

**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"/>	<input type="text" value="93702.40"/>	<input type="text" value="93702.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="189578.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37037.92"/>	<input type="text" value="478086.01"/>
(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="226616.04"/>	<input type="text" value="571788.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30534.23"/>	<input type="text" value="375706.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="196081.81"/>	<input type="text" value="196081.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	27530.92	284179.60
(ii) Unitemized	9507.00	188363.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37037.92	472543.29
(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)	37037.92	472543.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3792.72
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37037.92	478086.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37037.92	478086.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1234.23	16669.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1234.23	16669.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29300.00	358000.00
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	1037.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1037.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30534.23	375706.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30534.23	375706.60

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)	37037.92	472543.29
34. Total Contribution Refunds (from Line 28(d))	0.00	1037.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37037.92	471506.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1234.23	16669.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3792.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1234.23	12876.88

**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 177
(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. Korina Kay Gregg

Mailing Address 6020 E Paseo Santa Teresa

City Tucson State AZ Zip Code 85750-1723

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

Name of Employer Occupation
HR Executive Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
502.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : 4331940

Amount of Each Receipt this Period
50.00

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

Mailing Address 5281 SW 14th Street

City Plantation State FL Zip Code 33317-5450

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

Name of Employer Occupation
Employee Benefit Advisors, LLC Agent

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
 11 / 30 / 2015
Transaction ID : 4373497

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Brad Davis

Mailing Address 622 Main St.

City Woodland State CA Zip Code 95695-3405

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

Name of Employer Occupation
Wraith, Scarlett, & Randolph Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : 4376949

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 177
(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. Kate Banchy

Mailing Address 4233 Southtowne Drive

City Eau Claire State WI Zip Code 54701-2652

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

Name of Employer Spectrum Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : 9862564

Amount of Each Receipt this Period
300.00

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

Mailing Address 101 W. Renner Rd., Ste 160

City Richardson State TX Zip Code 75082-2019

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

Name of Employer Benefit Solutions By Design Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : 9862568

Amount of Each Receipt this Period
42.00

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

Mailing Address 404 North Second Avenue, Suite E

City Upland State CA Zip Code 91786-4793

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

Name of Employer Ray Musser & Associates Insurance Serv Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : 9862570

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 177
	<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. Juna M. Penney
Full Name (Last, First, Middle Initial)

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 ▼ **826.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : 9862571

Amount of Each Receipt this Period
85.00

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

Mailing Address 14430 Benefit St.
Apt 308

City Sherman Oaks State CA Zip Code 91423-4067

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

Name of Employer Code SixFour Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 9863057

Amount of Each Receipt this Period
85.00

C. Joshua Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503-3973

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : 9863075

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David M. Sherrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Centerpointe Circle, Suite 163
 City State Zip Code
 Altamonte Springs FL 32701-3446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sherrill Insurance Brokerage, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 321.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : 9863220
 Amount of Each Receipt this Period
 30.00

B. Jean Van Der Sommen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 North River Drive
 City State Zip Code
 Cumming GA 30041-9495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employer Advisors Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 366.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : 9863221
 Amount of Each Receipt this Period
 42.00

C. R Dane Rianhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 E. Pratt St., Unit 902
 City State Zip Code
 Baltimore MD 21202-1193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TriBridge Partners, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 876.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : 9863222
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kenneth Thomas Stevenson
Full Name (Last, First, Middle Initial)

Mailing Address 3131 Lonbladh Road

City Tallahassee State FL Zip Code 32308-4255

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

Name of Employer Earl Bacon Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.00**

Date of Receipt
11 / 05 / 2015

Transaction ID : 9863223

Amount of Each Receipt this Period
63.00

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

Mailing Address 310 K Street Suite 221

City Anchorage State AK Zip Code 99501-2064

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

Name of Employer Total Benefit Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.00**

Date of Receipt
11 / 06 / 2015

Transaction ID : 9863272

Amount of Each Receipt this Period
30.00

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

Mailing Address 1219 W. 2nd St.

City Grand Island State NE Zip Code 68801-5709

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

Name of Employer Primark, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
11 / 06 / 2015

Transaction ID : 9863274

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	123.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 609 New Road, #D

City Linwood State NJ Zip Code 08221-1250

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

Name of Employer Hafetz & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 9863275

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Julie A. Shepard-Hall

Mailing Address 3913 N. Post

City Spokane State WA Zip Code 99205-1149

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

Name of Employer Integrity Insurance Solutions, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 9863276

Amount of Each Receipt this Period
30.00

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

Mailing Address 17445 Arbor St Suite 310

City Omaha State NE Zip Code 68130-4645

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

Name of Employer OCI Insurance and Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 9863277

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 177
	<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. Teresa F. DeBruin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5441 Edgerton Drive
 City Peachtree Corners State GA Zip Code 30092-2185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeBruin Benefit Services, Inc./ The La Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 667.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2015
Transaction ID : 9863366
 Amount of Each Receipt this Period
 50.00

B. Joanne Bikmaz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Shaded Wood Road
 City Diamond Bar State CA Zip Code 91789-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fisher & Associates Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2015
Transaction ID : 9863367
 Amount of Each Receipt this Period
 30.00

C. Ashley Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 99565
 City Louisville State KY Zip Code 40269-0565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Van Zandt Emrich and Cary Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2015
Transaction ID : 9863368
 Amount of Each Receipt this Period
 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 177
	<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. Heather Ambro
Full Name (Last, First, Middle Initial)

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 ▼ **446.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : 9863372

Amount of Each Receipt this Period

648.00

85.00

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

Mailing Address 8000 Bonhomme Ave., # 213

City Saint Louis	State MO	Zip Code 63105-3515
---------------------	-------------	------------------------

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

Name of Employer Bremer Conley LLC	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

Transaction ID : 9863375

Amount of Each Receipt this Period

630.00

63.00

C. Steven H. Way
Full Name (Last, First, Middle Initial)

Mailing Address 204 Clyde Drive

City Walnut Creek	State CA	Zip Code 94598-3425
----------------------	-------------	------------------------

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

Name of Employer Way Financial	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
11	/	07	/	2015

Transaction ID : 9863381

Amount of Each Receipt this Period

500.00

500.00

SUBTOTAL of Receipts This Page (optional).....▶	648.00
TOTAL This Period (last page this line 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 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald L. Balla
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Grant Building
 City Pittsburgh State PA Zip Code 15219-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simpson & McCrady LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : 9863384
 Amount of Each Receipt this Period
 30.00

B. Paul Pendorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Financial Group LLC Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 9863390
 Amount of Each Receipt this Period
 85.00

C. Anthony C Buechler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Colonial Circle
 City Papillion State NE Zip Code 68046-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Buechler Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 9863391
 Amount of Each Receipt this Period
 30.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 625 Elden Street, Suite 203

City Herndon State VA Zip Code 20170-4740

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 9863393

Amount of Each Receipt this Period
 30.00

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

Mailing Address 4180 La Jolla Village Drive Suite 450

City La Jolla State CA Zip Code 92037-1472

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

Name of Employer AmCheck Occupation Principal

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
 11 / 09 / 2015
Transaction ID : 9863394

Amount of Each Receipt this Period
 30.00

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

Mailing Address 812 Lyndon Lane, Suite 101

City Louisville State KY Zip Code 40222-3844

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 9863396

Amount of Each Receipt this Period
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 OF 177
(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. Amy D. Mutter

Mailing Address 15 South Jefferson Street

City State Zip Code
Roanoke VA 24011-1303

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

Name of Employer Occupation
Benefits Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 10 / 2015
Transaction ID : 9863405

Amount of Each Receipt this Period
42.00

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

Mailing Address 329 S Elm St Suite 207

City State Zip Code
Jenks OK 74037-3765

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

Name of Employer Occupation
Tallgrass Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 10 / 2015
Transaction ID : 9863411

Amount of Each Receipt this Period
250.00

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

Mailing Address 208 N. Mill

City State Zip Code
Pryor OK 74361-2422

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

Name of Employer Occupation
Brown & Brown, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 11 / 2015
Transaction ID : 9863510

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 12580 West Creek Parkway

City Richmond State VA Zip Code 23238-1110

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **11 / 12 / 2015**

Transaction ID : **9863634**

Amount of Each Receipt this Period: **300.00**

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

Mailing Address 1050 W. Western Avenue Suite 315

City Muskegon State MI Zip Code 49441-1666

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

Name of Employer: Creative Benefit Systems, Inc. Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **11 / 12 / 2015**

Transaction ID : **9863636**

Amount of Each Receipt this Period: **300.00**

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

Mailing Address 1482 Baron Court

City Stone Mountain State GA Zip Code 30087-3037

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

Name of Employer: David S. Johnson Insurance Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2875.00**

Date of Receipt: **11 / 12 / 2015**

Transaction ID : **9863637**

Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **310.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 177
	<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. Vickie Eileen Mayville
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 232325
 City Las Vegas State NV Zip Code 89105-2325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayville Incorporated Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 12 / 2015**
Transaction ID : 9863638
 Amount of Each Receipt this Period **10.00**

B. Kevin W. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 RiverEdge Parkway Suite 1010
 City Sandy Springs State GA Zip Code 30328-4657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KSA Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : 9863927
 Amount of Each Receipt this Period **50.00**

C. Robert Gene Ramsay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1836 Harrison Drive
 City Gardendale State AL Zip Code 35071-3468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Benefits Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : 9863930
 Amount of Each Receipt this Period **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 177
	<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. Mike R. Castleberry

Mailing Address 506 Holly St

City Little Rock State AR Zip Code 72205-3932

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

Name of Employer HealthSCOPE Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : 9863931

Amount of Each Receipt this Period
85.00

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

Mailing Address 1915 West St Ste C

City New Albany State IN Zip Code 47150-5083

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

Name of Employer C Mayberry Benefits LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2015

Transaction ID : 9864001

Amount of Each Receipt this Period
30.00

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

Mailing Address 470 Olde Worthington Rd Suite 250

City Westerville State OH Zip Code 43082-9175

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

Name of Employer Aflac Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : 9864013

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 177
	<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. Vicki Cox
Full Name (Last, First, Middle Initial)
Mailing Address 3415 Indian Lane
City Reno State NV Zip Code 89506-9752
FEC ID number of contributing federal political committee. **C**
Name of Employer Cox Insurance Services, LLC Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : 9864026
Amount of Each Receipt this Period **30.00**
monthly contribution

B. Jill L. Pedersen
Full Name (Last, First, Middle Initial)
Mailing Address 16325 Boones Ferry Rd #204
City Lake Oswego State OR Zip Code 97035-4297
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **417.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : 9864027
Amount of Each Receipt this Period **42.00**

C. Steve Armstrong
Full Name (Last, First, Middle Initial)
Mailing Address 300 Concourse Suite 300
City Ridgeland State MS Zip Code 39157-2085
FEC ID number of contributing federal political committee. **C**
Name of Employer HUB International Gulf South Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : 9864028
Amount of Each Receipt this Period **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1031 W 4th Ave., Ste 400

City	State	Zip Code
Anchorage	AK	99501-5905

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

Name of Employer	Occupation
Marsh & McLennan Agency 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
11	/	17	/	2015

Transaction ID : 9864030

Amount of Each Receipt this Period

300.00

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

Mailing Address PO Box 7028

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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2015

Transaction ID : 9864031

Amount of Each Receipt this Period

30.00

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

Mailing Address 935 National Parkway
Suite 93550

City	State	Zip Code
Schaumburg	IL	60173-5150

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

Name of Employer	Occupation
Peridot Financial Group, LLC	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
11	/	17	/	2015

Transaction ID : 9864033

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 177
	<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. Marion B. Schremp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3625 Cumberland Blvd SE
 8th Floor
 City Atlanta State GA Zip Code 30339-3361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CBIZ Benefits and Insurance Services, 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
 11 / 17 / 2015
Transaction ID : 9864047
 Amount of Each Receipt this Period
500.00

B. Daniel R. Tompkins
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1209
 City Alpharetta State GA Zip Code 30009-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Admin America, Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **807.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : 9864060
 Amount of Each Receipt this Period
85.00

C. Michael D. Lujan
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 Harrison Street #200
 City San Francisco State CA Zip Code 94107-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Limelight Health, Inc., Occupation Technology for Agents
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : 9864065
 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 24 OF 177
	<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. Spencer A. Lehmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 E. Tahquitz Cnyn Wy.
 Suite 4-506
 City State Zip Code
 Palm Springs CA 92262-7020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lehmann/Wood & Associates, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : 9864071
 Amount of Each Receipt this Period
 170.00

B. Mark Riley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1635
 City State Zip Code
 Irmo SC 29063-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Benefit Services, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : 9864073
 Amount of Each Receipt this Period
 100.00

C. 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 ▼
 1006.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : 9864075
 Amount of Each Receipt this Period
 85.00

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: (check only one)	PAGE 25 OF 177
	<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. Terrie L. Trevino

Mailing Address P O Box 7408

City State Zip Code
Boise ID 83707-1408

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

Name of Employer Occupation
Blue Cross of Idaho Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : 9864076

Amount of Each Receipt this Period
42.00

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

Mailing Address 1305 NE 29th St.

