



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="192613.19"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="192613.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="48636.42"/>	<input type="text" value="48636.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="241249.61"/>	<input type="text" value="241249.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83395.88"/>	<input type="text" value="83395.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="157853.73"/>	<input type="text" value="157853.73"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	15687.00	15687.00
(ii) Unitemized .....	32949.42	32949.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48636.42	48636.42
(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) .....	48636.42	48636.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	48636.42	48636.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48636.42	48636.42

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	1395.88	1395.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1395.88	1395.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82000.00	82000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	83395.88	83395.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83395.88	83395.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	48636.42	48636.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48636.42	48636.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1395.88	1395.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1395.88	1395.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Edward M. Oleksiak**

Mailing Address 12712 Park Central Drive  
Suite 100

City Dallas State TX Zip Code 75251-1527

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

Name of Employer Holmes Murphy & Assoc Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**01 / 31 / 2016**

**Transaction ID : 4331374**

Amount of Each Receipt this Period  
**175.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **205.00**

Date of Receipt  
**01 / 31 / 2016**

**Transaction ID : 4332143**

Amount of Each Receipt this Period  
**175.00**

Full Name (Last, First, Middle Initial)  
**c. Meagan Ray Fearing**

Mailing Address 419 W Bijou Street  
Suite 201

City Colorado Springs State CO Zip Code 80905-1308

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

Name of Employer Insurance Marketing Enterprises, Inc Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**01 / 31 / 2016**

**Transaction ID : 4332553**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **700.00**

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

**SCHEDULE A (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 31
	<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. Heidi J. Sterner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3402 Cinnamon Creek Ave  
 City N Las Vegas State NV Zip Code 89031-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heidi Sterner Consulting Occupation Insurance Consultant  
 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  
 01 / 31 / 2016  
**Transaction ID : 4375168**  
 Amount of Each Receipt this Period  
**225.00**

**B. Bradley V. Miles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 4th St  
 City Coeur D Alene State ID Zip Code 83814-2929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brad Miles Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : 4375803**  
 Amount of Each Receipt this Period  
**400.00**

**C. Michael P. Deagle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 935 National Parkway Suite 93550  
 City Schaumburg State IL Zip Code 60173-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BenAxis Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : 4376731**  
 Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Leanne Chrisman**

Mailing Address 55 Independence Circle Ste 108

City Chico	State CA	Zip Code 95973-4909
---------------	-------------	------------------------

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

Name of Employer Healthy Solutions Insurance Services	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

**Transaction ID : 4377841**

Amount of Each Receipt this Period  
**350.00**

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

Mailing Address 2157 Welsch Industrial Ct.

City Saint Louis	State MO	Zip Code 63146-4220
---------------------	-------------	------------------------

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

Name of Employer The ECCHIC Group	Occupation VP of Administration Services
--------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

**Transaction ID : 4656824**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 2157 Welsch Industrial Ct.

City Saint Louis	State MO	Zip Code 63146-4220
---------------------	-------------	------------------------

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

Name of Employer The ECCHIC Group	Occupation VP of Administration Services
--------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **85.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 07 / 2016**

**Transaction ID : 9876791**

Amount of Each Receipt this Period  
**85.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>735.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
<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. Heidi J. Sterner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3402 Cinnamon Creek Ave  
City N Las Vegas State NV Zip Code 89031-3520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heidi Sterner Consulting Occupation Insurance Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30.00

Date of Receipt 01 / 11 / 2016  
Transaction ID : 9877790  
Amount of Each Receipt this Period 30.00

**B. David S. Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1482 Baron Court  
City Stone Mountain State GA Zip Code 30087-3037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer David S. Johnson Insurance Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2016  
Transaction ID : 9878232  
Amount of Each Receipt this Period 250.00

**C. Thomas Welden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 79 S Elmwood Road  
City Hancock State NH Zip Code 03449-5702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Granite Group Benefits, LLC/UBA Partne Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2016  
Transaction ID : 9878235  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1280.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Laurie Y. Rood**

Mailing Address 601 University Ave  
# 250

City Sacramento State CA Zip Code 95825-6745

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

Name of Employer Benefits Done Right, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 20 / 2016  
**Transaction ID : 9926511**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Raymond Burett**

