

Image# 15951370829

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on date and state fields.

5. Covering Period 04 / 01 / 2015 through 04 / 30 / 2015

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 05 / 13 / 2015

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

Table with 10 columns for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		93702.40
(b) Cash on Hand at Beginning of Reporting Period.....	109490.73	
(c) Total Receipts (from Line 19)	34188.42	203108.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	143679.15	296811.30
7. Total Disbursements (from Line 31).....	43567.48	196699.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	100111.67	100111.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	15652.75	97317.50
(ii) Unitemized	18535.67	101998.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34188.42	199316.18
(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)	34188.42	199316.18
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34188.42	203108.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34188.42	203108.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1602.48	7734.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1602.48	7734.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41200.00	188200.00
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	765.00	765.00
(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)).....	765.00	765.00
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)) ..	43567.48	196699.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43567.48	196699.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34188.42	199316.18
34. Total Contribution Refunds (from Line 28(d))	765.00	765.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33423.42	198551.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1602.48	7734.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3792.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1602.48	3941.91

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

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

FOR LINE NUMBER: PAGE 6 OF 64
(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. 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 ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : 9817897

Amount of Each Receipt this Period
85.00

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

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 ▼ **510.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 9817898

Amount of Each Receipt this Period
170.00

Monthly Contribution

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

Mailing Address 2211 Michelson Drive Suite 1150

City Irvine State CA Zip Code 92612-1358

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 ▼ **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 9817903

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **340.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Heidi 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 ▼
265.00

Date of Receipt
04 / 05 / 2015
Transaction ID : 9817914

Amount of Each Receipt this Period
30.00

Monthly Contribution

B. Sheryl Ryan Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 1402 N Capitol Ave #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 ▼
365.00

Date of Receipt
04 / 05 / 2015
Transaction ID : 9817922

Amount of Each Receipt this Period
365.00

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

Mailing Address 935 Moraga Road
Suite 240

City Lafayette State CA Zip Code 94549-4542

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
04 / 06 / 2015
Transaction ID : 9817923

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 64
(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. Marcia A. Fender

Mailing Address 5801 East 41st Street, Suite 711

City Tulsa	State OK	Zip Code 74135-5629
---------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2015

Transaction ID : 9817941

Amount of Each Receipt this Period
1000.00

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

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 ▼
265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2015

Transaction ID : 9818845

Amount of Each Receipt this Period
30.00

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

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 ▼
265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2015

Transaction ID : 9818846

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	1060.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1482 Baron Court

City State Zip Code
Stone Mountain GA 30087-3037

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

Name of Employer Occupation
David S. Johnson Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2015
Transaction ID : 9818853

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ronald H. Carr

Mailing Address 30 Two Bridges Road, Suite 320

City State Zip Code
Fairfield NJ 07004-1550

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

Name of Employer Occupation
New England Financial Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 9820670

Amount of Each Receipt this Period
365.00

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

Mailing Address PO Box 1635

City State Zip Code
Irmo SC 29063-1635

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

Name of Employer Occupation
American Benefit Services, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 9820680

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00

TOTAL This Period (last page this line number 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 64
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 226.00

Date of Receipt
04 / 18 / 2015
Transaction ID : 9820683
Amount of Each Receipt this Period
63.00

B. Sue M. Ober
Full Name (Last, First, Middle Initial)
Mailing Address 1500 NW Bethany Blvd Ste 200
City Beaverton State OR Zip Code 97006-5236
FEC ID number of contributing federal political committee. **C**
Name of Employer Sue Ober & Associates, LLC Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
04 / 20 / 2015
Transaction ID : 9820699
Amount of Each Receipt this Period
365.00

C. Robert J Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 205 E. Warm Springs Rd., Suite 108
City Las Vegas State NV Zip Code 89119-4250
FEC ID number of contributing federal political committee. **C**
Name of Employer National Healthcare Access Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9821660
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 528.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Erin B. Fisher

Mailing Address 131-6 Courtland Avenue

City State Zip Code
Stamford CT 06902-3443

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

Name of Employer Occupation
Find Medicare Plans 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
04 / 23 / 2015

Transaction ID : 9821753

Amount of Each Receipt this Period
100.00

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

Mailing Address 17535 Generations Drive

City State Zip Code
South Bend IN 46635-1589

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

Name of Employer Occupation
Healy Group, Inc. 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
04 / 23 / 2015

