

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00283135

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of []

5. Covering Period

12 / 01 / 2015

through

12 / 31 / 2015

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy

[Electronically Filed]

Date

01 / 06 / 2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="196081.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34205.42"/>	<input type="text" value="512291.43"/>
(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="230287.23"/>	<input type="text" value="605993.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37674.04"/>	<input type="text" value="413380.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="192613.19"/>	<input type="text" value="192613.19"/>
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

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).....	27380.42	311560.02
(ii) Unitemized	6825.00	195188.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34205.42	506748.71
(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)	34205.42	506748.71
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))..... ▶	34205.42	512291.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34205.42	512291.43

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	1089.04	17758.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1089.04	17758.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	394500.00
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	85.00	1122.00
(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)).....	85.00	1122.00
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)) ..	37674.04	413380.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37674.04	413380.64

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)	34205.42	506748.71
34. Total Contribution Refunds (from Line 28(d))	85.00	1122.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34120.42	505626.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1089.04	17758.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3792.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1089.04	13965.92

**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 180
(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

A. Christine M. King
 Full Name (Last, First, Middle Initial)
 Mailing Address 18239 6th Avenue Rd.
 City Three Rivers State MI Zip Code 49093-9373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUB International Occupation Client Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 4334589
 Amount of Each Receipt this Period
 50.00

B. Elizabeth J. Underhill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Underhill Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 4337625
 Amount of Each Receipt this Period
 50.00

C. Michael R. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 S Elm St Suite 207
 City Jenks State OK Zip Code 74037-3765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tallgrass Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 4369816
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line 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 180
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sally H. Leimbach
Full Name (Last, First, Middle Initial)

Mailing Address One East Pratt Street, Suite 902

City Baltimore	State MD	Zip Code 21202-1199
-------------------	-------------	------------------------

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

Name of Employer TriBridge Partners, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 4371108

Amount of Each Receipt this Period

50.00

B. Honey Leveen
Full Name (Last, First, Middle Initial)

Mailing Address 8402 Concho Street

City Houston	State TX	Zip Code 77036-6828
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Broker
--------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **271.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 4372297

Amount of Each Receipt this Period

50.00

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 ▼ **1035.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 4374258

Amount of Each Receipt this Period

50.00

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 8 OF 180
(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 ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 9871701

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 ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 9871703

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 ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 9872058

Amount of Each Receipt this Period
85.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 OF 180
(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. Juna M. Penney

Mailing Address 2091 Shepherdia Drive

City Anchorage State AK Zip Code 99508-4043

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

Name of Employer Providence Health & Services Alaska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **911.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 9872059

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Sally H. Leimbach

Mailing Address One East Pratt Street, Suite 902

City Baltimore State MD Zip Code 21202-1199

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

Name of Employer TriBridg Partners, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 9872305

Amount of Each Receipt this Period
350.00

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

Mailing Address 14430 Benefit St.
Apt 308

City Sherman Oaks State CA Zip Code 91423-4067

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

Name of Employer Code SixFour Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1081.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 9872312

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **520.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 180
	<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. Joshua Weinstein

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 9872334

Amount of Each Receipt this Period
30.00

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

Mailing Address 407 Centerpointe Circle, Suite 163

City Altamonte Springs State FL Zip Code 32701-3446

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

Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2015

Transaction ID : 9872397

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Jean Van Der Sommen

Mailing Address 4940 North River Drive

City Cumming State GA Zip Code 30041-9495

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

Name of Employer Employer Advisors Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2015

Transaction ID : 9872398

Amount of Each Receipt this Period
42.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 180
(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. R Dane Rianhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 E. Pratt St., Unit 902
 City Baltimore State MD Zip Code 21202-1193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriBridge Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 906.00

Date of Receipt 12 / 05 / 2015
Transaction ID : 9872399
 Amount of Each Receipt this Period 30.00

B. Kenneth Thomas Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Lonnbladh 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 ▼ 340.00

Date of Receipt 12 / 05 / 2015
Transaction ID : 9872400
 Amount of Each Receipt this Period 63.00