City State Zip Code
Ankeny IA 50021-6722

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

Name of Employer Occupation
Mercer Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
709.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : 9864077

Amount of Each Receipt this Period
63.00

Full Name (Last, First, Middle Initial)
C. Barry Cogdill

Mailing Address 4710 4th Street Ste. 300

City State Zip Code
La Mesa CA 91941-5384

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

Name of Employer Occupation
Business Choice Insurance Services President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : 9864079

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Tiffany Stiller
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Canoga Avenue
Suite 300

City Woodland Hills State CA Zip Code 91367-7778

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 ▼
225.00

Date of Receipt
11 / 18 / 2015
Transaction ID : 9864080

Amount of Each Receipt this Period
25.00

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

Mailing Address 3975 Fair Ridge Drive
110-N

City Fairfax State VA Zip Code 22033-2911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
11 / 18 / 2015
Transaction ID : 9864081

Amount of Each Receipt this Period
85.00

C. Alicia Ann Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 9946 N. Sumter Creek Pl

City Tucson State AZ Zip Code 85742-8627

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

Name of Employer Bishop & Brown, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 18 / 2015
Transaction ID : 9864422

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	610.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. William M. Mulvaney
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 ▼
420.00

Date of Receipt
11 / 19 / 2015
Transaction ID : 9864821

Amount of Each Receipt this Period
25.00

B. Denise R. VanPutten
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Taylor Avenue North
Suite 12

City Grand Rapids State MI Zip Code 49503-1077

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

Name of Employer Lighthouse Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 19 / 2015
Transaction ID : 9864823

Amount of Each Receipt this Period
30.00

C. Malcolm Cutler
Full Name (Last, First, Middle Initial)

Mailing Address 15901 Hawthorne Blvd., Suite 200

City Lawndale State CA Zip Code 90260-2657

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

Name of Employer Cutler Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 19 / 2015
Transaction ID : 9865062

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 177
	<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 ▼
1866.00

Date of Receipt
11 / 19 / 2015
Transaction ID : 9865348

Amount of Each Receipt this Period
20.00

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

Mailing Address PO Box 1277

City Bloomington State IN Zip Code 47402-1277

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

Name of Employer Hoosier Dental Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 20 / 2015
Transaction ID : 9865571

Amount of Each Receipt this Period
30.00

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

Mailing Address 3857 Grand Oak Drive

City Brunswick State OH Zip Code 44212-3594

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

Name of Employer Ameritas Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 20 / 2015
Transaction ID : 9866106

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lisa Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

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

Name of Employer Warner Pacific Insurance Services Occupation agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
11 / 20 / 2015
Transaction ID : 9866554

Amount of Each Receipt this Period
365.00

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

Mailing Address 55 Campau Ave NW, Ste. 400

City GRAND RAPIDS State MI Zip Code 49503-2642

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

Name of Employer Strategic Employee Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
11 / 21 / 2015
Transaction ID : 9866839

Amount of Each Receipt this Period
30.00

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

Mailing Address 1901 6th Avenue North Suite 1720

City Birmingham State AL Zip Code 35203-2618

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

Name of Employer Regions Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 22 / 2015
Transaction ID : 9866847

Amount of Each Receipt this Period
30.00

Member Contribution

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: (check only one)	PAGE 30 OF 177
	<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. Debra Beaucoudray
Full Name (Last, First, Middle Initial)

Mailing Address 5515 Superior Dr. Suite A-1

City Baton Rouge State LA Zip Code 70816-8051

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

Name of Employer Beaucoudray Medica Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866848

Amount of Each Receipt this Period
42.00

B. Lori Bergsma
Full Name (Last, First, Middle Initial)

Mailing Address Balanced Rock Insurance
643 Canyon Drive

City Twin Falls State ID Zip Code 83301-3014

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

Name of Employer Balanced Rock Insurance Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866849

Amount of Each Receipt this Period
30.00

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

Mailing Address 5565 Roberts Drive
Suite 100

City Atlanta State GA Zip Code 30338-3350

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

Name of Employer HealthLife Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866850

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 177
(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. James C. Bosier

Mailing Address 602 Main Street

City State Zip Code
Cedar Falls IA 50613-2949

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

Name of Employer Occupation
The Accel Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866851

Amount of Each Receipt this Period
85.00

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

Mailing Address 2 Terrace Way, Suite B

City State Zip Code
Greensboro NC 27403-3663

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

Name of Employer Occupation
Group US, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866853

Amount of Each Receipt this Period
30.00

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

Mailing Address 1770 Independence Court

City State Zip Code
Vestavia AL 35216-1259

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

Name of Employer Occupation
Alternative Insurance Resources Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866857

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 177
	<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. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 Liberty Ridge Drive
 Suite 250
 City Chesterbrook State PA Zip Code 19087-5567
 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 ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866858
 Amount of Each Receipt this Period
 85.00

B. Richard P. Coburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Minor Court
 City San Rafael State CA Zip Code 94903-3716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Word and Brown Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866860
 Amount of Each Receipt this Period
 30.00

C. Craig Thomas Currier
 Full Name (Last, First, Middle Initial)
 Mailing Address 11213 Davenport St.
 Ste. 201
 City Omaha State NE Zip Code 68154-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aon Risk Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866861
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kathleen A Dibble
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Calle Compo
 City Thousand Oaks State CA Zip Code 91360-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866864
 Amount of Each Receipt this Period
 200.00

B. Wesley Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Copper Circle
 City Lantana State TX Zip Code 76226-7333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenefitMall Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866867
 Amount of Each Receipt this Period
 30.00

C. Bruce Frizen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8058 Corporate Center Dr. Suite 200
 City Charlotte State NC Zip Code 28226-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer L.E. Goodgame & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866868
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 177
	<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 A. Fusco
Full Name (Last, First, Middle Initial)

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park State NJ Zip Code 07932-1443

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

Name of Employer Savoy Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866869

Amount of Each Receipt this Period
50.00

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

Mailing Address 5110 Maryland Way, Suite 250

City Brentwood State TN Zip Code 37027-7508

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

Name of Employer Cowan Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866870

Amount of Each Receipt this Period
100.00

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

Mailing Address 56294 Prim Rose Circle

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer Hailey-Campbell, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866871

Amount of Each Receipt this Period
30.00

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: (check only one)	PAGE 35 OF 177
	<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. Gualtieri
 Full Name (Last, First, Middle Initial)
 Mailing Address Savoy Associates
 1600 JFK Boulevard, Suite 1220
 City Philadelphia State PA Zip Code 19103-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Savoy Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866872
 Amount of Each Receipt this Period
 10.00

B. Joseph Lee Hannah
 Full Name (Last, First, Middle Initial)
 Mailing Address 9414 Indianfield Drive
 City Mechanicsville State VA Zip Code 23116-5808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA Healthcare Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866873
 Amount of Each Receipt this Period
 20.00

C. Larry S. Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Spring Rd, Suite 108
 City Las Vegas State NV Zip Code 89119-4250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866874
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	60.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Thomas 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 ▼ **935.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : 9866875

Amount of Each Receipt this Period **85.00**

Full Name (Last, First, Middle Initial)
B. Noel Hinman

Mailing Address 25 West 80th Place#280
PO Box 10070

City Merrillville State IN Zip Code 46410-5445

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

Name of Employer Professional Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : 9866876

Amount of Each Receipt this Period **20.00**

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

Mailing Address 3419 Via Lido #306

City Newport Beach State CA Zip Code 92663-3908

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

Name of Employer Progressive Benefit Managers Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : 9866877

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address P O Box 426
341 North 6th Street

City Seward State NE Zip Code 68434-0426

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
11 / 22 / 2015
Transaction ID : 9866878

Amount of Each Receipt this Period
35.00

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

Mailing Address 220 Emerson Place

City Davenport State IA Zip Code 52801-1624

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

Name of Employer Arthur J. Gallagher & Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 22 / 2015
Transaction ID : 9866881

Amount of Each Receipt this Period
85.00

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

Mailing Address PO Box 4026

City Felton State CA Zip Code 95018-0349

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

Name of Employer Lindstrom Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
11 / 22 / 2015
Transaction ID : 9866882

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald L. Mathern
 Full Name (Last, First, Middle Initial)
 Mailing Address 7650 Cherrywood Drive
 City State Zip Code
 Boise ID 83704-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Insurance Specialists Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866886
 Amount of Each Receipt this Period
 30.00

B. Lynn E McCarter
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 710571
 City State Zip Code
 Santee CA 92072-0571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866888
 Amount of Each Receipt this Period
 20.00

C. Glendae Tuthill
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Old Greenville Rd
 City State Zip Code
 Fayetteville GA 30215-5935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benevestco, Inc. 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
 11 / 22 / 2015
Transaction ID : 9866889
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 177
	<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. Ross W. Pendergraft
 Full Name (Last, First, Middle Initial)
 Mailing Address 21820 Burbank Blvd,
 North Building, Suite 300
 City Woodland Hills State CA Zip Code 91367-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **977.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866893
 Amount of Each Receipt this Period
85.00

B. Joseph E. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Association Management Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866894
 Amount of Each Receipt this Period
35.00

C. Jeff A. Ranf
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 Centerpoint Drive
 Suite 540
 City Anchorage State AK Zip Code 99503-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USI Insurance Services, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **438.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 9866895
 Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional).....	162.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4665 Ivygate Circle SE

City Atlanta State GA Zip Code 30339-1332

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

Name of Employer Employer Relief, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2015
Transaction ID : 9866897

Amount of Each Receipt this Period 30.00

B. 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 ▼ 1870.00

Date of Receipt 11 / 22 / 2015
Transaction ID : 9866898

Amount of Each Receipt this Period 170.00

C. Ronald E. Seibel
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 317

City Driftwood State TX Zip Code 78619-0317

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

Name of Employer Advanced Benefits Solutions Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2015
Transaction ID : 9866899