Transaction ID : 9821781

Amount of Each Receipt this Period
100.00

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

Mailing Address 30 Lumpkin St, Suite D

City State Zip Code
Lawrenceville GA 30046-8410

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

Name of Employer Occupation
Multiple Benefits Corporation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9821814

Amount of Each Receipt this Period
85.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 64
(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. Michelle S. Howard

Mailing Address 2850 West Grand Boulevard

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Occupation
Health Alliance Plan Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9821817

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Kathleen D. Luna

Mailing Address 290 Snider Court

City State Zip Code
Livermore CA 94550-8030

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

Name of Employer Occupation
Luna Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9821866

Amount of Each Receipt this Period
10.00

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

Mailing Address 550 South 5th Street, Unit 303

City State Zip Code
Louisville KY 40202-4309

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

Name of Employer Occupation
The Benefits Firm Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9821894

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 64
(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 Mordo

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 D Mordo Employee Benefits & Consulting Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt **04 / 23 / 2015**

Transaction ID : 9821908

Amount of Each Receipt this Period **35.00**

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

Mailing Address 12200 Northwest Frwy, Suite 662

City Houston State TX Zip Code 77092-4927

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

Name of Employer Northwest General Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt **04 / 23 / 2015**

Transaction ID : 9821955

Amount of Each Receipt this Period **85.00**

Full Name (Last, First, Middle Initial)
C. James Randall Southard

Mailing Address PO Box 487

City Stokesdale State NC Zip Code 27357-0487

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

Name of Employer Professional Benefits Associates, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **04 / 23 / 2015**

Transaction ID : 9821999

Amount of Each Receipt this Period **65.00**

SUBTOTAL of Receipts This Page (optional)..... **185.00**

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

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

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

FOR LINE NUMBER:	PAGE 14 OF 64
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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. Anne P. Sperling

Mailing Address 805 St. Michael's Drive

City Santa Fe State NM Zip Code 87505-7625

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

Name of Employer Daniels Insurance Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822001

Amount of Each Receipt this Period
60.00

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

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 ▼ **295.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822054

Amount of Each Receipt this Period
30.00

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

Mailing Address 1111 Chestnut Hills Pky

City 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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822058

Amount of Each Receipt this Period
85.00

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: PAGE 15 OF 64
(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. Keith Wallace

Mailing Address 1400 Broadway

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2015

Transaction ID : 9822071

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 27

City Wheaton	State IL	Zip Code 60187-0027
-----------------	-------------	------------------------

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

Name of Employer Colonial Life	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2015

Transaction ID : 9822072

Amount of Each Receipt this Period
68.75

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

Mailing Address 1501 Ingersoll Ave
Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
745.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2015

Transaction ID : 9822073

Amount of Each Receipt this Period
85.00

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 16 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼
255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822074

Amount of Each Receipt this Period
85.00

Monthly Contribution

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

Mailing Address 1112 Maple Street

City State Zip Code
West Des Moines IA 50265-4420

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

Name of Employer Occupation
Associations Marketing Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822075

Amount of Each Receipt this Period
85.00

Monthly Contribution

C. G. Wayne Pettigrew
Full Name (Last, First, Middle Initial)

Mailing Address 3815 East Memorial Road

City State Zip Code
Edmond OK 73013-7228

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

Name of Employer Occupation
Compass Benefit Solutions, LLC 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
04 / 23 / 2015

Transaction ID : 9822076

Amount of Each Receipt this Period
85.00

Monthly Contribution

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

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

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

FOR LINE NUMBER: PAGE 17 OF 64
(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. 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 ▼
275.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9822083

Amount of Each Receipt this Period
50.00

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

Mailing Address I-20 At Alpine Rd.
AV-100

City Columbia State SC Zip Code 29219-0001

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

Name of Employer BlueChoice HealthPlan Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9822090

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Kathleen D. Luna

Mailing Address 290 Snider Court

City Livermore State CA Zip Code 94550-8030

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

Name of Employer Luna Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
195.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9822105

Amount of Each Receipt this Period
-10.00

Refund

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **560.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822409

Amount of Each Receipt this Period
55.00

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

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066-2362

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, In Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **496.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822410

Amount of Each Receipt this Period
85.00

Reception

C. Shelly K. Winson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1914

City State Zip Code
Chandler AZ 85244-1914

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

Name of Employer Occupation
True Choice Benefits LLC Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822412