C. 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 ▼ 321.00

Date of Receipt 12 / 06 / 2015
Transaction ID : 9872403
 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: PAGE 12 OF 180
(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. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : 9872405
 Amount of Each Receipt this Period
 300.00

B. Michael Venditto
 Full Name (Last, First, Middle Initial)
 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 ▼ 378.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : 9872406
 Amount of Each Receipt this Period
 42.00

C. Julie A. Shepard-Hall
 Full Name (Last, First, Middle Initial)
 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : 9872407
 Amount of Each Receipt this Period
 30.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 180
(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. Paul Joseph Scholz

Mailing Address 17445 Arbor St
Suite 310

City State Zip Code
Omaha NE 68130-4645

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

Name of Employer Occupation
OCI Insurance and Financial Services 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
12 / 06 / 2015

Transaction ID : 9872408

Amount of Each Receipt this Period
85.00

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

Mailing Address 5441 Edgerton Drive

City State Zip Code
Peachtree Corners GA 30092-2185

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
717.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : 9872411

Amount of Each Receipt this Period
50.00

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

Mailing Address 1860 Shaded Wood Road

City State Zip Code
Diamond Bar CA 91789-4011

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

Name of Employer Occupation
Fisher & Associates Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : 9872412

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 180
(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. Ashley Sullivan

Mailing Address PO Box 99565

City State Zip Code
 Louisville KY 40269-0565

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

Name of Employer Occupation
 Van Zandt Emrich and Cary Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 426.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : 9872413

Amount of Each Receipt this Period
 42.00

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

Mailing Address 2157 Welsch Industrial Ct.

City State Zip Code
 Saint Louis MO 63146-4220

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

Name of Employer Occupation
 The ECCHIC Group VP of Administration Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 531.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : 9872417

Amount of Each Receipt this Period
 85.00

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

Mailing Address 8000 Bonhomme Ave., # 213

City State Zip Code
 Saint Louis MO 63105-3515

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

Name of Employer Occupation
 Bremer Conley LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : 9872420

Amount of Each Receipt this Period
 63.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 180
(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. Maile L. Austen

Mailing Address 7632 SW Durham Rd
 Suite 115

City State Zip Code
 Portland OR 97224-7597

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

Name of Employer Occupation
 Davidson Benefits Planning LLC Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : 9872421

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Mary Griffin

Mailing Address 14 Commerce Road

City State Zip Code
 Newtown CT 06470-1607

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

Name of Employer Occupation
 TR Paul, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : 9872423

Amount of Each Receipt this Period
 30.00

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

Mailing Address 1320 Grant Building

City State Zip Code
 Pittsburgh PA 15219-2213

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

Name of Employer Occupation
 Simpson & McCrady LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015

Transaction ID : 9872474

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 16 OF 180
(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. Richard F. Galardini

Mailing Address 7000 Stonewood Dr., Ste 251

City State Zip Code
Wexford PA 15090-7376

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

Name of Employer Occupation
JRG Advisors, LLC Chairman & CEO

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
 12 / 08 / 2015
Transaction ID : 9872481

Amount of Each Receipt this Period
42.50

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

Mailing Address 31666 W. Nine Dr.

City State Zip Code
Laguna Niguel CA 92677-2955

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

Name of Employer Occupation
Independent Financial Group LLC Agent

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
 12 / 09 / 2015
Transaction ID : 9872497

Amount of Each Receipt this Period
85.00

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

Mailing Address 1203 Colonial Circle

City State Zip Code
Papillion NE 68046-6109

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

Name of Employer Occupation
Buechler Insurance Services 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
 12 / 09 / 2015
Transaction ID : 9872498

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **157.50**

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 17 OF 180
(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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 9872500

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 9872501

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 9872503

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 180
(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 W. Wong

Mailing Address 43 Waverly Place

City State Zip Code
San Francisco CA 94108-2118

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

Name of Employer Occupation
Bill Wong & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 9872504

