.00 Monthly)

B. Linda K. Friedrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4435 O Street
 City Lincoln State NE Zip Code 68510-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: UNICO Financial Services, Inc. Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR437129112218
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

C. 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 **270.00**

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR437137812218
 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 126 OF 170 |
| | <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. Timothy P. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 417
 City State Zip Code
 Hampstead NC 28443-0417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Insurance Systems Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437149412218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Laura L. Hebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 Graham Road
 PO BOX 18508
 City State Zip Code
 Corpus Christi TX 78418-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hebert Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437154812218
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

C. Tina Durand
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 61157
 City State Zip Code
 Corpus Christi TX 78466-1157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heavin & Associates Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437154912218
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 114.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 127 OF 170
(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 H. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 S 29th W Place
 City State Zip Code
 Tulsa OK 74132-1766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plan Benefit Analysts of Tulsa, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437174112218
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

B. Robert J. Tierney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2113 West Parkstone Ct
 City State Zip Code
 Meridian ID 83646-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tierney Consulting, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437175212218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Neal Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 East Atlantic Boulevard
 City State Zip Code
 Pompano Beach FL 33060-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frank H. Furman, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437183412218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 128 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 7922 Summa Avenue, Suite B-1

City Baton Rouge State LA Zip Code 70809-3475

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

Name of Employer Health Plus Consulting Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437184612218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 6500 Rock Spring Drive Suite 410

City Bethesda State MD Zip Code 20817-1199

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

Name of Employer The Meltzer Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437194612218

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437195512218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 OF 170 |
| | <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 ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437199712218

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 ▼ **2250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437201912218

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 ▼ **270.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437203312218

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: (check only one) | PAGE 130 OF 170 |
| | <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. Lon G. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437204312218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Jennifer Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437204412218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Marilyn A. Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8926 Crown Colony Blvd
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVS Consulting Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437206412218
 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 131 OF 170 |
| | <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. 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 ▼ 765.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437212212218
 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 ▼ 1091.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437216012218
 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 ▼ 911.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437218312218
 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: PAGE 132 OF 170
(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 E. Shores

Mailing Address 8596 W Bolsa Ct.

City State Zip Code
Boise ID 83709-5196

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

Name of Employer Occupation
T.A. Shores Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437221412218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rita A. Musser

Mailing Address 3330 Thames Drive

City State Zip Code
Fort Wayne IN 46815-5994

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

Name of Employer Occupation
Senior Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437229112218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
c. Joy K. Gardner

Mailing Address 9424 Double R Blvd

City State Zip Code
Reno NV 89521-5977

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

Name of Employer Occupation
Comstock Insurance Agencies, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437231212218

Amount of Each Receipt this Period
47.00

P/R Deduction (\$47.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.00

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

**SCHEDULE A (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 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Michael A. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437250012218

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437254112218

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 567.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437260912218

Amount of Each Receipt this Period 63.00

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 123.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 170 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Sandra Lee Powers-Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Benefits Northwest Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437264312218
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Allen D. Hardy
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Kosciusko Road P.O. Box 89
 City Philadelphia State MS Zip Code 39350-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philadelphia Security Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437264912218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Jennifer L. Toups
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437270512218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 135 OF 170
(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. 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 ▼
 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437271712218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Margaret S. Tolbert
 Full Name (Last, First, Middle Initial)
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437280512218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. James F. Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road, 5th Floor
 City State Zip Code
 Omaha NE 68114-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Senior Market Sales, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437281012218
 Amount of Each Receipt this Period
 125.00
 P/R Deduction (\$125.00 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 136 OF 170 |
| | <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. Tom Hayes
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 3198

| | | |
|---|------------------------------------|------------------------|
| City Little Rock | State AR | Zip Code 72203-3198 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Rebsamen Insurance | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437300712218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Luann S. Yarberry
Full Name (Last, First, Middle Initial)
Mailing Address 1300 10th St

| | | |
|---|------------------------------------|------------------------|
| City Wichita Falls | State TX | Zip Code 76301-3227 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Higginbotham Ins Agency, Inc. | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437301012218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Angela Oakes
Full Name (Last, First, Middle Initial)
Mailing Address 1323 Highway 2, Ste. 300

| | | |
|---|------------------------------------|------------------------|
| City Sandpoint | State ID | Zip Code 83864-2741 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Summit Insurance Resource Group | Occupation Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 635.00 | |

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437309012218

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 137 OF 170 |
| | <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. 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 ▼
395.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437317312218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Kimberly L. Auclair
Full Name (Last, First, Middle Initial)