Amount of Each Receipt this Period
30.00

Reception

SUBTOTAL of Receipts This Page (optional)..... **170.00**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 64
(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 Selinsky

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822413

Amount of Each Receipt this Period
42.00

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

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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822416

Amount of Each Receipt this Period
85.00

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

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822418

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709-1547

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

Name of Employer Occupation
Russ Childers, CLU Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
485.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822473

Amount of Each Receipt this Period
90.00

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

Mailing Address 700 Larkspur Landing Circle, Suite

City State Zip Code
Larkspur CA 94939-1755

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

Name of Employer Occupation
Copeland Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822481

Amount of Each Receipt this Period
85.00

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

Mailing Address 3800 North Central Avenue
9th Floor

City State Zip Code
Phoenix AZ 85012-1979

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

Name of Employer Occupation
Black Gould & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822515

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Jeffrey Wm. Gennaro

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 ▼ **340.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822531

Amount of Each Receipt this Period
85.00

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

Mailing Address 12833 River Dance Dr.

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer JBA Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822539

Amount of Each Receipt this Period
85.00

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

Mailing Address 550 Boardwalk Blvd.

City Bossier City State LA Zip Code 71111-4384

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

Name of Employer Benefit Consulting Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822548

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **255.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2669 Handstand Way

City State Zip Code
Tracy CA 95377-6700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : 9822600

Amount of Each Receipt this Period
85.00

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

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : 9822601

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Benji Marrs

Mailing Address 1151 Red Mile Rd

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 ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : 9822606

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Vickie Eileen Mayville

Mailing Address P O Box 232325

City Las Vegas State NV Zip Code 89105-2325

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

Name of Employer Mayville Incorporated Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822613

Amount of Each Receipt this Period
10.00

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

Mailing Address 2108 West Laburnum Avenue, Suite 3

City Richmond State VA Zip Code 23227-4300

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822661

Amount of Each Receipt this Period
170.00

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

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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 9822666

Amount of Each Receipt this Period
85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼
400.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9822672

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120-1533

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

Name of Employer The Rainmakers Group, Ltd. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9822680

Amount of Each Receipt this Period
85.00

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

Mailing Address 169A Lameuse St

City Biloxi State MS Zip Code 39530-3810

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 9822687

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<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. Paul E. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Queen Street
 City Southington State CT Zip Code 06489-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paul E Smith Insurance, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt
 04 / 23 / 2015
Transaction ID : 9822693
 Amount of Each Receipt this Period
 175.00

B. Audra I. Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 N Watson Rd Ste 287
 City Arlington State TX Zip Code 76006-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vogue Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 04 / 23 / 2015
Transaction ID : 9822705
 Amount of Each Receipt this Period
 30.00

C. Marsha Tellesbo-Kembel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Avenue, Suite 3200
 City Seattle State WA Zip Code 98154-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tellesbo & Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 04 / 23 / 2015
Transaction ID : 9822712
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 L. Warwick
Full Name (Last, First, Middle Initial)
Mailing Address 1907 B Mangrove Ave.
City Chico State CA Zip Code 95926-2381
FEC ID number of contributing federal political committee. **C**
Name of Employer John Warwick Insurance Services Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 9822725
Amount of Each Receipt this Period 85.00

B. 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 ▼ 340.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 9822737
Amount of Each Receipt this Period 85.00

C. Erica R. Hain
Full Name (Last, First, Middle Initial)
Mailing Address 1995 Point Township Drive
City Northumberland State PA Zip Code 17857-8856
FEC ID number of contributing federal political committee. **C**
Name of Employer Keystone Insurers Group, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2015
Transaction ID : 9823256
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3975 Fair Ridge Drive
110-N

City State Zip Code
Fairfax VA 22033-2911

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

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

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
04 / 24 / 2015

Transaction ID : 9823946

Amount of Each Receipt this Period
85.00

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

Mailing Address 1415 Walton Blvd

City State Zip Code
Rochester Hills MI 48309-1775

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 9824120

Amount of Each Receipt this Period
42.00

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

Mailing Address P. O. Box 74325

City State Zip Code
San Clemente CA 92673-0145

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

Name of Employer Occupation
Stedt Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 9824122

Amount of Each Receipt this Period
85.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 OF 64
(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. Julie Hulsey