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Victoria M. Getner

Mailing Address 30301 NW Highway, Suite 200

City State Zip Code
Farmington Hills MI 48334-3278

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

Name of Employer Occupation
Pappas Financial 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
 12 / 10 / 2015
Transaction ID : 9872609

Amount of Each Receipt this Period
1000.00

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 ▼
505.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 9872825

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1060.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Heidi J. Sterner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3402 Cinnamon Creek Ave
 City N Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heidi Sterner Consulting Occupation Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 9872836
 Amount of Each Receipt this Period
 30.00

B. Steven T. Wisneski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 W. Western Avenue Suite 315
 City Muskegon State MI Zip Code 49441-1666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Benefit Systems, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 9872840
 Amount of Each Receipt this Period
 30.00

C. David S. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 Baron Court
 City Stone Mountain State GA Zip Code 30087-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 9872841
 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: PAGE 20 OF 180
(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. Vickie Eileen Mayville

Mailing Address P O Box 232325

City Las Vegas State NV Zip Code 89105-2325

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

Name of Employer Mayville Incorporated Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015

Transaction ID : 9872842

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Kevin W. Smith

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 ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015

Transaction ID : 9872844

Amount of Each Receipt this Period
 50.00

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

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 Gene Ramsay - Your Benefits Advisor Occupation Benefits Advisor

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
 12 / 13 / 2015

Transaction ID : 9872847

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 21 OF 180
	<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 Allen Dorroh

Mailing Address PO Box 996

City Killeen State TX Zip Code 76540-0996

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

Name of Employer BKCW Insurance Agency Occupation Employee Benefits Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2015

Transaction ID : 9872849

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 9872852

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 ▼ **265.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : 9873686

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 22 OF 180
	<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. M. Hughes Waren

Mailing Address P.O. Box 7661

City State Zip Code
Wilmington NC 28406-7661

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

Name of Employer Occupation
Ebenconcepts, Inc. 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
12 / 16 / 2015

Transaction ID : 9873688

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Vicki Cox

Mailing Address 3415 Indian Lane

City State Zip Code
Reno NV 89506-9752

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

Name of Employer Occupation
Cox Insurance Services, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 9874006

Amount of Each Receipt this Period
30.00

monthly contribution

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

Mailing Address P.O. Box 1209

City State Zip Code
Alpharetta GA 30009-1209

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

Name of Employer Occupation
Admin America Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
892.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 9874007

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: PAGE 23 OF 180
(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. 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 ▼ 459.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 9874008
 Amount of Each Receipt this Period
 42.00

B. 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 ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 9874010
 Amount of Each Receipt this Period
 30.00

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 ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 9874013
 Amount of Each Receipt this Period
 85.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 180
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

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 ▼
590.00

Date of Receipt
12 / 17 / 2015
Transaction ID : 9874015

Amount of Each Receipt this Period
30.00

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

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 ▼
270.00

Date of Receipt
12 / 17 / 2015
Transaction ID : 9874017

Amount of Each Receipt this Period
30.00

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

Mailing Address 701 Lamar

City State Zip Code
Wichita Falls TX 76301-6824

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

Name of Employer Occupation
Boley Featherston Insurance Agency Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1045.00

Date of Receipt
12 / 17 / 2015
Transaction ID : 9874075

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 180
	<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

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. Spencer A. Lehmann

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 ▼
1870.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015
Transaction ID : 9874076

Amount of Each Receipt this Period
170.00

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

Mailing Address PO Box 1635

City State Zip Code
Irmo SC 29063-1635

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

Name of Employer Occupation
American Benefit Services, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015
Transaction ID : 9874078

Amount of Each Receipt this Period
100.00

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

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066-2362

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, In Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015
Transaction ID : 9874080

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: PAGE 26 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address P O Box 7408

City State Zip Code
 Boise ID 83707-1408

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

Name of Employer Occupation
 Blue Cross of Idaho Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : 9874081

Amount of Each Receipt this Period
 420.00

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 ▼
 772.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : 9874082

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : 9874084

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 27 OF 180
	<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 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 ▼
250.00