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 231 Chestnut St. #410

City Meadville State PA Zip Code 16335-3458

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

Name of Employer The DJB Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866900

Amount of Each Receipt this Period
 30.00

B. 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 ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866901

Amount of Each Receipt this Period
 85.00

C. DianaLou Wolff
Full Name (Last, First, Middle Initial)

Mailing Address 70 Maiden Lane
2nd Floor

City Kingston State NY Zip Code 12401-4508

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

Name of Employer Benefit Counseling Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : 9866902

Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 177
	<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. Randy H. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Reserve Commons Dr

City Medina State OH Zip Code 44256-5900

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

Name of Employer Occupation
DS Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : 9866903

Amount of Each Receipt this Period
30.00

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

Mailing Address 701 Lamar

City Wichita Falls State TX Zip Code 76301-6824

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

Name of Employer Occupation
Boley Featherston Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
945.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9866905

Amount of Each Receipt this Period
55.00

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

Mailing Address PO Box 507

City Carrollton State GA Zip Code 30112-0009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9866906

Amount of Each Receipt this Period
85.00

Monthly Contribution

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 43 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1501 Ingersoll Ave
Suite 200

City Des Moines State IA Zip Code 50309-3102

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

Name of Employer Prisma Strategies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1361.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9866907

Amount of Each Receipt this Period
85.00

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

Mailing Address 2801 Slater Rd Suite 200

City Morrisville State NC Zip Code 27560-8477

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

Name of Employer Coventry/Aetna Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9866909

Amount of Each Receipt this Period
30.00

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

Mailing Address 1400 Broadway

City Bellingham State WA Zip Code 98225-3036

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

Name of Employer Wallace-Rice Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9866910

Amount of Each Receipt this Period
85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 177
	<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. G. Wayne Pettigrew
Full Name (Last, First, Middle Initial)

Mailing Address 3815 East Memorial Road

City Edmond	State OK	Zip Code 73013-7228
----------------	-------------	------------------------

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

Name of Employer Compass Benefit Solutions, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 9866911

Amount of Each Receipt this Period

850.00

Monthly Contribution

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

Mailing Address 1512 Highway 138

City Wall	State NJ	Zip Code 07719-3706
--------------	-------------	------------------------

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

Name of Employer HUB International	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 9866912

Amount of Each Receipt this Period

30.00

C. Jo L. Middleton
Full Name (Last, First, Middle Initial)

Mailing Address 9525 Katy Freeway, Suite 125

City Houston	State TX	Zip Code 77024-1430
-----------------	-------------	------------------------

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

Name of Employer TradeMark Insurance Agency LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 9866914

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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 ▼ **758.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866915

Amount of Each Receipt this Period
42.00

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

Mailing Address Six Concourse Parkway Suite 2750

City Atlanta State GA Zip Code 30328-6243

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

Name of Employer The Benefit Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866916

Amount of Each Receipt this Period
50.00

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

Mailing Address 739 East Jackson Street

City Martinsville State IN Zip Code 46151-2033

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

Name of Employer NewDay! Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **463.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866917

Amount of Each Receipt this Period
42.00

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

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

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

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

FOR LINE NUMBER: PAGE 46 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jean M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 15433 E 480 Rd
 City Claremore State OK Zip Code 74017-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866918
 Amount of Each Receipt this Period
 300.00

B. David R. Gwin
 Full Name (Last, First, Middle Initial)
 Mailing Address I-20 At Alpine Rd. AX-400
 City Columbia State SC Zip Code 29219-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueChoice HealthPlan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 806.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866923
 Amount of Each Receipt this Period
 85.00

C. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Management Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866924
 Amount of Each Receipt this Period
 85.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City State Zip Code
New Berlin WI 53151-0925

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

Name of Employer Occupation
Planned Futures LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866927

Amount of Each Receipt this Period
50.00

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

Mailing Address 3800 Electric Road, # 406

City State Zip Code
Roanoke VA 24018-4568

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

Name of Employer Occupation
Humana Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
372.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866929

Amount of Each Receipt this Period
30.00

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

Mailing Address 2601C Blanding Ave #222

City State Zip Code
Alameda CA 94501-1507

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

Name of Employer Occupation
John Baskett Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866932

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 177
	<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. Stephanie Berger
Full Name (Last, First, Middle Initial)

Mailing Address 79 Daily Dr. #276

City Camarillo State CA Zip Code 93010-5807

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

Name of Employer HLS Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9866937

Amount of Each Receipt this Period
30.00

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

Mailing Address AI Torstrick Insurance Agency, Inc
343 Waller Av

City Lexington State KY Zip Code 40504-2912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9866941

Amount of Each Receipt this Period
30.00

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

Mailing Address 8046 Richard Rd.

City Broadview Heights State OH Zip Code 44147-1241

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

Name of Employer Anthem Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9866942

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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

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

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

FOR LINE NUMBER: PAGE 49 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jodie E. Braner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4555 Mansell Road, Suite 300
 City Alpharetta State GA Zip Code 30022-8279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hays Companies of Georgia Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866943
 Amount of Each Receipt this Period
 30.00

B. Sydney K. Briley
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 E. Van Buren St.
 City Broken Arrow State OK Zip Code 74011-7261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866944
 Amount of Each Receipt this Period
 30.00

C. Mark Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 10876
 City Lynchburg State VA Zip Code 24506-0876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Personal Design Financial Services, In Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866945
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Raymond F. Buza
Full Name (Last, First, Middle Initial)

Mailing Address 214 East Lakewood Road

City West Palm Beach State FL Zip Code 33405-3316

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

Name of Employer Palm Beach Insurance Advisory Group, I Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2015**

Transaction ID : 9866950

Amount of Each Receipt this Period **30.00**

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

Mailing Address 10101 Reunion Place, Ste 300

City San Antonio State TX Zip Code 78216-4157

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

Name of Employer Davidson Camp Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 23 / 2015**

Transaction ID : 9866951

Amount of Each Receipt this Period **30.00**

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

Mailing Address 700 Larkspur Landing Circle, Suite

City Larkspur State CA Zip Code 94939-1755

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

Name of Employer Copeland Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 23 / 2015**

Transaction ID : 9866955

Amount of Each Receipt this Period **85.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Claudia S. Robertson
Full Name (Last, First, Middle Initial)

Mailing Address 2108 W Laburnum Ave., # 300

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 9866959

Amount of Each Receipt this Period

30.00

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

Mailing Address 112 South Liberty, # 221

City Jackson	State TN	Zip Code 38301-6367
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 9866961

Amount of Each Receipt this Period

30.00

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

Mailing Address 1151 Red Mile Road

City Lexington	State KY	Zip Code 40504-2649
-------------------	-------------	------------------------

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

Name of Employer Benefit Insurance Marketing	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

Transaction ID : 9866962

Amount of Each Receipt this Period

42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Albert Fogle
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503-3973

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 9866970

Amount of Each Receipt this Period
 30.00

B. Jeffrey Wm. Gennaro
Full Name (Last, First, Middle Initial)

Mailing Address 3820 W Happy Valley Rd Ste 141, PMB 606

City Glendale State AZ Zip Code 85310-3292

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

Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 9866973

Amount of Each Receipt this Period
 85.00

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

Mailing Address 1813 Sweetbay Dr Ste 10

City Salisbury State MD Zip Code 21804-1663

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 9866976

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Beverly Gossage
Full Name (Last, First, Middle Initial)
Mailing Address 9325 Evening Star Terr
City Eudora State KS Zip Code 66025-8334
FEC ID number of contributing federal political committee. **C**
Name of Employer HSA Benefits Consulting Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2015
Transaction ID : 9866977
Amount of Each Receipt this Period 42.00

B. Patricia A. Griffey
Full Name (Last, First, Middle Initial)
Mailing Address 17535 Generations Dr
City South Bend State IN Zip Code 46635-1589
FEC ID number of contributing federal political committee. **C**
Name of Employer The Healy Group Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1267.00

Date of Receipt 11 / 23 / 2015
Transaction ID : 9866978
Amount of Each Receipt this Period 100.00

C. Daniel R Hart
Full Name (Last, First, Middle Initial)
Mailing Address 4200 East Skelly Drive Suite 320
City Tulsa State OK Zip Code 74135-3261
FEC ID number of contributing federal political committee. **C**
Name of Employer Guardian Life Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2015
Transaction ID : 9866980
Amount of Each Receipt this Period 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 177
	<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. Hedy S. Hebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Boardwalk Blvd.
 City Bossier City State LA Zip Code 71111-4384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Consulting Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866981
 Amount of Each Receipt this Period
 85.00

B. John S. Helms
 Full Name (Last, First, Middle Initial)
 Mailing Address 2940 Camino Diablo # 205
 City Walnut Creek State CA Zip Code 94597-3992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Helms Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866983
 Amount of Each Receipt this Period
 30.00

C. Donna D. Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E2E Benefit Services Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866985
 Amount of Each Receipt this Period
 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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 ▼
516.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9866986

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
935.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9866988

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
1281.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9866990

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 56 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3912 Sunforest Ct

City Toledo State OH Zip Code 43623-4486

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

Name of Employer: Roemer Insurance Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt: 11 / 23 / 2015
Transaction ID : 9866991

Amount of Each Receipt this Period: 42.00

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

Mailing Address 3420 Pump Road, #144

City Richmond State VA Zip Code 23233-1111

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

Name of Employer: TPA Benefits, LLC Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 23 / 2015
Transaction ID : 9866992

Amount of Each Receipt this Period: 30.00

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

Mailing Address 823 Commerce Drive, Suite 350

City Oak Brook State IL Zip Code 60523-8855

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

Name of Employer: Employee Benefit Risk Mgmt. Services Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 23 / 2015
Transaction ID : 9866994

Amount of Each Receipt this Period: 30.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6 Country Lane

City State Zip Code
Sussex NJ 07461-4630

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

Name of Employer Occupation
New England Financial Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866996

Amount of Each Receipt this Period
30.00

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

Mailing Address 2444 East Hill Rd.