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 ▼
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : 9824126

Amount of Each Receipt this Period
85.00

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

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 ▼
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : 9824128

Amount of Each Receipt this Period
85.00

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

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer Warner Pacific Insurance Services Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : 9824129

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544-9195

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

Name of Employer Occupation
Keystone Insurers Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
04 / 27 / 2015
Transaction ID : 9824131

Amount of Each Receipt this Period
85.00

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

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 Occupation
Admin America Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
04 / 27 / 2015
Transaction ID : 9824134

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 626

City Woodland Hills State CA Zip Code 91365-0626

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

Name of Employer Occupation
Underhill Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
04 / 27 / 2015
Transaction ID : 9824147

Amount of Each Receipt this Period
85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Andrea McLoy

Mailing Address 5300 Orange Ave., Ste 208

City Cypress State CA Zip Code 90630-2972

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

Name of Employer Robbins Financial & Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 9825538

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$765.00 This changes the YTD Total to \$-595.00

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

Mailing Address P.O. Box 1490,

City Jackson State MS Zip Code 39215-1490

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

Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : PR433118911871

Amount of Each Receipt this Period
 85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 8420 West Dodge Road Suite 510

City Omaha State NE Zip Code 68114-3432

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

Name of Employer Senior Market Sales, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : PR433168111871

Amount of Each Receipt this Period
 85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 680.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR436821411871
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

B. 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 ▼ 400.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR436823411871
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 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 ▼ 1000.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR436824611871
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Trei Wild
Full Name (Last, First, Middle Initial)
Mailing Address 3724 Hearst Castle Way
City Plano State TX Zip Code 75025-3719
FEC ID number of contributing federal political committee. **C**
Name of Employer Consultant Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR436824811871
Amount of Each Receipt this Period **85.00**
P/R Deduction (\$85.00 Monthly)

B. 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 **1400.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR436829511871
Amount of Each Receipt this Period **350.00**
P/R Deduction (\$350.00 Monthly)

C. 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 **465.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR436829711871
Amount of Each Receipt this Period **85.00**
P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **520.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Elizabeth 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 ▼ **680.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR436830311871

Amount of Each Receipt this Period **170.00**

P/R Deduction (\$170.00 Monthly)

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

Mailing Address 3150 N. Elm Street Suite 201

City Greensboro State NC Zip Code 27408-3840

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

Name of Employer EbenConcepts Company, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR436839811871

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

C. Dorothy M. Cociu
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834-6677

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

Name of Employer Advanced Benefit Consulting & Insuranc, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR436844611871

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **355.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 64
	(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. Harry P. Thal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2015
Mailing Address PO Box 2137		Transaction ID : PR436847211871
City Kernville	State CA	Zip Code 93238-2137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Harry P. Thal Insurance Agency	Occupation Broker	P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Tom Swayne		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2015
Mailing Address PO Box 31029		Transaction ID : PR436853711871
City Charleston	State SC	Zip Code 29417-1029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer David M. Gilston Insurance Agency, Inc	Occupation Broker	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. George R. Keeling		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2015
Mailing Address P.O. Drawer K-1630 507 Avenue G		Transaction ID : PR436865511871
City Levelland	State TX	Zip Code 79336-3720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer George R. Keeling Insurance Agency	Occupation Broker	P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paula L. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 31930 Daniel Way

City Temecula	State CA	Zip Code 92591-2129
------------------	-------------	------------------------

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

Name of Employer Paula Wilson, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436873511871

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 ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436873711871

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 113 Seaboard Lane, Suite C-170

City Franklin	State TN	Zip Code 37067-8293
------------------	-------------	------------------------

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436883411871

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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
Palm Canyon Insurance Agency	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
04	/	30	/	2015

Transaction ID : PR436906911871

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 ▼ **1805.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436914111871

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 ▼ **295.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436914811871

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 37 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR436934811871
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

B. 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 **805.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR436939911871
 Amount of Each Receipt this Period **170.00**
 P/R Deduction (\$170.00 Monthly)

C. Raymer M. Sale
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E2E Benefits Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **680.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR436947711871
 Amount of Each Receipt this Period **170.00**
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **425.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 64
	(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. Thomas L. Henry

Mailing Address 19310 Sonoma Highway, #A

City Sonoma	State CA	Zip Code 95476-5454
----------------	-------------	------------------------