Mailing Address 42 Broadway  
Suite 1936

City New York State NY Zip Code 10004-3829

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

Name of Employer Brio Benefit Consulting Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
01 / 20 / 2016  
**Transaction ID : 9926576**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**C. Jacqueline Crain**

Mailing Address 5420 Lyndon B Johnson Fwy  
#295

City Dallas State TX Zip Code 75240-6486

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

Name of Employer Northwestern Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 21 / 2016  
**Transaction ID : 9926599**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1615.00

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

**SCHEDULE A (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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 935 National Parkway  
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 21 / 2016  
Transaction ID : 9926603

Amount of Each Receipt this Period  
500.00

**B. Ken Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 996

City Killeen State TX Zip Code 76540-0996

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

Name of Employer BKCW Insurance Agency Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
01 / 22 / 2016  
Transaction ID : 9926727

Amount of Each Receipt this Period  
365.00

**C. Hazel D. Bright**  
Full Name (Last, First, Middle Initial)

Mailing Address 1470 Civic Court, #330

City Concord State CA Zip Code 94520-5230

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

Name of Employer HB Resources Insurance Service Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 22 / 2016  
Transaction ID : 9927335

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jim Bowman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2312 Coleshire Dr

City State Zip Code  
Plano TX 75075-7446

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

Name of Employer Occupation  
Bowman & Bowman Consultants, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2016  
**Transaction ID : 9927338**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 709

City State Zip Code  
Sugar Land TX 77487-0709

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

Name of Employer Occupation  
Benefit Concepts, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2016  
**Transaction ID : 9927406**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 2850 West Grand Boulevard

City State Zip Code  
Detroit MI 48202-2643

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

Name of Employer Occupation  
Health Alliance Plan Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2016  
**Transaction ID : 9927410**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 670.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Maurice Lyons**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Madison Avenue, 4th Floor

City New York State NY Zip Code 10017-8103

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

Name of Employer The Medical Link, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 23 / 2016  
**Transaction ID : 9927423**

Amount of Each Receipt this Period  
250.00

**B. 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 ▼ 85.00

Date of Receipt  
01 / 23 / 2016  
**Transaction ID : 9927468**

Amount of Each Receipt this Period  
85.00

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

Mailing Address PO Box 17236

City Tucson State AZ Zip Code 85731-7236

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt  
01 / 23 / 2016  
**Transaction ID : 9927479**

Amount of Each Receipt this Period  
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Christine M. Bogott**

Mailing Address 125 Grand Avenue, Unit B

City Grand Junction	State CO	Zip Code 81501-2251
------------------------	-------------	------------------------

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

Name of Employer MHIB Group	Occupation Broker
--------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2016  
**Transaction ID : 9927521**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**B. Stephanie L. Garcia**

Mailing Address 1204 Central Avenue SW

City Albuquerque	State NM	Zip Code 87102-2803
---------------------	-------------	------------------------

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

Name of Employer Linton & Associates	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 Y Y  
 01 / 25 / 2016  
**Transaction ID : 9928173**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Edward M. Oleksiak**

Mailing Address 12712 Park Central Drive  
Suite 100

City Dallas	State TX	Zip Code 75251-1527
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FEC ID number of contributing federal political committee. **C**

Name of Employer Holmes Murphy & Assoc	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016  
**Transaction ID : 9929997**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1530.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Terry Allard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
01 / 28 / 2016  
**Transaction ID : 9930011**

Amount of Each Receipt this Period  
150.00

**B. 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 ▼ 175.00

Date of Receipt  
01 / 28 / 2016  
**Transaction ID : 9930015**

Amount of Each Receipt this Period  
175.00

**C. 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 ▼ 1000.00

Date of Receipt  
01 / 29 / 2016  
**Transaction ID : 9930318**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1325.00

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

**SCHEDULE A (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 31
<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. H Elizabeth Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10816 Fandor Street  
 City Fort Worth State TX Zip Code 76108-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Senior Services of Texas Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : PR433187713087**  
 Amount of Each Receipt this Period  
 205.00  
 P/R Deduction (\$30.00 Monthly)

**B. Thomas Besselman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Perkins Rd., # 2B, Bldg A  
 City Baton Rouge State LA Zip Code 70808-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gallagher Benefit Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : PR436824613087**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Jesse A. Patton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 Maple Street  
 City West Des Moines State IA Zip Code 50265-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associations Marketing Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : PR436829513087**  
 Amount of Each Receipt this Period  
 350.00  
 P/R Deduction (\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	805.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 210.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : PR436829713087**  
 Amount of Each Receipt this Period 210.00  
 P/R Deduction (\$85.00 Monthly)