City State Zip Code
Grand Blanc MI 48439-5098

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

Name of Employer Occupation
Franklin Benefit Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
478.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9866997

Amount of Each Receipt this Period
50.00

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

Mailing Address 12022 Forest Moon Dr

City State Zip Code
Cypress TX 77433-3834

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

Name of Employer Occupation
Humana Market Point Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867002

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 58 OF 177
(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. 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 ▼
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867004

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Kelly A. Madison

Mailing Address PO Box 370

City State Zip Code
Meridian ID 83680-0370

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

Name of Employer Occupation
Myriad Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867006

Amount of Each Receipt this Period
30.00

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

Mailing Address 1965 Pine Street

City State Zip Code
Redding CA 96001-1921

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

Name of Employer Occupation
Barbara McClaskey Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
438.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867008

Amount of Each Receipt this Period
42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 177
	<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. Leslie E. McGerr

Mailing Address 6510 Mesaverde Dr

City Lincoln State NE Zip Code 68510-5153

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

Name of Employer Les McGerr & Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867010

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Toby Meason

Mailing Address 301 S. Polk Suite 600

City Amarillo State TX Zip Code 79101-1406

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

Name of Employer DFB Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867011

Amount of Each Receipt this Period
20.00

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

Mailing Address 550 S 5th St Unit 303

City Louisville State KY Zip Code 40202-4309

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

Name of Employer Commonwealth Insurance Partners Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867012

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 621

City Union State MO Zip Code 63084-0621

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

Name of Employer Ming Senior Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867017

Amount of Each Receipt this Period
30.00

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

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284-8850

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

Name of Employer Pennington Associates Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867023

Amount of Each Receipt this Period
40.00

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

Mailing Address P O Box 51019

City Idaho Falls State ID Zip Code 83405-1019

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

Name of Employer The Hartwell Corporation Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867025

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 177
	(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. Susan Maley Rash
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite 3

City	State	Zip Code
Richmond	VA	23227-4300

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1670.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : 9867028

Amount of Each Receipt this Period

120.00

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

Mailing Address 3702 Brownsboro Rd

City	State	Zip Code
Louisville	KY	40207-1820

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

Name of Employer	Occupation
Preferred Benefits, LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : 9867030

Amount of Each Receipt this Period

42.00

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

Mailing Address 8000 IH-10 West, # 715

City	State	Zip Code
San Antonio	TX	78230-3880

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

Name of Employer	Occupation
AVESIS, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **956.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : 9867032

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional).....▶	247.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 200 East Main St.
Suite 800

City Fort Wayne State IN Zip Code 46802-1900

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

Name of Employer Gibson Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9867033

Amount of Each Receipt this Period
300.00

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 ▼
1060.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9867034

Amount of Each Receipt this Period
85.00

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

Mailing Address 12121 Wilshire Blvd Ste 1100

City Los Angeles State CA Zip Code 90025-1166

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

Name of Employer First Financial Resources Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
11 / 23 / 2015
Transaction ID : 9867041

Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Nicole Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Northwest Pkwy
 City San Antonio State TX Zip Code 78249-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867042
 Amount of Each Receipt this Period
 30.00

B. Kevin Shively
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 Paluxy Dr Ste 540
 City Tyler State TX Zip Code 75703-1664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield Occupation Carrier Sales Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867043
 Amount of Each Receipt this Period
 30.00

C. Sean G. Shoemake
 Full Name (Last, First, Middle Initial)
 Mailing Address 169A Lameuse St
 City Biloxi State MS Zip Code 39530-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Specialists, P.A. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867044
 Amount of Each Receipt this Period
 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 39500 High Pointe Blvd
Ste 400

City State Zip Code
Novi MI 48375-5517

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

Name of Employer Occupation
Health Alliance Administrators, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867045

Amount of Each Receipt this Period
30.00

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

Mailing Address 143 E Austin St

City State Zip Code
Giddings TX 78942-3201

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

Name of Employer Occupation
The Nitsche Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867047

Amount of Each Receipt this Period
30.00

c. Richard Blake Spell
Full Name (Last, First, Middle Initial)

Mailing Address 3803 North Elm Street

City State Zip Code
Greensboro NC 27455-2593

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

Name of Employer Occupation
United Healthcare Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867048

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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 ▼ **660.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867049

Amount of Each Receipt this Period
60.00

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

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504-2649

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867050

Amount of Each Receipt this Period
30.00

c. Mary Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 2133 Luray Avenue

City Cincinnati State OH Zip Code 45206-2604

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

Name of Employer Alliance Benefit Group of Ohio Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 9867052

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 177
	<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. Julia Beckie Stockstill
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. San Augustine
 City State Zip Code
 Deer Park TX 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stockstill & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 372.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867053
 Amount of Each Receipt this Period
 30.00

B. Marsha Tellesbo-Kemmel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Avenue, Suite 3200
 City State Zip Code
 Seattle WA 98154-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tellesbo & Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1602.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867058
 Amount of Each Receipt this Period
 85.00

C. Helen M. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 56166
 City State Zip Code
 Little Rock AR 72215-6166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Todd Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867060
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 177
	<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 Ward
Full Name (Last, First, Middle Initial)

Mailing Address 3219 E. Camelback Road
#569

City Phoenix State AZ Zip Code 85018-2307

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

Name of Employer: Emerging Benefits Consultants, LLC
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : 9867063

Amount of Each Receipt this Period
42.00

B. 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 ▼ **935.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : 9867064

Amount of Each Receipt this Period
85.00

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

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

City Centennial State CO Zip Code 80111-6479

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

Name of Employer: MW Family Services
Occupation: Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : 9867065

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 177
(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. Chris Otto Wickizer

Mailing Address 16619 74th Ave NE

City State Zip Code
Kenmore WA 98028-4261

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

Name of Employer Occupation
Chris Wickizer Insurance Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867067

Amount of Each Receipt this Period
300.00

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

Mailing Address 1151 Red Mile Road

City State Zip Code
Lexington KY 40504-2649

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

Name of Employer Occupation
Benefit Insurance Marketing Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867068

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Owen W. Wingate

Mailing Address 155 Professional Dr

City State Zip Code
Ponte Vedra Beach FL 32082-6217

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

Name of Employer Occupation
Wingate Insurance Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867069

Amount of Each Receipt this Period
42.00

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

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

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

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

FOR LINE NUMBER: PAGE 69 OF 177
(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. Rosanne Wolfe

Mailing Address PO Box 17236

City State Zip Code
Tucson AZ 85731-7236

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

Name of Employer Occupation
Wolfe Insurance & Consultants, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
626.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867070

Amount of Each Receipt this Period
30.00

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

Mailing Address 1111 Chestnut Hills Pky

City State Zip Code
Fort Wayne IN 46814-8934

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

Name of Employer Occupation
Employee Plans, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867072

Amount of Each Receipt this Period
85.00

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

Mailing Address 255 Primera Blvd, Suite 264

City State Zip Code
Lake Mary FL 32746-2148

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

Name of Employer Occupation
CIGNA Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : 9867073

Amount of Each Receipt this Period
42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 915 Englewood Avenue

City Durham State NC Zip Code 27701-1105

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

Name of Employer Ebenconcepts Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1296.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 9867081

Amount of Each Receipt this Period
 170.00

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

Mailing Address PO Box 805

City West Chester State OH Zip Code 45071-0805

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

Name of Employer JRM & Associates Agency, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 9867085

Amount of Each Receipt this Period
 42.00

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

Mailing Address 12740 Hillcrest Road Suite 275

City Dallas State TX Zip Code 75230-7129

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

Name of Employer Goodwin Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 9867096

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 61010

City Santa Barbara State CA Zip Code 93160-1010

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

Name of Employer Brown & Brown, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 / /
11 / 24 / 2015

Transaction ID : 9867145

Amount of Each Receipt this Period
 420.00

Contribution

B. 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 ▼ **1000.00**

Date of Receipt
 / /
11 / 24 / 2015

Transaction ID : 9867146

Amount of Each Receipt this Period
 100.00

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

Mailing Address 125 Grand Avenue, Unit B

City Grand Junction State CO Zip Code 81501-2251

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

Name of Employer MHIB Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 / /
11 / 24 / 2015

Transaction ID : 9867148

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 172.00
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 73 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7321 Eagle Crest Blvd.

City Evansville State IN Zip Code 47715-8157

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

Name of Employer SIHO Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : 9867152

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 6398

City Charleston State WV Zip Code 25362-0398

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

Name of Employer Black Horse Financial Advisors Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : 9867153

Amount of Each Receipt this Period
30.00

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 ▼ **517.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2015

Transaction ID : 9867168

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 177
	<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. Erika Sklar
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309-1775

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **616.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : 9867169

Amount of Each Receipt this Period **42.00**

B. Jason Gootee
Full Name (Last, First, Middle Initial)

Mailing Address 510 L Street Suite 270

City Anchorage State AK Zip Code 99501-1949

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

Name of Employer Moda Health Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : 9867170

Amount of Each Receipt this Period **30.00**

C. Cynthia Whaley
Full Name (Last, First, Middle Initial)

Mailing Address 408 N. Washington Street Suite A

City Easton State MD Zip Code 21601-3704

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 25 / 2015**

Transaction ID : 9867171

Amount of Each Receipt this Period **30.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 177
<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. David R. Kross
Full Name (Last, First, Middle Initial)

Mailing Address 5556-B Cheviot Rd.

City Cincinnati State OH Zip Code 45247-5202

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

Name of Employer United Benefits Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 25 / 2015
Transaction ID : 9867172

Amount of Each Receipt this Period 30.00

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

Mailing Address 5760 W. 120th Avenue Suite 260

City Broomfield State CO Zip Code 80020-6939

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

Name of Employer Reents Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 25 / 2015
Transaction ID : 9867198

Amount of Each Receipt this Period 42.00

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

Mailing Address PO Box 20185

City Portland State OR Zip Code 97294-0185

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

Name of Employer Insurance Solutions NW, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 26 / 2015
Transaction ID : 9867199

Amount of Each Receipt this Period 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 177
	<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. Gene Ruecker

Mailing Address 7700 East Doheny Court
Suite 200

City Anaheim State CA Zip Code 92808-2100

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

Name of Employer Ruecker & Ruecker Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
11 / 26 / 2015
Transaction ID : 9867200

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Lori Carter

Mailing Address 2316 Atherholt Rd

City Lynchburg State VA Zip Code 24501-2100

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

Name of Employer Piedmont Community Heath Plan, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
11 / 26 / 2015
Transaction ID : 9867201

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Matthew F. Hatfield

Mailing Address 2207 Springfield Avenue

City Fort Wayne State IN Zip Code 46805-1541

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

Name of Employer M Hatfield Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
11 / 26 / 2015
Transaction ID : 9867202

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line 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 77 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John H. Hinck
 Mailing Address 211 McLaws Circle, Ste2
 City Williamsburg State VA Zip Code 23185-5871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hinck Financial Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : 9867203
 Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015
Transaction ID : 9867207
 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 Occupation
 Warner Pacific Insurance Services Director of Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015
Transaction ID : 9867209
 Amount of Each Receipt this Period
 85.00

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

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

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

FOR LINE NUMBER: PAGE 78 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼
871.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 27 / 2015
Transaction ID : 9867210

Amount of Each Receipt this Period
85.00

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

Mailing Address 11555 Sorrento Valley Road Suite 203

City State Zip Code
San Diego CA 92121-1331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
441.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 27 / 2015
Transaction ID : 9867214

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 626

City State Zip Code
Woodland Hills CA 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 ▼
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 27 / 2015
Transaction ID : 9867222

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: (check only one)	PAGE 79 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3950 Chain Bridge Road
Suite 8

City State Zip Code
Fairfax VA 22030-3935

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

Name of Employer Occupation
Blue Kamen Benefits, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2015
Transaction ID : 9867225

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Justin Lord

Mailing Address 935 East 36th Place

City State Zip Code
Tulsa OK 74105-3001

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

Name of Employer Occupation
Wilcox & McGrath, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2015
Transaction ID : 9867226

Amount of Each Receipt this Period
10.00

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

Mailing Address 400 Galleria Pkwy, #300

City State Zip Code
Atlanta GA 30339-3182

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

Name of Employer Occupation
Digital Insurance, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2015
Transaction ID : 9867229

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address **PO Box 1547**

City **Americus** State **GA** Zip Code **31709-1547**

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

Name of Employer **Russ Childers, CLU** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1115.00**

Date of Receipt
11 / 27 / 2015
Transaction ID : 9867231

Amount of Each Receipt this Period
90.00

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

Mailing Address **38176 Medical Center Avenue**

City **Zephyrhills** State **FL** Zip Code **33540-1380**

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

Name of Employer **The Canadian Drugstore** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **755.00**

Date of Receipt
11 / 27 / 2015
Transaction ID : 9867232

Amount of Each Receipt this Period
85.00

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

Mailing Address **5113 N. Executive Drive
Suite 102**

City **Peoria** State **IL** Zip Code **61614-4893**

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

Name of Employer **Jackson Financial Services** Occupation **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
11 / 27 / 2015
Transaction ID : 9867233

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **217.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 OF 177
	(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. Roger J. Kelley