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

Name of Employer RealCare Insurance Marketing, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436979011871

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 47 Laurel Hill Drive

City Niantic	State CT	Zip Code 06357-1536
-----------------	-------------	------------------------

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

Name of Employer Parker Agency	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436986811871

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Richard P. Coburn

Mailing Address 19 Minor Court

City San Rafael	State CA	Zip Code 94903-3716
--------------------	-------------	------------------------

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

Name of Employer The Word and Brown	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436991311871

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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 39 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436992611871

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B. Paige W. Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 1434 Hwy 301

City Calera	State AL	Zip Code 35040-5466
----------------	-------------	------------------------

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

Name of Employer AWM, Inc	Occupation Broker
------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR436993011871

Amount of Each Receipt this Period

197.00

P/R Deduction (\$197.00 Monthly)

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

Mailing Address 807 8th Street, Suite 300

City Wichita Falls	State TX	Zip Code 76301-3317
-----------------------	-------------	------------------------

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

Name of Employer Financial Partners	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437002311871

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	327.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 64
	(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. Julie A. Jennings		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : PR437009211871
Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120		Amount of Each Receipt this Period 85.00
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		P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) B. James P Better		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : PR437011511871
Mailing Address 11 Summer Street, Suite 6		Amount of Each Receipt this Period 85.00
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		P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Michael D. Gray		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : PR437016711871
Mailing Address 233 South 13th Street, Suite 1650		Amount of Each Receipt this Period 85.00
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		P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 64
<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. 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 ▼ **340.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437037811871

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

B. Ronald S. Buffum
Full Name (Last, First, Middle Initial)

Mailing Address 106 South Harris Street # 237

City Round Rock State TX Zip Code 78664-6081

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

Name of Employer The Buffum Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **343.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437042311871

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 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 ▼ **461.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437076111871

Amount of Each Receipt this Period **84.00**

P/R Deduction (\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **211.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Juan R. Lopez			Date of Receipt
Mailing Address 1851 E. First, #1100			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : PR437079011871
Santa Ana	CA	92705-4051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		P/R Deduction (\$85.00 Monthly)
Kaiser Permanente	Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="340.00"/>		

Full Name (Last, First, Middle Initial) B. Linda Rose Koehler			Date of Receipt
Mailing Address 235 Main Street			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : PR437090111871
Pleasanton	CA	94566-8206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		P/R Deduction (\$85.00 Monthly)
Herzog Insurance Agency	Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="465.00"/>		

Full Name (Last, First, Middle Initial) C. Dierdre Kennedy-Simington			Date of Receipt
Mailing Address 17200 Ventura Blvd., Suite 312			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : PR437094111871
Encino	CA	91316-5018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		P/R Deduction (\$42.00 Monthly)
Genesis Financial & Insurance Services	Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="343.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="212.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 P. Poli
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Executive Boulevard, Suite 12

City	State	Zip Code
Rockville	MD	20852-3907

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

Name of Employer	Occupation
Insurance Marketing Center, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437105911871

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B. 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 ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437111611871

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 7101 S. 82nd St., #B

City	State	Zip Code
Lincoln	NE	68516-6584

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

Name of Employer	Occupation
Midlands Financial Benefits	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
04	/	30	/	2015

Transaction ID : PR437118011871

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bruce D. Benton
 Full Name (Last, First, Middle Initial)
 Mailing Address 17200 Ventura Blvd
 Suite 312
 City Encino State CA Zip Code 91316-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Financial & Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt
 04 / 30 / 2015
Transaction ID : PR437123011871
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

B. Neal Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 East Atlantic Boulevard
 City Pompano Beach State FL Zip Code 33060-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frank H. Furman, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 04 / 30 / 2015
Transaction ID : PR437183411871
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Kenneth McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Elm Street, Suite 301
 City Manchester State NH Zip Code 03101-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Granite Group Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 04 / 30 / 2015
Transaction ID : PR437187211871
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11555 Medlock Bridge Rd

City Johns Creek State GA Zip Code 30097-1564

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

Name of Employer Braden Benefit Strategies, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437201911871

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B. 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 ▼ 340.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437204311871

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 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 ▼ 295.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437206411871

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James S. Garbina
 Full Name (Last, First, Middle Initial)
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Harry A. Koch Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437212211871
 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 ▼ 545.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437216011871
 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 ▼ 465.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437218311871
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joy K. Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521-5977