Mailing Address 6873 Raccoon Ct

City State Zip Code
Viera FL 32940-6869

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

Name of Employer Occupation
Pineapple Financial Services, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437318512218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Marie D. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 701 4th Ave S. #1500

City State Zip Code
Minneapolis MN 55415-1637

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

Name of Employer Occupation
DeRuyter-Bell, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437323312218

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 138 OF 170 |
| | <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. 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 **420.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR437326112218
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

B. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City Federal Way State WA Zip Code 98023-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insure NW Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR437343512218
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

C. Jim Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address Epic Insurance Solutions, LLC
 710 East Main Street
 City Lexington State KY Zip Code 40502-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Epic Insurance Solutions, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR437348012218
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 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 139 OF 170 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Susan Marie McGinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City Tulsa State OK Zip Code 74133-7035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenEx Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437359312218
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Monthly)

B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437361112218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437364412218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 140 OF 170
(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. Rina Tikia
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 N. Causeway Blvd., Suite 815
 City State Zip Code
 Metairie LA 70002-3655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tikia Consulting Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437375312218
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

B. Jeffery C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Reynolds Road
 City State Zip Code
 Jackson MI 49201-9386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Small Business Association of Michigan Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437385412218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Antonio Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 Riverdance Dr.
 City State Zip Code
 Raleigh NC 27613-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACA Compliance Services, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437402012218
 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 141 OF 170 |
| | <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. 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 ▼ 471.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437416412218
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437417012218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437425012218
 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 142 OF 170
(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. Robert S. Clark

Mailing Address 7548 Preston Road

City Frisco State TX Zip Code 75034-5683

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

Name of Employer Clark Insurance Associates, PLLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437427212218

Amount of Each Receipt this Period
 42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Joel Rosenblum

Mailing Address 230 Lipan Way

City Boulder State CO Zip Code 80303-3635

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

Name of Employer Insurance for Asset Protection Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437427412218

Amount of Each Receipt this Period
 42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Victoria A. Major-Bell

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 ▼ **391.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437432012218

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **114.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 143 OF 170 |
| | <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. 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 ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437450412218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

B. Reed Damron
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway, Suite 250

City Norcross State GA Zip Code 30093-1740

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

Name of Employer HIRE Benefits, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437468912218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. 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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437470812218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 145 OF 170 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDaniel Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437485712218
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Colleen J. Gransee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1277 Deming Way
 City Madison State WI Zip Code 53717-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dean Health Plan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437490412218
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Barry S. Cohn
 Full Name (Last, First, Middle Initial)
 Mailing Address 21515 Vanowen St Ste 200
 City Canoga Park State CA Zip Code 91303-2715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RGEB Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : PR437497312218
 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 146 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Susan M. Rider

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 ▼ **487.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437510712218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jeanne A. Embry

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437533412218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
c. Maggie Coley

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 ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437534012218

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 147 OF 170
(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 J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City State Zip Code
 New Orleans LA 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MetLife Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437562812218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. David Contorno
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Professional Park Dr
 Ste 103
 City 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 ▼
 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437566612218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Jon Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Northpoint Glen Ct.
 City 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437580912218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 148 OF 170
(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 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 ▼
270.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437585512218

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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437587512218

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 ▼
765.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437588412218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 149 OF 170 |
| | <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 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 **786.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR437588912218
 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 **378.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR437591512218
 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 **369.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR437594112218
 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

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 11a 11b 11c 12
 13 14 15 16 17

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

A. Ryan R. Swinton
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82 St.
 City Lincoln State NE Zip Code 68516-6584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437594912218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Patrick Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5653 Maxwelton 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 ▼ 765.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437600512218
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Eugene Starks
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Crescent Circle Suite 201
 City Ridgeland State MS Zip Code 39157-8686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Administration Services, Ltd. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1739.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR437603112218
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 340.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 151 OF 170
(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. George Williams

Mailing Address 4109 Woodway Dr.