Mailing Address 424 Lewis Hargett Circle Ste 100

City Lexington State KY Zip Code 40503-3683

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

Name of Employer Epic Insurance Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : 9867235

Amount of Each Receipt this Period
42.00

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

Mailing Address 214 West Main Street Suite 203

City Moorestown State NJ Zip Code 08057-2345

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

Name of Employer Lubenow Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : 9867236

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. 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 Gary Wood Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : 9867237

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **126.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 177
	<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 ▼
1100.00

Date of Receipt
11 / 27 / 2015
Transaction ID : 9867238

Amount of Each Receipt this Period
100.00

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

Mailing Address 5222 Double Eagle Drive

City Westerville State OH Zip Code 43081-4821

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

Name of Employer Business Partners, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
11 / 27 / 2015
Transaction ID : 9867241

Amount of Each Receipt this Period
42.00

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

Mailing Address 1010 Ohio River Blvd

City Pittsburgh State PA Zip Code 15202-2835

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

Name of Employer Seubert & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 27 / 2015
Transaction ID : 9867242

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO Box 1914

City Chandler State AZ Zip Code 85244-1914

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

Name of Employer True Choice Benefits LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **526.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2015

Transaction ID : 9867247

Amount of Each Receipt this Period
30.00

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

Mailing Address 11325 Pegasus St., Suite W-102

City Dallas State TX Zip Code 75238-5214

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

Name of Employer Benefits Dallas Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2015

Transaction ID : 9867248

Amount of Each Receipt this Period
85.00

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

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1646.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2015

Transaction ID : 9867251

Amount of Each Receipt this Period
150.00

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 84 OF 177
	<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. Paul E. Smith		Date of Receipt 11 / 28 / 2015 Transaction ID : 9867253
Mailing Address 100 Queen Street		Amount of Each Receipt this Period 175.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

Full Name (Last, First, Middle Initial) B. Audra I. Sullivan		Date of Receipt 11 / 28 / 2015 Transaction ID : 9867254
Mailing Address 1201 N Watson Rd Ste 287		Amount of Each Receipt this Period 30.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.00	

Full Name (Last, First, Middle Initial) C. Robert L. Moore		Date of Receipt 11 / 28 / 2015 Transaction ID : 9867259
Mailing Address 1644 Plank Rd		Amount of Each Receipt this Period 42.00
City Duncansville	State PA	Zip Code 16635-8376
FEC ID number of contributing federal political committee. C		
Name of Employer L.R. Webber Associates, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	

SUBTOTAL of Receipts This Page (optional).....▶	247.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin Trokey
Full Name (Last, First, Middle Initial)

Mailing Address 215 S. Kirkwood Rd
Ste 210

City Saint Louis State MO Zip Code 63122-4359

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

Name of Employer Q4intelligence Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
11 / 28 / 2015
Transaction ID : 9867260

Amount of Each Receipt this Period
30.00

B. Korina Kay Gregg
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E Paseo Santa Teresa

City Tucson State AZ Zip Code 85750-1723

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

Name of Employer HR Executive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
452.00

Date of Receipt
11 / 28 / 2015
Transaction ID : 9867265

Amount of Each Receipt this Period
42.00

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

Mailing Address 6443 SW Beaverton-Hillsdale Hwy
Suite 200

City Portland State OR Zip Code 97221-4230

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

Name of Employer Coordinated Resources Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
11 / 28 / 2015
Transaction ID : 9867273

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 177
(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. Anya Y. Simpson
 Mailing Address 700 Newtown Road, Suite 104
 City Norfolk State VA Zip Code 23502-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Plans, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : 9871696
 Amount of Each Receipt this Period **30.00**

Full Name (Last, First, Middle Initial)
B. Heather Lee McDougall
 Mailing Address 1312 W Kiva Ave
 City Mesa State AZ Zip Code 85202-6633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR433059212667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Denise S. Villagran
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR433061212667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 177
	<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. Tiffany Stock
Full Name (Last, First, Middle Initial)
Mailing Address 3111 C St., Suite 500

City Anchorage	State AK	Zip Code 99503-3973
-------------------	-------------	------------------------

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

Name of Employer Northrim Benefits Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR433079012667

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B. Carla Adams
Full Name (Last, First, Middle Initial)
Mailing Address 2229 Mesa Brook

City Schertz	State TX	Zip Code 78154-1975
-----------------	-------------	------------------------

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

Name of Employer Total Administrative Services Corporat	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR433095012667

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C. Melissa Davies
Full Name (Last, First, Middle Initial)
Mailing Address 9425 Double R Blvd Ste F

City Reno	State NV	Zip Code 89521-5928
--------------	-------------	------------------------

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

Name of Employer Clark and Associates	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR433115412667

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 88 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Madeleine Brown
 Mailing Address P.O. Box 1490,
 City Jackson State MS Zip Code 39215-1490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1110.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR433118912667
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Joseph H. Deacon
 Mailing Address 107 Hale St. Suite 316
 City Charleston State WV Zip Code 25301-2672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Deacon & Deacon Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR433129312667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dwane C. McFerrin
 Mailing Address 8420 West Dodge Road Suite 510
 City Omaha State NE Zip Code 68114-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Market Sales, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **865.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR433168112667
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 89 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. William J. Barrett

Mailing Address 7400 West Campus Road

City State Zip Code
New Albany OH 43054-8725

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

Name of Employer Occupation
Aetna Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR433180612667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 10816 Fandor Street

City State Zip Code
Fort Worth TX 76108-4500

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

Name of Employer Occupation
United Senior Services of Texas Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR433187712667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 7 Stonewall Lane

City State Zip Code
Mamaroneck NY 10543-1025

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

Name of Employer Occupation
Insurance & Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR433196812667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 90 OF 177
(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. Scott W. Long

Mailing Address 1715 Greenway Village Dr.

City State Zip Code
 Katy TX 77494-2175

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

Name of Employer Occupation
 Transamerica Employee Benefits Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : PR433206812667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Barbara Ann Gerken

Mailing Address 1775 Indian Wood Circle

City State Zip Code
 Maumee OH 43537-4010

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

Name of Employer Occupation
 First Insurance Group Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : PR433268312667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Amanda McCann Potter

Mailing Address 2101 W Wadley #33C

City State Zip Code
 Midland TX 79705-6439

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

Name of Employer Occupation
 Aflac Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : PR433277612667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 177
	<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. Laura Drake
Full Name (Last, First, Middle Initial)
Mailing Address 401 Gooding St N #106

City Twin Falls	State ID	Zip Code 83301-6177
--------------------	-------------	------------------------

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

Name of Employer Laura Drake Insurance	Occupation Agent
---	---------------------

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
11	/	30	/	2015

Transaction ID : PR433504412667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Mindy Payne Farnsley
Full Name (Last, First, Middle Initial)
Mailing Address 3702 Brownsboro Rd

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

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

Name of Employer Preferred Benefits	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR433519212667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Roger W. Skinner
Full Name (Last, First, Middle Initial)
Mailing Address 4010 State Street

City Tampa	State FL	Zip Code 33609-1264
---------------	-------------	------------------------

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

Name of Employer Argus Dental and Vision	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436789412667

Amount of Each Receipt this Period
30.50

P/R Deduction (\$30.50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 177
	<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 P. Garven
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 8
11715 East Main Street -

City State Zip Code
Huntley IL 60142-0008

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

Name of Employer Occupation
Benico, LTD Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436791112667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 1501 East Woodfield Rd. #110 E

City State Zip Code
Schaumburg IL 60173-4945

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

Name of Employer Occupation
Rippinger Financial Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436793512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 12120

City State Zip Code
Oklahoma City OK 73157-2120

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

Name of Employer Occupation
Dollins & Company, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436800412667

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 177
	<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. Catherine Van Zant
Full Name (Last, First, Middle Initial)

Mailing Address 5500 Euper Lane
P.O. Box 3529

City Fort Smith State AR Zip Code 72903-3234

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

Name of Employer Brown-Hiller-Clark & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR436801912667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield State MO Zip Code 65807-4311

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

Name of Employer Kern Insurance Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR436804512667

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C. Gerald G Hartman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5716

City Boise State ID Zip Code 83705-0716

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

Name of Employer Insurance Network America Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR436808012667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 177
	<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. Eugene L. Rowe
Full Name (Last, First, Middle Initial)
Mailing Address 16000 Ventura Blvd
City Encino State CA Zip Code 91436-2744
FEC ID number of contributing federal political committee. **C**
Name of Employer R & R Retirement and Insurance Service Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR436817912667
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

B. Jeffrey Sherrod
Full Name (Last, First, Middle Initial)
Mailing Address 5800 Granite Parkway Suite 700
City Plano State TX Zip Code 75024-8603
FEC ID number of contributing federal political committee. **C**
Name of Employer United Healthcare Group Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR436818312667
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$30.00 Monthly)

C. Brad L Christian
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 188
City Clatonia State NE Zip Code 68328-0188
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance & Investments Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR436821012667
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **70.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼
1870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436821412667

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436823412667

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. Elizabeth E. Rios-Carl
Full Name (Last, First, Middle Initial)

Mailing Address 210 North Campbell

City El Paso	State TX	Zip Code 79901-1406
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436824512667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas 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 ▼ 2750.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436824612667
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Patti Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 Kirkland Way
 City Kirkland State WA Zip Code 98033-6219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer P Smith Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436829312667
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 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 ▼ 3850.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436829512667
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 177
	<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 ▼ 1081.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436829712667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Elizabeth Ashmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79424-0803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashmore & Associates Insurance Agency, Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436830312667
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

C. Mary B. Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2637 S. 158th Plaza #200
 City Omaha State NE Zip Code 68130-1769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holmes Murphy & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436836212667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 177
	<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. Robert A. Grundman

Mailing Address 7412 Karl Drive

City Lincoln State NE Zip Code 68516-4368

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

Name of Employer Senior Benefit Strategies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436838912667

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

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 ▼ **1100.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436839812667

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834-6677

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

Name of Employer Advanced Benefit Consulting & Insuranc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436844612667

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Harry P. Thal
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2137

City Kernville State CA Zip Code 93238-2137

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

Name of Employer Harry P. Thal Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436847212667

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 401 W Front St Ste 4

City Traverse City State MI Zip Code 49684-2259

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

Name of Employer Wright Insurance Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436848512667

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. H. Larry Fortenberry
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16566

City Jackson State MS Zip Code 39236-6566

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

Name of Employer Executive Planning Group, P.A. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436852612667

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 101 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ann C. BELL

Mailing Address 2171 So. Pebblecreek Lane

City State Zip Code
Boise ID 83706-6123

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

Name of Employer Occupation
Retired Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436853212667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 3922 Rampart ST

City State Zip Code
Boise ID 83704-4557

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

Name of Employer Occupation
Bean Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436853312667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 31029

City State Zip Code
Charleston SC 29417-1029

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

Name of Employer Occupation
David M. Gilston Insurance Agency, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436853712667

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3511 Camino Del Rio South
Suite 303

City San Diego State CA Zip Code 92108-4043

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

Name of Employer Countywide Health Ins. Services, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436861812667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Phyllis Martinsen

Mailing Address 1108 West Boise Avenue, Suite 100

City Boise State ID Zip Code 83706-3527

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

Name of Employer Byron Hyatt Erstad & Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436864012667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Caroline Hesseltine

Mailing Address 7272 Wurzbach Road, Suite 104

City San Antonio State TX Zip Code 78240-4802

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

Name of Employer ABC / Associated Benefit Consultants, Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436864912667

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 177
<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. George R. Keeling

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

City Levelland State TX Zip Code 79336-3720

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

Name of Employer George R. Keeling Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436865512667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 137 Executive Dr. Suite D

City Madison State MS Zip Code 39110-8456

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

Name of Employer Mobley Insurance Agency LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436869312667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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 ▼
935.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436873512667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 177
	<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. 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 ▼ **935.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436873712667

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B. Rodney Stuart
Full Name (Last, First, Middle Initial)

Mailing Address 600 E Carmel Dr
Suite 100

City Carmel	State IN	Zip Code 46032-2805
----------------	-------------	------------------------

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

Name of Employer Strategic Insurance Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436883312667

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 736 Johnson Ferry Road
Building C, Suite 200

City Marietta	State GA	Zip Code 30068-4379
------------------	-------------	------------------------

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

Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR436891512667

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 105 OF 177
(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 W. Varisco

Mailing Address 502 Paris St.