**B. Tonya S. Booth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Gateway Blvd. Suite 200  
 City Richardson State TX Zip Code 75080-3646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Upshaw Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 205.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : PR436911013087**  
 Amount of Each Receipt this Period 205.00  
 P/R Deduction (\$30.00 Monthly)

**C. Michael A. Embry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26555 Evergreen Road Suite 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Benefits Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 295.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : PR436914113087**  
 Amount of Each Receipt this Period 295.00  
 P/R Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 710.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 210.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : PR436935113087**  
 Amount of Each Receipt this Period 125.00  
 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 ▼ 295.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : PR436939913087**  
 Amount of Each Receipt this Period 295.00  
 P/R Deduction (\$170.00 Monthly)

**C. Rosanne Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 17236  
 City Tucson State AZ Zip Code 85731-7236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : PR436962413087**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	595.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gray**

Mailing Address 233 South 13th Street, Suite 1650

City Lincoln	State NE	Zip Code 68508-2036
-----------------	-------------	------------------------

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

Name of Employer The Harry A. Koch Co	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : PR437016713087**

Amount of Each Receipt this Period  
485.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Linda Rose Koehler**

Mailing Address 235 Main Street

City Pleasanton	State CA	Zip Code 94566-8206
--------------------	-------------	------------------------

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

Name of Employer Herzog Insurance Agency	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : PR437090113087**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Bruce D. Benton**

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 ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : PR437123013087**

Amount of Each Receipt this Period  
295.00

P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 31
	<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. Patricia A. Griffey**

Mailing Address 17535 Generations Dr

City South Bend State IN Zip Code 46635-1589

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

Name of Employer The Healy Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

**Transaction ID : PR437135313087**

Amount of Each Receipt this Period  
**125.00**

P/R Deduction (\$100.00 Monthly)

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

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 ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

**Transaction ID : PR437161113087**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$175.00 Monthly)

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 ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2016**

**Transaction ID : PR437182313087**

Amount of Each Receipt this Period  
**125.00**

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 3875 Johns Creek Parkway, Suite C

City Suwanee	State GA	Zip Code 30024-1294
-----------------	-------------	------------------------

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

Name of Employer Braden Benefit Strategies, Inc	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : PR437201913087**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 2850 West Grand Boulevard

City Detroit	State MI	Zip Code 48202-2643
-----------------	-------------	------------------------

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

Name of Employer Health Alliance Plan	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : PR437215213087**

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$85.00 Monthly)

**C. 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 ▼  
272.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : PR437231213087**

Amount of Each Receipt this Period  
272.00

P/R Deduction (\$47.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	647.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 31
	<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. Joshua Weinstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3111 C St., Suite 500  
 City Anchorage State AK Zip Code 99503-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northrim Benefits Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **255.00**

Date of Receipt **01 / 31 / 2016**  
**Transaction ID : PR437463513087**  
 Amount of Each Receipt this Period **225.00**  
 P/R Deduction (\$30.00 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 **205.00**

Date of Receipt **01 / 31 / 2016**  
**Transaction ID : PR437510713087**  
 Amount of Each Receipt this Period **205.00**  
 P/R Deduction (\$30.00 Monthly)

**C. Chad P. Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14430 Benefit St. Apt 308  
 City Sherman Oaks State CA Zip Code 91423-4067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Code SixFour Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **01 / 31 / 2016**  
**Transaction ID : PR437566813087**  
 Amount of Each Receipt this Period **125.00**  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>555.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 31
	(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. Dennis F. Mobley**

Mailing Address 137 Executive Drive  
Suite D

City Madison State MS Zip Code 39110-8456

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

Name of Employer Mobley Insurance Agency, LLC, a Divisi Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
01 / 31 / 2016  
**Transaction ID : PR437587513087**

Amount of Each Receipt this Period  
225.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address P.O. Box 709

City Sugar Land State TX Zip Code 77487-0709

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
01 / 31 / 2016  
**Transaction ID : PR437720813087**

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 125 Grand Avenue, Unit B

City Grand Junction State CO Zip Code 81501-2251

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

Name of Employer MHIB Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
01 / 31 / 2016  
**Transaction ID : PR437743913087**