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **349.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437231211871

Amount of Each Receipt this Period **47.00**

P/R Deduction (\$47.00 Monthly)

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

Mailing Address 300 1st Avenue South,#500

City Saint Petersburg State FL Zip Code 33701-4200

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437260911871

Amount of Each Receipt this Period **63.00**

P/R Deduction (\$63.00 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 ▼ **340.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437270511871

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **195.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8420 West Dodge Road, 5th Floor

City Omaha	State NE	Zip Code 68114-3443
---------------	-------------	------------------------

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

Name of Employer Senior Market Sales, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437281011871

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

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 ▼ **635.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437285711871

Amount of Each Receipt this Period

135.00

P/R Deduction (\$135.00 Monthly)

C. Russ Blakely
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11310

City Chattanooga	State TN	Zip Code 37401-2310
---------------------	-------------	------------------------

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

Name of Employer Russ Blakely & Associates, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437317311871

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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 49 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Dan Webb
Full Name (Last, First, Middle Initial)

Mailing Address 5251 Office Park Drive
Suite 350

City Bakersfield State CA Zip Code 93309-0644

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

Name of Employer The Webb Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
04 / 30 / 2015
Transaction ID : PR437343811871

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

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 ▼
340.00

Date of Receipt
04 / 30 / 2015
Transaction ID : PR437355711871

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367-4904

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
04 / 30 / 2015
Transaction ID : PR437363411871

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 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 50 OF 64
	(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. James C. Bosier

Mailing Address 602 Main Street

City Cedar Falls State IA Zip Code 50613-2949

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

Name of Employer The Accel Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR437382411871

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Reed Damron

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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR437468911871

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 1012 Alemany Street

City Morrisville State NC Zip Code 27560-7393

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 ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR437474511871

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 51 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Joan L. Galletta
Full Name (Last, First, Middle Initial)

Mailing Address 3342 Kori Road

City Jacksonville State FL Zip Code 32257-8883

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

Name of Employer JP Perry Insurance, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437480911871

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

B. Susan M. Rider
Full Name (Last, First, Middle Initial)

Mailing Address 1402 N Capital #400

City Indianapolis State IN Zip Code 46202-2375

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

Name of Employer Gregory & Appel Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437510711871

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 109 Professional Park Dr Ste 103

City Mooresville State NC Zip Code 28117-5538

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

Name of Employer Lake Norman Benefits, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR437566611871

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 52 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 195 River Vista Place
Suite 206

City Twin Falls State ID Zip Code 83301-3189

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

Name of Employer Magic Valley Insurance, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437576511871

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 5300 Oakbrook Parkway
Building 300, Suite 350

City Norcross State GA Zip Code 30093-6206

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

Name of Employer The Agency of North Georgia Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437588411871

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

C. 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 ▼ 340.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR437588911871

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 53 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ryan 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 **255.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR437594911871
Amount of Each Receipt this Period **85.00**
P/R Deduction (\$85.00 Monthly)

B. Patrick Burns
Full Name (Last, First, Middle Initial)
Mailing Address 5653 Maxwellton Road
City Oakland State CA Zip Code 94618-2654
FEC ID number of contributing federal political committee. **C**
Name of Employer Burns Employee Benefits Insurance Serv Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR437600511871
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 **805.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : PR437603111871
Amount of Each Receipt this Period **170.00**
P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **340.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 64
	<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. Mark Rose

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer The Partners Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR437657711871

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Arthur Granado

Mailing Address 418 Peoples, # 505

City Corpus Christi	State TX	Zip Code 78401-2350
------------------------	-------------	------------------------

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

Name of Employer The Granado Group	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR437693211871

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 901 Via Piemonte

City Ontario	State CA	Zip Code 91710
-----------------	-------------	-------------------

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

Name of Employer Trinity Financial Partners	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR437705611871

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Teresa Conto
Full Name (Last, First, Middle Initial)

Mailing Address 15800 Crabbs Branch Way #350

City	State	Zip Code
Rockville	MD	20855-2697

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

Name of Employer	Occupation
Gallagher Benefit Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437740811871

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

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

Mailing Address 1 E. Pratt St., Unit 902

City	State	Zip Code
Baltimore	MD	21202-1193

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

Name of Employer	Occupation
TriBridg Partners, LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437758411871

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 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 ▼ **295.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437775811871