City Lafayette State LA Zip Code 70506-5249

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

Name of Employer Oxford Asset Management,LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR436894612667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address P O Box 2073

City Wichita Falls State TX Zip Code 76307-2073

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

Name of Employer Spragins Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR436895312667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR436896512667

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Leah-Anne Janway

Mailing Address PO Box 20626

City Oklahoma City State OK Zip Code 73156-0626

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436901512667

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 110 International Way

City Springfield State OR Zip Code 97477-1034

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

Name of Employer PacificSource Health Plans Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436902912667

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1173 Brittmore

City Houston State TX Zip Code 77043-5003

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436903712667

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 108 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Annette Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 South Main Street
 City Findlay State OH Zip Code 45840-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Benefit Consultants Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436917212667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Dennis J. Recker
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 North Perry Street P.O. Box 276
 City Ottawa State OH Zip Code 45875-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fawcett, Lammon, Recker & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436919012667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Lawrence Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address 2633 State Route 59, Suite B
 City Ravenna State OH Zip Code 44266-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436923412667
 Amount of Each Receipt this Period 31.00
 P/R Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 177
	<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. Jeffrey S. Bensman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 510938
 City Milwaukee State WI Zip Code 53203-0161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Security Financial Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436931712667
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

B. Peter F. Stehr
 Full Name (Last, First, Middle Initial)
 Mailing Address 13636 Seward Street
 City Omaha State NE Zip Code 68154-3823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peter Stehr Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436932412667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR436934812667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 177
	<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. Jimmie Whitmire

Mailing Address 503 Eighth Street

City State Zip Code
Wichita Falls TX 76301-6507

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

Name of Employer Occupation
Whitmire & Whitmire, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436939112667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 8926 Crown Colony Boulevard

City State Zip Code
Fort Myers FL 33908-5627

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

Name of Employer Occupation
MVS Consulting Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2087.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436939912667

Amount of Each Receipt this Period
220.00

P/R Deduction (\$170.00 Monthly)

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

Mailing Address PO Box 189
916 Main Street

City State Zip Code
Vancouver WA 98666-0189

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

Name of Employer Occupation
Biggs Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR436941612667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 347.00

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

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

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

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 13 14 15 16 17

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

A. Sandra Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 Network Blvd, # 403
 City San Antonio State TX Zip Code 78249-3310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hairston, Johnson & Associates, PLLC Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436946312667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. John Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 High Street
 City Warren State OH Zip Code 44481-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INSURANCE NAVIGATORS AGENCY Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436950012667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Nicole Fairbairn
 Full Name (Last, First, Middle Initial)
 Mailing Address 8069 Little Circle Road
 City Noblesville State IN Zip Code 46060-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Creative Insurance Concepts Inc. Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436957112667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 112 OF 177
(check only one)
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 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. Scott A Delisi

Mailing Address 475 Fallbrook Blvd

City Lincoln State NE Zip Code 68521-9033

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

Name of Employer Ameritas Life Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR436958812667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Robert V. Holland

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer Centralia General Agencies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR436961712667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 4300 Sidco Drive, Suite 200

City Nashville State TN Zip Code 37204-4537

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

Name of Employer Colonial Life Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR436963512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 177
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William L. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Four Corners Dr.

City Grand Junction State CO Zip Code 81503-2977

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

Name of Employer William L. Brown Ins. Services, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436971612667

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 47 Laurel Hill Drive

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1246.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436986812667

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 9557 Silverdale Loop Road, NW

City Silverdale State WA Zip Code 98383-9132

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

Name of Employer Albers Company Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR436990412667

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

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

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

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 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. Rand R. Wall

Mailing Address 12603 Southwest Freeway, Suite 620

City State Zip Code
Stafford TX 77477-3864

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

Name of Employer Occupation
Lone Star Health Plans, Ltd. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
926.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436992612667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 800 Avenue C

City State Zip Code
Katy TX 77493-2302

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

Name of Employer Occupation
Splawn & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436992812667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1434 Hwy 301

City State Zip Code
Calera AL 35040-5466

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

Name of Employer Occupation
AWM, Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.50

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436993012667

Amount of Each Receipt this Period
98.50

P/R Deduction (\$98.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.50**

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

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

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

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 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. Charla S. Rose

Mailing Address PO Box 1299

City Amarillo State TX Zip Code 79105-0299

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

Name of Employer Upshaw Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR436999112667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 807 8th Street, Suite 300

City Wichita Falls State TX Zip Code 76301-3317

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

Name of Employer Financial Partners Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **476.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437002312667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Ryan P. Thorn

Mailing Address 10342 South Springcrest Lane

City South Jordan State UT Zip Code 84095-4538

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437004012667

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$40.00 Monthly)

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

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

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

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

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 13 14 15 16 17

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

A. Betty R. Doyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 SE 3rd, Suite A
 City Moore State OK Zip Code 73160-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doyle-Crow & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437006912667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120
 City Dartmouth State MA Zip Code 02747-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437009212667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Scott T. Buie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 South Wasatch Blvd., #150
 City Salt Lake City State UT Zip Code 84121-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Buie Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437010512667
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James P Better
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Summer Street, Suite 6
 City Chelmsford State MA Zip Code 01824-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New England Medical Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437011512667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Michael D. Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 South 13th Street, Suite 1650
 City Lincoln State NE Zip Code 68508-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Harry A. Koch Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437016712667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Dee Forshee
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 E Main #B
 City Union State MO Zip Code 63084-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ming Senior Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437017012667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 177
<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. Keith M. Duhon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 80158
 City Lafayette State LA Zip Code 70598-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Family Insurance Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437017112667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Lorelei G. Castellani
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 905
 City Branchville State NJ Zip Code 07826-0905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Guidance Systems Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437019212667
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. Tammy Winn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 S IH 35, Building 1 Suite 100
 City Austin State TX Zip Code 78744-7901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SWBC Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437022712667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 85.00
TOTAL This Period (last page this line number only).....▶

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

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

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 11a 11b 11c 12
 13 14 15 16 17

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

A. T. Darlene Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 345
 City State Zip Code
 Ravenna OH 44266-0345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaczmarek Ins. Services Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 341.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437026312667
 Amount of Each Receipt this Period
 31.00
 P/R Deduction (\$31.00 Monthly)

B. Donna J. Blizman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Racimo Dr
 City State Zip Code
 Sarasota FL 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employee Benefits Marketing Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437031512667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

c. Stuart Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 587
 City State Zip Code
 Wheeling IL 60090-0587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Healthcare/SecureHorizons Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437033312667
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 177
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Carol Matznick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 38905

City Greensboro State NC Zip Code 27438-8905

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

Name of Employer North Carolina AHU Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437035312667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville State KY Zip Code 40220-1462

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

Name of Employer Schwartz Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437037812667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Wesley P. Moore
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 604

City Darlington State SC Zip Code 29540-0604

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

Name of Employer Moore Insurance Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437039412667

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 122 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City State Zip Code
 Salt Lake City UT 84121-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fringe Benefit Analysts Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437051512667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Tim Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 8950
 City State Zip Code
 Madison WI 53708-8950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M3 Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437051612667
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. Eleanor M. Brockhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 East Osborn Road, Suite 110
 City State Zip Code
 Phoenix AZ 85014-5537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brockhurst & Associates, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437052812667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 177
	<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

A. Kimberly C. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 1027 S Pendleton Street
Suite B-217

City Easley State SC Zip Code 29642-1046

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437058212667

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B. Kris Amen
Full Name (Last, First, Middle Initial)

Mailing Address 6075 Poplar Avenue, Suite 122

City Memphis State TN Zip Code 38119-0109

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 ▼
220.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437061612667

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

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

Mailing Address P. O. Box 21479

City Keizer State OR Zip Code 97307-1479

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

Name of Employer Olson Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437070212667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 177
	<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. Suzetta E. Alberts

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 ▼
1070.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437076112667

Amount of Each Receipt this Period
84.00

P/R Deduction (\$84.00 Monthly)

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

Mailing Address 1851 E. First, #1100

City Santa Ana State CA Zip Code 92705-4051

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

Name of Employer Kaiser Permanente Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437079012667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Shelley A Chornak

Mailing Address 7251 Engle Rd. Suite 103

City Cleveland State OH Zip Code 44130-3400

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

Name of Employer Sage Partners, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437080812667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lori R. Rice
Full Name (Last, First, Middle Initial)

Mailing Address 5047 Sherri Ann Road

City San Antonio State TX Zip Code 78233-6213

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

Name of Employer Wells Fargo Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437086412667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 235 Main Street

City Pleasanton State CA Zip Code 94566-8206

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

Name of Employer Herzog Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1081.00**

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437090112667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Dierdre Kennedy-Simington
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd., Suite 312

City Encino State CA Zip Code 91316-5018

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

Name of Employer Genesis Financial & Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **657.00**

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437094112667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 177
	<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. Joseph E. Henehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Carnegie Dr., Ste. #205
 City San Bernardino State CA Zip Code 92408-3550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Henehan Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437097912667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Mario Roiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10446 NW 31st Terrace
 City Doral State FL Zip Code 33172-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HR Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437104912667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Robert P. Poli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Executive Boulevard, Suite 12
 City Rockville State MD Zip Code 20852-3907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437105912667
 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 128 OF 177
	<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. Cynthia H. Doucet
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Mondrian Way
 City Lafayette State LA Zip Code 70501-7730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Financial Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437116412667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. Brian Joseph McEvilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 7260 W. Azure Drive #140-201
 City Las Vegas State NV Zip Code 89130-7999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McEvilly Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437117712667
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

C. Angela Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 S. 16th Street
 City Lincoln State NE Zip Code 68502-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bryan Medical Center Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437117812667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 177
	<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. Joseph K. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82nd St., #B
 City Lincoln State NE Zip Code 68516-6584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1912.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437118012667
 Amount of Each Receipt this Period 170.00
 P/R Deduction (\$170.00 Monthly)

B. Lonnie Klene
 Full Name (Last, First, Middle Initial)
 Mailing Address 14339 Torrey Chase Blvd., Ste F
 City Houston State TX Zip Code 77014-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Core Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437119612667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Wendy Vanderwater Bratteli
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701-9455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437122412667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ 2036.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437123012667

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

B. Joanna Antongiovanni
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 795008

City San Antonio State TX Zip Code 78279-5008

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

Name of Employer Wortham Insurance & Risk Management Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437128012667

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. Linda K. Friedrich
Full Name (Last, First, Middle Initial)

Mailing Address 4435 O Street

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437129112667

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.00

TOTAL This Period (last page this line 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 131 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 17535 Generations Dr

City State Zip Code
South Bend IN 46635-1589

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

Name of Employer Occupation
The Healy Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1317.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437135312667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jeffrey Papenfus