Amount of Each Receipt this Period  
175.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 31  
(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**

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

Mailing Address **PO Box 7028**

City **Troy** State **MI** Zip Code **48007-7028**

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

Name of Employer **Mason-McBride, Inc.** Occupation **Broker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	6

**Transaction ID : PR437814913087**

Amount of Each Receipt this Period  

1	7	5	0	0
---	---	---	---	---

**175.00**

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>15687.00</b>



**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 : 9930393**

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 : 9930394**

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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. Friends Of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
01/11 Lunch

Candidate Name

**Mark Warner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2016

**Transaction ID : 9877487**

Amount of Each Disbursement this Period

1000.00
---------

01/11 Lunch

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2016 Dues

Candidate Name

**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2016

**Transaction ID : 9877488**

Amount of Each Disbursement this Period

15000.00
----------

2016 Dues

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2016 Dues

Candidate Name

**NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2016

**Transaction ID : 9877489**

Amount of Each Disbursement this Period

15000.00
----------

2016 Dues

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

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

31000.00
----------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Annual Membership

011

Candidate Name

**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : 9926496**

Amount of Each Disbursement this Period

5000.00

Annual Membership

Full Name (Last, First, Middle Initial)

**B. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address P. O. BOX 11586

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
Annual Membership

011

Candidate Name

**TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : 9926498**

Amount of Each Disbursement this Period

5000.00

Annual Membership

Full Name (Last, First, Middle Initial)

**C. Byrne For Congress**

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement  
Future Event

011

Candidate Name

**Rep. Bradley Byrne**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AL District: 01

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : 9926499**

Amount of Each Disbursement this Period

1000.00

Future Event

**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. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
01/20 Lunch

**011**  
Category/  
Type

Candidate Name

**Patrick Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : 9926500**

Amount of Each Disbursement this Period

1000.00

01/20 Lunch

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
01/20 Dinner

**011**  
Category/  
Type

Candidate Name

**Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : 9926501**

Amount of Each Disbursement this Period

1000.00

01/20 Dinner

Full Name (Last, First, Middle Initial)

**C. Luke Messer For Congress**

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement  
12/25 Lunch

**011**  
Category/  
Type

Candidate Name

**Allen Messer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : 9926502**

Amount of Each Disbursement this Period

1000.00

12/25 Lunch

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2016

Mailing Address 120 MARYLAND AVENUE NE

**Transaction ID : 9926503**

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
Annual Membership

011
Category/ Type

Annual Membership

Candidate Name

**DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2016

Mailing Address 5429 Madison Avenue

**Transaction ID : 9926504**

City Sacramento State CA Zip Code 95841

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
01/26 Reception

011
Category/ Type

01/26 Reception

Candidate Name

**C Michael Thompson**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 01

Full Name (Last, First, Middle Initial)

**C. Charlie Dent For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2016

Mailing Address PO Box 442

**Transaction ID : 9926505**

City Allentown State PA Zip Code 18105

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
01/27 Hockey Game

011
Category/ Type

01/27 Hockey Game

Candidate Name

**Charles Dent**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 15

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

18000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Jan 29 Ice Fishing Trip

Candidate Name  
**Erik Paulsen**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0		2	0	1	6		

**Transaction ID : 9926508**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Jan 29 Ice Fishing Trip

Full Name (Last, First, Middle Initial)

**B. Texans For Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
2/2 Reception

Candidate Name  
**Rep. Henry Cuellar**

Office Sought:  House  
 Senate  
 President  
State: TX District: 28

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9		2	0	1	6		

**Transaction ID : 9930261**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

2/2 Reception

Full Name (Last, First, Middle Initial)

**C. Kay Granger Campaign Fund**

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
2/2 Lunch

Candidate Name  
**Kay Granger**

Office Sought:  House  
 Senate  
 President  
State: TX District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9		2	0	1	6		

**Transaction ID : 9930263**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

2/2 Lunch

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

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

4	0	0	.	0	0
---	---	---	---	---	---

4	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. TEAM RYAN**

Mailing Address 320 1ST ST SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Premiere Benefits

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

**Transaction ID : 9930287**

Amount of Each Disbursement this Period

15000.00

Premiere Benefits

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

15000.00

82000.00