Date of Receipt
12 / 18 / 2015
Transaction ID : 9874085

Amount of Each Receipt this Period
250.00

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 ▼
935.00

Date of Receipt
12 / 18 / 2015
Transaction ID : 9874086

Amount of Each Receipt this Period
85.00

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

Mailing Address 620 South Lake Street

City Marquette State MI Zip Code 49855-5150

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

Name of Employer Employee Benefits Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
12 / 18 / 2015
Transaction ID : 9874147

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 180
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

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

Name of Employer BenAxis, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt
12 / 19 / 2015
Transaction ID : 9874148

Amount of Each Receipt this Period
25.00

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

Mailing Address 8555 Courtland Dr NE

City Rockford State MI Zip Code 49341-8265

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 ▼
330.00

Date of Receipt
12 / 19 / 2015
Transaction ID : 9874150

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 1277

City Bloomington State IN Zip Code 47402-1277

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

Name of Employer Hoosier Dental Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
12 / 20 / 2015
Transaction ID : 9874157

Amount of Each Receipt this Period
30.00

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 29 OF 180
	<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. Ingrid L. Martin

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 ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : 9874158

Amount of Each Receipt this Period
30.00

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

Mailing Address 55 Campau Ave NW, Ste. 400

City GRAND RAPIDS State MI Zip Code 49503-2642

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

Name of Employer Strategic Employee Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : 9874163

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Clover Denise Willison

Mailing Address 355 Sprowel Creek Rd

City Garberville State CA Zip Code 95542-3110

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

Name of Employer Willison Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : 9874169

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:	PAGE 30 OF 180
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1901 6th Avenue North
Suite 1720

City Birmingham State AL Zip Code 35203-2618

FEC ID number of contributing federal political committee.

Name of Employer Regions Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 9874173

Amount of Each Receipt this Period

Member Contribution

B. Debra Beaucoudray
Full Name (Last, First, Middle Initial)

Mailing Address 5515 Superior Dr. Suite A-1

City Baton Rouge State LA Zip Code 70816-8051

FEC ID number of contributing federal political committee.

Name of Employer Beaucoudray Medica Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 9874174

Amount of Each Receipt this Period

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

Mailing Address Balanced Rock Insurance
643 Canyon Drive

City Twin Falls State ID Zip Code 83301-3014

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 9874175

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="102.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 180
<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. 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874176
 Amount of Each Receipt this Period
 30.00

B. William J. Brannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group US, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874178
 Amount of Each Receipt this Period
 30.00

C. William V. Cable
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Independence Court
 City Vestavia State AL Zip Code 35216-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alternative Insurance Resources Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874182
 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 32 OF 180
	<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 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 ▼ 1020.00

Date of Receipt
12 / 22 / 2015
Transaction ID : 9874183

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 ▼ 535.00

Date of Receipt
12 / 22 / 2015
Transaction ID : 9874185

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 ▼ 454.15

Date of Receipt
12 / 22 / 2015
Transaction ID : 9874186

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 180
	<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. Kathleen A Dibble
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Calle Compo
 City State Zip Code
 Thousand Oaks CA 91360-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aetna Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874188
 Amount of Each Receipt this Period
 200.00

B. Wesley Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Copper Circle
 City State Zip Code
 Lantana TX 76226-7333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenefitMall Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874191
 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 State Zip Code
 Charlotte NC 28226-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 L.E. Goodgame & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874192
 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 180
	<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. 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874193
 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874194
 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874195
 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 180
	<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 ▼
220.00

Date of Receipt
12 / 22 / 2015
Transaction ID : 9874196

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 ▼
240.00

Date of Receipt
12 / 22 / 2015
Transaction ID : 9874197

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 ▼
365.04

Date of Receipt
12 / 22 / 2015
Transaction ID : 9874198

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 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas L. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 19310 Sonoma Highway, #A
 City Sonoma State CA Zip Code 95476-5454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RealCare Insurance Marketing, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874199
 Amount of Each Receipt this Period
 85.00

B. Noel Hinman
 Full Name (Last, First, Middle Initial)
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874200
 Amount of Each Receipt this Period
 20.00