Mailing Address 32110 Agoura Road

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437137812667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Timothy P. Walsh

Mailing Address PO Box 417

City State Zip Code
Hampstead NC 28443-0417

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

Name of Employer Occupation
Advanced Insurance Systems Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437149412667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 177
	<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

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

Mailing Address 935 Graham Road
PO BOX 18508

City Corpus Christi State TX Zip Code 78418-5123

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

Name of Employer Hebert Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR437154812667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Tina Durand

Mailing Address P.O.Box 61157

City Corpus Christi State TX Zip Code 78466-1157

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

Name of Employer Heavin & Associates Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR437154912667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
808.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR437156212667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert H. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 S 29th W Place
 City State Zip Code
 Tulsa OK 74132-1766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plan Benefit Analysts of Tulsa, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437174112667
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

B. Robert J. Tierney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2113 West Parkstone Ct
 City State Zip Code
 Meridian ID 83646-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tierney Consulting, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 372.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437175212667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Terry Allard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City State Zip Code
 Anchorage AK 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Wilson Agency, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437182312667
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5000 Dearborn Cir. Ste 100

City	State	Zip Code
Mount Laurel	NJ	08054-4108

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

Name of Employer	Occupation
Corporate Synergies Group, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437199712667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3875 Johns Creek Parkway, Suite C

City	State	Zip Code
Suwanee	GA	30024-1294

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

Name of Employer	Occupation
Braden Benefit Strategies, Inc	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437201912667

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C. Joshua D. Nace
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Harrison Street, Suite S440

City	State	Zip Code
Seattle	WA	98119-4116

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

Name of Employer	Occupation
Dental Health Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437203312667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lon G. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437204312667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Jennifer Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437204412667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Marilyn A. Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8926 Crown Colony Blvd
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVS Consulting Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437206412667
 Amount of Each Receipt this Period 135.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 177
	<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 ▼ **935.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR437212212667

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 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 ▼ **1331.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR437215212667

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$85.00 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 ▼ **1131.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR437218312667

Amount of Each Receipt this Period **135.00**

P/R Deduction (\$85.00 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: (check only one)	PAGE 138 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 8596 W Bolsa Ct.

City Boise State ID Zip Code 83709-5196

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

Name of Employer T.A. Shores Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR437221412667

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

B. Rita A. Musser
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Thames Drive

City Fort Wayne State IN Zip Code 46815-5994

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

Name of Employer Senior Insurance Solutions Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR437229112667

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 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 ▼ **699.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : PR437231212667

Amount of Each Receipt this Period **47.00**

P/R Deduction (\$47.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **119.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 139 OF 177
	(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 Mordo
Full Name (Last, First, Middle Initial)

Mailing Address 26 Kennedy Court

City North Middletown State NJ Zip Code 07748-3532

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

Name of Employer Gary Wood Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR437249612667

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 295 E Palmer Street

City Franklin State NC Zip Code 28734-3049

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

Name of Employer Wayah Employee Benefits / EbenConcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR437250012667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

C. Diane L. Barton-Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 3856 S. Boulevard, Suite 100

City Edmond State OK Zip Code 73013-5584

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

Name of Employer Gallagher Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR437254112667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 177
	<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. Sandra Lee Powers-Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Benefits Northwest Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437264312667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Allen D. Hardy
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Kosciusko Road P.O. Box 89
 City Philadelphia State MS Zip Code 39350-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philadelphia Security Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437264912667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Jennifer L. Toups
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437270512667
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 177
	<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. Bill Eastin
Full Name (Last, First, Middle Initial)

Mailing Address 1504 Hackberry Street

City State Zip Code
Metairie LA 70001-3318

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

Name of Employer Occupation
Dardis Couvillion & Associates Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR437271712667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Margaret S. Tolbert
Full Name (Last, First, Middle Initial)

Mailing Address 6501 Peake Rd Bld 950

City State Zip Code
Macon GA 31210-8063

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

Name of Employer Occupation
Tolbert & Associates Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR437280512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 8420 West Dodge Road, 5th Floor

City State Zip Code
Omaha NE 68114-3443

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

Name of Employer Occupation
Senior Market Sales, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1375.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR437281012667

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 177
	<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. Tom Hayes
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3198

City Little Rock State AR Zip Code 72203-3198

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

Name of Employer Rebsamen Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437300712667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Luann S. Yarberry
Full Name (Last, First, Middle Initial)

Mailing Address 1300 10th St

City Wichita Falls State TX Zip Code 76301-3227

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437301012667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. Angela Oakes
Full Name (Last, First, Middle Initial)

Mailing Address 1323 Highway 2, Ste. 300

City Sandpoint State ID Zip Code 83864-2741

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

Name of Employer Summit Insurance Resource Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437309012667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 143 OF 177
(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. Russ Blakely

Mailing Address PO Box 11310

City State Zip Code
 Chattanooga TN 37401-2310

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

Name of Employer Occupation
 Russ Blakely & Associates, LLC Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437317312667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Shannon J. Enders

Mailing Address 5797 Harvey Street - Suite A

City State Zip Code
 Norton Shores MI 49444-6727

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

Name of Employer Occupation
 Lakeshore Employee Benefits Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **237.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437322412667

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Marie D. Bell

Mailing Address 701 4th Ave S. #1500

City State Zip Code
 Minneapolis MN 55415-1637

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

Name of Employer Occupation
 DeRuyter-Bell, LLC Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437323312667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Patricia Mihalyi-Stiffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Riverview Drive
 City Anaheim State CA Zip Code 92808-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Options in Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437326112667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Patricia A. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 13815 Starhill Ct.
 City Houston State TX Zip Code 77077-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Options in Insurance Occupation Broker
 King Insurance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437329712667
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

C. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City Federal Way State WA Zip Code 98023-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Options in Insurance Occupation Broker
 Insure NW Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437343512667
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 177
	<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. Jim Lawless		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address Epic Insurance Solutions, LLC 710 East Main Street		Transaction ID : PR437348012667
City Lexington	State KY	Zip Code 40502-1602
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 42.00
Name of Employer Epic Insurance Solutions, LLC	Occupation Broker	P/R Deduction (\$42.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 8516 East 101st, Suite H		Transaction ID : PR437359312667
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 15.00
Name of Employer BenEx Insurance Agency	Occupation Broker	P/R Deduction (\$15.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Catherine A. Bajkowski		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 188 Industrial Drive, Suite 226		Transaction ID : PR437361112667
City Elmhurst	State IL	Zip Code 60126-1610
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer CB Health Insurance	Occupation Broker	P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	87.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 177
	<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. David M. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialties, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437364412667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. Rina Tikia
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 N. Causeway Blvd., Suite 815
 City Metairie State LA Zip Code 70002-3655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tikia Consulting Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **483.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437375312667
 Amount of Each Receipt this Period **42.00**
 P/R Deduction (\$42.00 Monthly)

C. Jeffery C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Reynolds Road
 City Jackson State MI Zip Code 49201-9386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Small Business Association of Michigan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437385412667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 177
	<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 J. Bogard

Mailing Address 100 W. Court Ave.
Suite 207

City Jeffersonville State IN Zip Code 47130-3502

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

Name of Employer A. Bogard Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437400012667

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 12833 Riverdance Dr.

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer ACA Compliance Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437402012667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 588 - 3 Mile Road, NW
Suite 101

City Grand Rapids State MI Zip Code 49544-8221

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

Name of Employer Grotenhuis Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
571.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437416412667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 177
	<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. Monique E. Hahn
Full Name (Last, First, Middle Initial)

Mailing Address 2081 Columbiana Road
Suite 18

City Birmingham State AL Zip Code 35216-2139

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

Name of Employer Synergy Benefits & Risk Mgt Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437417012667

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Hollie Gandy
Full Name (Last, First, Middle Initial)

Mailing Address 2920 Duniven Circle, #2

City Amarillo State TX Zip Code 79109-1650

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

Name of Employer Senior Solutions Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437425012667

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 7548 Preston Road

City Frisco State TX Zip Code 75034-5683

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

Name of Employer Clark Insurance Associates, PLLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437427212667

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joel Rosenblum
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Lipan Way
 City Boulder State CO Zip Code 80303-3635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance for Asset Protection
 Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : PR437427412667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Victoria A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 Harwich Ct
 City Greenacres State FL Zip Code 33467-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VMB Solutions
 Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 451.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : PR437432012667
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Rebecca L. Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9153 Whitekirk Place
 City Las Vegas State NV Zip Code 89145-8720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nevada Health CO-OP
 Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : PR437450412667
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 177
	<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. Reed Damron
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway, Suite 250

City Norcross	State GA	Zip Code 30093-1740
------------------	-------------	------------------------

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

Name of Employer HIRE Benefits, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437468912667

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B. Melinda S. Anderson-Wallis
Full Name (Last, First, Middle Initial)

Mailing Address 950 N. Meridian St. Suite 200

City Indianapolis	State IN	Zip Code 46204-1202
----------------------	-------------	------------------------

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

Name of Employer IU Health Plans	Occupation Broker
-------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437470812667

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C. Marcus Creasy
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 220

City Heber Springs	State AR	Zip Code 72543-0220
-----------------------	-------------	------------------------

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

Name of Employer Adams & Creasy Insurance Agency, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437474912667

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 177
<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. Colleen J. Gransee
Full Name (Last, First, Middle Initial)
Mailing Address 1277 Deming Way
City Madison State WI Zip Code 53717-1971
FEC ID number of contributing federal political committee. **C**
Name of Employer Dean Health Plan Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437490412667
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

B. Barry S. Cohn
Full Name (Last, First, Middle Initial)
Mailing Address 21515 Vanowen St Ste 200
City Canoga Park State CA Zip Code 91303-2715
FEC ID number of contributing federal political committee. **C**
Name of Employer RGEB Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437497312667
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. Susan M. Rider
Full Name (Last, First, Middle Initial)
Mailing Address 1402 N Capital #400
City Indianapolis State IN Zip Code 46202-2375
FEC ID number of contributing federal political committee. **C**
Name of Employer Gregory & Appel Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 547.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437510712667
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 177
	<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. Jeanne A. Embry

Mailing Address 26240 Wacker Drive

City Chesterfield State MI Zip Code 48051-3306

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR437533412667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Maggie Coley

Mailing Address 29 Olde Gate Court

City Pooler State GA Zip Code 31322-8281

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

Name of Employer Coley Benefit Services, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR437534012667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 2140 Professional Drive, Suite 150

City Roseville State CA Zip Code 95661-3781

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

Name of Employer Shepler and Fear General Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.50**

Date of Receipt
11 / 30 / 2015

Transaction ID : PR437535412667

Amount of Each Receipt this Period
12.50

P/R Deduction (\$12.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **84.50**

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

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

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

FOR LINE NUMBER: PAGE 154 OF 177
(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. Cynthia Swanson

Mailing Address 515 WSW 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 ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437544912667

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 5440 Mounes Street, Suite 112

City New Orleans State LA Zip Code 70123-3296

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

Name of Employer MetLife Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437562812667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **530.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437566612667

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **80.00**

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

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

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

FOR LINE NUMBER: PAGE 155 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jon Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Northpoint Glen Ct.
 City Herndon State VA Zip Code 20170-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Medical Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437580912667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. Daniel Alm
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3248
 City Omaha State NE Zip Code 68103-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437585512667
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

C. Dennis F. Mobley
 Full Name (Last, First, Middle Initial)
 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 ▼ **550.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : PR437587512667
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Daniel 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 ▼ 956.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437588912667

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

B. Doris Waller
Full Name (Last, First, Middle Initial)

Mailing Address 1778 N. Plano Rd.
Suite 310

City Richardson State TX Zip Code 75081-1958

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

Name of Employer Pan-American Benefits Solutions Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437591512667

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

C. Judith L. Robinson
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 10071

City Tyler State TX Zip Code 75711-0071

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

Name of Employer CFG Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR437594112667

Amount of Each Receipt this Period 63.00

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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

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

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

FOR LINE NUMBER: PAGE 157 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ryan R. Swinton

Mailing Address 7101 S. 82 St.