City State Zip Code
Monroe LA 71201-2218

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

Name of Employer Occupation
Financial Planning Resources Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437605712218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Brian Hanby

Mailing Address 662 East 700 North

City State Zip Code
Payson UT 84651-1500

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

Name of Employer Occupation
Hanby&Associates Insurance Agency, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437606512218

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Andrew M. LaRocco

Mailing Address 5880 Live Oak Parkway, # 230

City State Zip Code
Norcross GA 30093-1740

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

Name of Employer Occupation
The LaRocco Companies Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437640912218

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

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

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

FOR LINE NUMBER: PAGE 152 OF 170
(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 Israel

Mailing Address 4204 Manor Forest Trail

City State Zip Code
Boynton Beach FL 33436-8851

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437654412218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Blake Izatt

Mailing Address 46 West 200 South

City State Zip Code
Bountiful UT 84010-6258

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

Name of Employer Occupation
RBI Benefits Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437655512218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 14432 SE Eastgate Way Ste 400

City State Zip Code
Bellevue WA 98007-6493

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

Name of Employer Occupation
The Partners Group Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1190.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : PR437657712218

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 153 OF 170
(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. Dominic Siciliano

Mailing Address 4500 Cascade Road SE Suite 106

City State Zip Code
Grand Rapids MI 49546-3665

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

Name of Employer Occupation
Benefit Profiles, 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
 09 / 30 / 2015
Transaction ID : PR437669512218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Marcie Strouse

Mailing Address 1501 Ingersoll Ave Ste 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 ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437683112218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dianne M. Kelley

Mailing Address 7320 N La Cholla Blvd. Suite 154-219

City State Zip Code
Tucson AZ 85741-2309

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

Name of Employer Occupation
Sandbrook Benefits Group, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437684512218

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 154 OF 170
(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. Arthur Granado
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 Peoples, # 505
 City State Zip Code
 Corpus Christi TX 78401-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Granado Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437693212218
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

B. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City State Zip Code
 Franklin NC 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wayah Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437699012218
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Yolanda Marie Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Via Piemonte
 City State Zip Code
 Ontario CA 91710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trinity Financial Partners Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437705612218
 Amount of Each Receipt this Period
 112.00
 P/R Deduction (\$112.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 155 OF 170 |
| | <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. Penny E. Nikel
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 S Main St., Ste 200
 City Longmont State CO Zip Code 80501-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Nikel Insurance Associates LLC
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR437728912218
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$30.00 Monthly)

B. Sam Drysdale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 S National
 City Springfield State MO Zip Code 65810-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coventry Health Care
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR437733412218
 Amount of Each Receipt this Period: 42.00
 P/R Deduction (\$42.00 Monthly)

C. Ernest Berry
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 69th St., A9A
 City Lubbock State TX Zip Code 79424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Berry Agency
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : PR437737412218
 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 156 OF 170 |
| | <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. Teresa Conto

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 ▼
1655.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437740812218

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Leslie A. Williams

Mailing Address 2275 North Street

| | | |
|------------------|-------------|------------------------|
| City 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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437742912218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mike Osborne

Mailing Address 1308 Woodmanor Dr,

| | | |
|-----------------|-------------|------------------------|
| City Raleigh | State NC | Zip Code 27614-9055 |
|-----------------|-------------|------------------------|

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

| | |
|--|----------------------|
| Name of Employer Osborne Insurance Services, Inc. | Occupation Broker |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437743712218

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 157 OF 170
(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. 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437745812218
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437767512218
 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 ▼
 445.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437775812218
 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 158 OF 170 |
| | <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. 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 ▼ **790.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR43778612218

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 ▼ **595.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437785812218

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 ▼ **510.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : PR437797612218

Amount of Each Receipt this Period

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

P/R Deduction (\$85.00 Monthly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 159 OF 170 |
| | <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 ▼
378.00

Date of Receipt
09 / 30 / 2015

Transaction ID : PR437807412218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Liz Taggart

Mailing Address 8530 Belnor Dr.

City Cicero State NY Zip Code 13039-8845

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

Name of Employer United Healthcare Medicare Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
09 / 30 / 2015

Transaction ID : PR437825112218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 400 N Tampa St
Suite 1900

City Tampa State FL Zip Code 33602-4776

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

Name of Employer Lykes Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.00

Date of Receipt
09 / 30 / 2015

Transaction ID : PR437852412218

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **114.00**

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

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

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

FOR LINE NUMBER: PAGE 160 OF 170
(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. 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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437855212218

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Cathy Little

Mailing Address 1145 2nd Street
#A-269

City Brentwood State CA Zip Code 94513-2292

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

Name of Employer Essential Exchange Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437855612218

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Sher Sparano

Mailing Address 70-20 108th St, #5-0

City Forest Hills State NY Zip Code 11375-4449

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

Name of Employer Benefits Advisory Service Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : PR437859412218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 161 OF 170 |
| | <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. Mike Emidy
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2021

City Ridgeland State MS Zip Code 39158-2021

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

Name of Employer Colonial Life Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR437878312218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Kenneth G. Penn
Full Name (Last, First, Middle Initial)

Mailing Address 500 East Main Street Suite 700-CS

City Norfolk State VA Zip Code 23510-2205

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

Name of Employer ChamberSolutions Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR438401512218