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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 56 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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	State	Zip Code
Southfield	MI	48034-5515

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

Name of Employer	Occupation
Great Lakes Benefit Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR43778611871

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

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

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

City	State	Zip Code
Troy	MI	48007-7028

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

Name of Employer	Occupation
Mason- McBride Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437814911871

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 220 Emerson Place

City	State	Zip Code
Davenport	IA	52801-1624

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

Name of Employer	Occupation
Gallagher Benefit Services, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR437831211871

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 57 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Cathy Little		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : PR437855611871
Mailing Address 1145 2nd Street #A-269		Amount of Each Receipt this Period 20.00
City Brentwood	State CA	Zip Code 94513-2292
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Monthly)
Name of Employer Essential Exchange Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Jessica WALTMAN		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : PR439658611871
Mailing Address 1212 New York Ave. NW, Ste 1100		Amount of Each Receipt this Period 85.00
City Washington	State DC	Zip Code 20005-3987
FEC ID number of contributing federal political committee. C		P/R Deduction (\$85.00 Monthly)
Name of Employer NAHU	Occupation VP, Policy and State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	15652.75

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9824769

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9824770

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9824772

Amount of Each Disbursement this Period

Credit Card Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Westmoreland For Congress

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement
4/14 Dinner

011
Category/
Type

Candidate Name

Lynn Westmoreland

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 9817966

Amount of Each Disbursement this Period

1000.00

4/14 Dinner

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
4/22 Baseball Game

011
Category/
Type

Candidate Name

Jason Smith

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 9817967

Amount of Each Disbursement this Period

1000.00

4/22 Baseball Game

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement
4/13 Dinner

011
Category/
Type

Candidate Name

Ben Lujan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 9817969

Amount of Each Disbursement this Period

1000.00

4/13 Dinner

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
4/15 Reception

011
Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 9817971

Amount of Each Disbursement this Period

2500.00

4/15 Reception

Full Name (Last, First, Middle Initial)

B. Jeff Flake For Us Senate Inc

Mailing Address PO Box 12512

City State Zip Code
Tempe AZ 85284

Purpose of Disbursement
4/14 Breakfast

011
Category/
Type

Candidate Name

Jeffry Flake

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 9817972

Amount of Each Disbursement this Period

1000.00

4/14 Breakfast

Full Name (Last, First, Middle Initial)

C. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 3241

City State Zip Code
CHEYENNE WY 82003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Michael Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 9818050

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

**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. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement
Annual Contribution

011

Candidate Name

BLUE DOG POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : 9818859

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Annual Contribution

011

Candidate Name

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : 9818860

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
4/16 Dinner

011

Candidate Name

George Holding

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : 9820664

Amount of Each Disbursement this Period

1000.00

4/16 Dinner

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

11000.00

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. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Yearly Dues

011

Candidate Name
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : 9820665

Amount of Each Disbursement this Period

15000.00

Yearly Dues

Full Name (Last, First, Middle Initial)

B. Defazio For Congress

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement
4/22 Dinner

011

Candidate Name
Peter Defazio

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : 9820666

Amount of Each Disbursement this Period

1000.00

4/22 Dinner

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
4/30 Reception

011

Candidate Name
Steven Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : 9820667

Amount of Each Disbursement this Period

1000.00

4/30 Reception

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

17000.00

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. MCCARTHY VICTORY FUND

Mailing Address PO BOX 13307

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
5/4 Local Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : 9820785

Amount of Each Disbursement this Period

2700.00

5/4 Local Event

Full Name (Last, First, Middle Initial)

B. FEARLESS PAC

Mailing Address PO BOX 37

City Boulder State CO Zip Code 80306

Purpose of Disbursement
4/28 Reception

Candidate Name

FEARLESS PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 9824164

Amount of Each Disbursement this Period

1000.00

4/28 Reception

Full Name (Last, First, Middle Initial)

C. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement
4/28 Reception

Candidate Name

Mia Love

Office Sought: House Senate President
State: UT District: 04

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 9824175

Amount of Each Disbursement this Period

1000.00

4/28 Reception

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

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

4700.00

41200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Andrea McLoy

Mailing Address 5300 Orange Ave., Ste 208

City Cypress State CA Zip Code 90630-2972

Purpose of Disbursement
Improper Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 9818054

Amount of Each Disbursement this Period

Improper Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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