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437594912667

Amount of Each Receipt this Period
850.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Andrea M. Block

Mailing Address PO Box 1809

City Candler State NC Zip Code 28715-1809

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

Name of Employer Insurance Specialties, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437596212667

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Patrick Burns

Mailing Address 5653 Maxwellton Road

City Oakland State CA Zip Code 94618-2654

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

Name of Employer Burns Employee Benefits Insurance Serv Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437600512667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 177
	<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. Eugene Starks

Mailing Address 613 Crescent Circle
Suite 201

City Ridgeland State MS Zip Code 39157-8686

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

Name of Employer Benefit Administration Services, Ltd. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2129.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437603112667

Amount of Each Receipt this Period
220.00

P/R Deduction (\$170.00 Monthly)

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

Mailing Address 4109 Woodway Dr.

City Monroe State LA Zip Code 71201-2218

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

Name of Employer Financial Planning Resources Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437605712667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Brian Hanby

Mailing Address 662 East 700 North

City Payson State UT Zip Code 84651-1500

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

Name of Employer Hanby&Associates Insurance Agency, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437606512667

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 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 159 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Andrew M. LaRocco
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway, # 230

City Norcross	State GA	Zip Code 30093-1740
------------------	-------------	------------------------

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

Name of Employer The LaRocco Companies	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437640912667

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 4204 Manor Forest Trail

City Boynton Beach	State FL	Zip Code 33436-8851
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **459.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437654412667

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

C. Blake Izatt
Full Name (Last, First, Middle Initial)

Mailing Address 46 West 200 South

City Bountiful	State UT	Zip Code 84010-6258
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RBI Benefits	Occupation Broker
----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437655512667

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 177
	<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. Mark Rose

Mailing Address 14432 SE Eastgate Way Ste 400

City	State	Zip Code
Bellevue	WA	98007-6493

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
The Partners Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437657712667

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dominic Siciliano

Mailing Address 4500 Cascade Road SE Suite 106

City	State	Zip Code
Grand Rapids	MI	49546-3665

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Benefit Profiles, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437669512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Marcie Strouse

Mailing Address 1501 Ingersoll Ave Ste 200

City	State	Zip Code
Des Moines	IA	50309-3102

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Prisma Strategies	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR437683112667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dianne M. Kelley

Mailing Address 7320 N La Cholla Blvd.
Suite 154-219

City Tucson State AZ Zip Code 85741-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer Sandbrook Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437684512667

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 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 ▼
935.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437693212667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Heidi Michaels Mathson

Mailing Address 6465 Wayzata Blvd., # 700

City Minneapolis State MN Zip Code 55426-1751

FEC ID number of contributing federal political committee. **C**

Name of Employer Dyste Williams Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437693512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 165.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City State Zip Code
 Franklin NC 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wayah Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437699012667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Yolanda Marie Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Via Piemonte
 City State Zip Code
 Ontario CA 91710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trinity Financial Partners Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437705612667
 Amount of Each Receipt this Period
 112.00
 P/R Deduction (\$112.00 Monthly)

C. Penny E. Nikel
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 S Main St., Ste 200
 City State Zip Code
 Longmont CO 80501-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nikel Insurance Associates LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437728912667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ernest Berry

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424-1631

FEC ID number of contributing federal political committee. **C**

Name of Employer Berry Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437737412667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Teresa Conto

Mailing Address 15800 Crabbs Branch Way #350

City Rockville State MD Zip Code 20855-2697

FEC ID number of contributing federal political committee. **C**

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1995.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437740812667

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Leslie A. Williams

Mailing Address 2275 North Street

City Anderson State CA Zip Code 96007-3469

FEC ID number of contributing federal political committee. **C**

Name of Employer Leslie A. Williams Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437742912667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 177
(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. Mike Osborne

Mailing Address 1308 Woodmanor Dr,

City Raleigh State NC Zip Code 27614-9055

FEC ID number of contributing federal political committee. **C**

Name of Employer Osborne Insurance Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437743712667

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Tommy Abney

Mailing Address 113 Hereford Drive

City Tupelo State MS Zip Code 38804-9104

FEC ID number of contributing federal political committee. **C**

Name of Employer The Bottrell Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437745812667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Les Perlson

Mailing Address 250 Crossways Park Dr

City Woodbury State NY Zip Code 11797-2015

FEC ID number of contributing federal political committee. **C**

Name of Employer CB Planning Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR437767512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **85.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. John P. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 8414 N. Wall Street
Ste C

City Spokane State WA Zip Code 99208-6161

FEC ID number of contributing federal political committee. **C**

Name of Employer IFS Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437775812667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Kareim R. Cade
Full Name (Last, First, Middle Initial)

Mailing Address 28411 Northwestern Hwy., Ste 950

City Southfield State MI Zip Code 48034-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Lakes Benefit Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437778612667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Julie Hulsey
Full Name (Last, First, Middle Initial)

Mailing Address 6601 I-40 West, Ste. 1
PO Box 32015

City Amarillo State TX Zip Code 79120-2015

FEC ID number of contributing federal political committee. **C**

Name of Employer Insurance Professionals Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR437785812667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 177
(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. Gregory J. Schell

Mailing Address 1601 Alliant Avenue

City State Zip Code
Louisville KY 40299-6338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Garrett-Stotz Company Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437797612667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Michele Gasparre

Mailing Address 80 Business Park Drive Suite 306

City State Zip Code
Armonk NY 10504-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meridian Benefits Consulting Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437807412667

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Liz Taggart

Mailing Address 8530 Belnor Dr.

City State Zip Code
Cicero NY 13039-8845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Healthcare Medicare Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437825112667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► 157.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sher Sparano
 Full Name (Last, First, Middle Initial)
 Mailing Address 70-20 108th St, #5-0
 City State Zip Code
 Forest Hills NY 11375-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benefits Advisory Service Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437859412667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Mike Emidy
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2021
 City State Zip Code
 Ridgeland MS 39158-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colonial Life Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437878312667
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. LYNDA L. BERRYHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12600 Arrowhead Dr
 City State Zip Code
 Oklahoma City OK 73120-8825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : PR437987412667
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)
A. Kenneth G. Penn

Mailing Address 500 East Main Street
Suite 700-CS

City Norfolk State VA Zip Code 23510-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer ChamberSolutions Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR438401512667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. JAMES H HISSONG

Mailing Address 8401 Widmer Rd

City Lenexa State KS Zip Code 66215-5416

FEC ID number of contributing federal political committee. **C**

Name of Employer Jim Hissong Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR439660012667

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jessica Fulginiti Waltman

Mailing Address 10 Doyle Road

City Wayne State PA Zip Code 19087-3903

FEC ID number of contributing federal political committee. **C**

Name of Employer Forward Health Consulting Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 30 / 2015
Transaction ID : PR470100112667

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	27530.92

**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. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : 9872306

Amount of Each Disbursement this Period

111.56

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

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : 9872307

Amount of Each Disbursement this Period

391.80

Credit Card Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : 9872308

Amount of Each Disbursement this Period

730.87

Credit Card Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

1234.23

TOTAL This Period (last page this line number only)..... ▶

1234.23

**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. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
11/2 Lunch

011

Candidate Name

James Scott

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 9862998

Amount of Each Disbursement this Period

1000.00

11/2 Lunch

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
11/3 Lunch

011

Candidate Name

Rep. Joe Wilson

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 9863026

Amount of Each Disbursement this Period

1000.00

11/3 Lunch

Full Name (Last, First, Middle Initial)

C. Mccaul For Congress, Inc

Mailing Address 815-A Brazos St
Pmb 230

City Austin State TX Zip Code 78701

Purpose of Disbursement
11/12 Local Event

011

Candidate Name

Rep. Michael McCaul

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 9863037

Amount of Each Disbursement this Period

500.00

11/12 Local Event

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

011

Category/
Type

Candidate Name
David Roe

Office Sought: House
 Senate
 President
State: TN District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 9863041

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RFWPAC

Mailing Address 20 F Street NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
11/15 Football Game

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 9863042

Amount of Each Disbursement this Period

2000.00

11/15 Football Game

Full Name (Last, First, Middle Initial)

C. Cramer For Congress

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
11/3 Dinner

011

Category/
Type

Candidate Name

Rep. Kevin Cramer

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 9863047

Amount of Each Disbursement this Period

1000.00

11/3 Dinner

SUBTOTAL of Disbursements This Page (optional).....▶

4000.00

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. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
11/9 Dinner

011

Candidate Name

Sen. Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	5

Transaction ID : 9863302

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

11/9 Dinner

Full Name (Last, First, Middle Initial)

B. Nebraska Sandhills PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
11/10 Dinner

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	5

Transaction ID : 9863304

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

11/10 Dinner

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
11/18 Lunch

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	5

Transaction ID : 9863307

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

11/18 Lunch

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	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. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
12/4 Weekend Retreat

011

Candidate Name

Rep. Richard Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : 9863309

Amount of Each Disbursement this Period

2500.00

12/4 Weekend Retreat

Full Name (Last, First, Middle Initial)

B. Luke Messer For Congress

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
Local 11/20 Breakfast

011

Candidate Name

Allen Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : 9863413

Amount of Each Disbursement this Period

1000.00

Local 11/20 Breakfast

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
11/17 Dinner

011

Candidate Name

McMorris Rodgers Cathy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : 9863973

Amount of Each Disbursement this Period

1000.00

11/17 Dinner

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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. Ami Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
11/18 Breakfast

011

Candidate Name

Amerish Bera

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : 9863974

Amount of Each Disbursement this Period

3000.00

11/18 Breakfast

Full Name (Last, First, Middle Initial)

B. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
10/22 Lunch

011

Candidate Name

David McKinley

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : 9863998

Amount of Each Disbursement this Period

1000.00

10/22 Lunch

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
11/20-11/21 Weekend

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : 9863999

Amount of Each Disbursement this Period

4800.00

11/20-11/21 Weekend

SUBTOTAL of Disbursements This Page (optional)..... ▶

8800.00

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. Katko For Congress

Mailing Address PO Box 133

City State Zip Code
Camillus NY 13031

Purpose of Disbursement
11/16 Dinner

011

Candidate Name

Rep. John Katko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : 9864050

Amount of Each Disbursement this Period

1000.00

11/16 Dinner

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City State Zip Code
Los Angeles CA 90010

Purpose of Disbursement
12/1 Lunch

011

Candidate Name

Rep. Tony Cardenas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : 9864051

Amount of Each Disbursement this Period

1000.00

12/1 Lunch

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
12/1 Dinner

011

Candidate Name

Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : 9866222

Amount of Each Disbursement this Period

1000.00

12/1 Dinner

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
12/3 Breakfast

011

Category/
Type

Candidate Name
Bill Nelson

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : 9866223

Amount of Each Disbursement this Period

1000.00

12/3 Breakfast

Full Name (Last, First, Middle Initial)

B. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
11/30 Dinner

011

Category/
Type

Candidate Name
Rep. Jim Himes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : 9866555

Amount of Each Disbursement this Period

1500.00

11/30 Dinner

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

29300.00