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. JAMES H HISSONG
Full Name (Last, First, Middle Initial)

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR439660012218

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 162 OF 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jessica Fulginiti Waltman

Mailing Address 10 Doyle Road

City Wayne State PA Zip Code 19087-3903

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

Name of Employer Forward Health Consulting Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR470100112218

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 85.00 |
| TOTAL This Period (last page this line number only).....▶ | 28754.67 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9857942

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9857943

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

C. 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 : 9858301

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 |

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. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
9/8 Dinner

011

Candidate Name

Richard Burr

Category/
Type

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : 9852517

Amount of Each Disbursement this Period

1000.00

9/8 Dinner

Full Name (Last, First, Middle Initial)

B. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
9/10 Breakfast

011

Candidate Name

Edwin Perlmutter

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : 9852520

Amount of Each Disbursement this Period

1000.00

9/10 Breakfast

Full Name (Last, First, Middle Initial)

C. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
9/15 Dinner

011

Candidate Name

Dean Heller

Category/
Type

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : 9852521

Amount of Each Disbursement this Period

1000.00

9/15 Dinner

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement
9/4 Dinner

011

Category/
Type

Candidate Name

Thomas Reed II

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 9853023

Amount of Each Disbursement this Period

1000.00

9/4 Dinner

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
9/17 Lunch

011

Category/
Type

Candidate Name

Rep. Joe Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 9853029

Amount of Each Disbursement this Period

1000.00

9/17 Lunch

Full Name (Last, First, Middle Initial)

C. Friends Of John McCain Inc

Mailing Address PO Box 16664

City Arlington State VA Zip Code 22215

Purpose of Disbursement
9/10 Lunch

011

Category/
Type

Candidate Name

Mr. John McCain

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 9853032

Amount of Each Disbursement this Period

1000.00

9/10 Lunch

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
9/14 Local Event

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 9853036

Amount of Each Disbursement this Period

1000.00

9/14 Local Event

Full Name (Last, First, Middle Initial)

B. Scalise Leadership Fund

Mailing Address 317 15TH ST NE
Suite 1100

City State Zip Code
Washington DC 20005

Purpose of Disbursement

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : 9853417

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mchenry For Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28603

Purpose of Disbursement
9/16 Dinner

011

Candidate Name

Patrick McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : 9853572

Amount of Each Disbursement this Period

2000.00

9/16 Dinner

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
9/17 Game

011
Category/
Type

Candidate Name
Joe Barton

Office Sought: House
 Senate
 President
State: TX District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9853573

Amount of Each Disbursement this Period

9/17 Game

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
9/17 Dinner

011
Category/
Type

Candidate Name
Gus Bilirakis

Office Sought: House
 Senate
 President
State: FL District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9853640

Amount of Each Disbursement this Period

9/17 Dinner

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Weekend Retreat 9/19

011
Category/
Type

Candidate Name
Billy Long

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9854416

Amount of Each Disbursement this Period

Weekend Retreat 9/19

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:
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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
9/23 DC Event

011

Category/
Type

Candidate Name

Rep. Ann Kuster

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : 9854417

Amount of Each Disbursement this Period

2000.00

9/23 DC Event

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
9/22 Reception

011

Category/
Type

Candidate Name

Sen. Martin Heinrich

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : 9854418

Amount of Each Disbursement this Period

1000.00

9/22 Reception

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Comp Event

011

Category/
Type

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : 9857472

Amount of Each Disbursement this Period

1000.00

Comp Event

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

4000.00

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. Dan Lipinski For Congress

Mailing Address P.O. Box 520

City State Zip Code
Western Springs IL 60558

Purpose of Disbursement
9/29 Lunch

011

Candidate Name

Daniel Lipinski

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : 9857474

Amount of Each Disbursement this Period

1000.00

9/29 Lunch

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
9/28 Dinner

011

Candidate Name

Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : 9857609

Amount of Each Disbursement this Period

1000.00

9/28 Dinner

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrllton TX 75011

Purpose of Disbursement
9/29 Breakfast

011

Candidate Name

Kenny Marchant

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : 9857722

Amount of Each Disbursement this Period

1000.00

9/29 Breakfast

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

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

3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johnson For Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Comp Event

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 29 | / | 2015 |

Transaction ID : 9857723

Amount of Each Disbursement this Period

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| 1000.00 |
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Comp Event

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
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|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

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|--|
| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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Amount of Each Disbursement this Period

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

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

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| 1000.00 |
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| 24500.00 |
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