C. Deborah Jeffs
 Full Name (Last, First, Middle Initial)
 Mailing Address 3419 Via Lido #306
 City Newport Beach State CA Zip Code 92663-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Benefit Managers Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874201
 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: PAGE 37 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 9874202

Amount of Each Receipt this Period
35.00

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

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 ▼
1020.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 9874205

Amount of Each Receipt this Period
85.00

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

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 ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015
Transaction ID : 9874206

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 180
(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. Donald L. Mathern

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874210

Amount of Each Receipt this Period
30.00

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

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874212

Amount of Each Receipt this Period
20.00

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

Mailing Address 21820 Burbank Blvd,
North Building, Suite 300

City State Zip Code
Woodland Hills CA 91367-6476

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

Name of Employer Occupation
Leavitt Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1062.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874217

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: PAGE 39 OF 180
(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. Joseph E. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 24133
 City State Zip Code
 Omaha NE 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Creative Association Management Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874218
 Amount of Each Receipt this Period
 35.00

B. Jeff A. Ranf
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 Centerpoint Drive Suite 540
 City State Zip Code
 Anchorage AK 99503-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 USI Insurance Services, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874219
 Amount of Each Receipt this Period
 42.00

C. Donna M. Rudner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4665 Ivygate Circle SE
 City State Zip Code
 Atlanta GA 30339-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employer Relief, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874221
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 40 OF 180
(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. Raymer M. Sale

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 ▼
2040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874222

Amount of Each Receipt this Period
170.00

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

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874223

Amount of Each Receipt this Period
30.00

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

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874224

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: PAGE 41 OF 180
(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. Trei Wild

Mailing Address 3724 Hearst Castle Way

City State Zip Code
Plano TX 75025-3719

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

Name of Employer Occupation
Consultant Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874225

Amount of Each Receipt this Period
85.00

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

Mailing Address 70 Maiden Lane
2nd Floor

City State Zip Code
Kingston NY 12401-4508

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

Name of Employer Occupation
Benefit Counseling Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874226

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Randy H. Klein

Mailing Address 3555 Reserve Commons Dr

City State Zip Code
Medina OH 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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 9874227

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 42 OF 180
(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. Keith Wallace

Mailing Address 1400 Broadway

City State Zip Code
 Bellingham WA 98225-3036

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

Name of Employer Occupation
 Wallace-Rice Benefits, LLC Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **985.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875155

Amount of Each Receipt this Period
85.00

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

Mailing Address 1512 Highway 138

City State Zip Code
 Wall NJ 07719-3706

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

Name of Employer Occupation
 HUB International Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **402.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875156

Amount of Each Receipt this Period
30.00

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

Mailing Address 3815 East Memorial Road

City State Zip Code
 Edmond OK 73013-7228

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

Name of Employer Occupation
 Compass Benefit Solutions, LLC Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875158

Amount of Each Receipt this Period
85.00

Monthly Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 43 OF 180
(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. 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875159
 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 Boley Featherston Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875160
 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 J. Smith Lanier & Co., 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
 12 / 23 / 2015
Transaction ID : 9875161
 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 44 OF 180
	<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. 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 ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875162

Amount of Each Receipt this Period
 300.00

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

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 ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875163

Amount of Each Receipt this Period
 50.00

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

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 ▼ 505.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875164

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 45 OF 180
	<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 ▼
1446.00

Date of Receipt
12 / 23 / 2015
Transaction ID : 9875165

Amount of Each Receipt this Period
85.00

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

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Health Alliance Plan Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
12 / 23 / 2015
Transaction ID : 9875167

Amount of Each Receipt this Period
42.00

C. 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 ▼
330.00

Date of Receipt
12 / 23 / 2015
Transaction ID : 9875170

Amount of Each Receipt this Period
30.00

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

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 180							
	<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David R. Gwin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015 Transaction ID : 9875171
Mailing Address I-20 At Alpine Rd. AX-400		Amount of Each Receipt this Period 85.00
City Columbia	State SC	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 891.00
Name of Employer BlueChoice HealthPlan	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark K. Ackerman		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015 Transaction ID : 9875172
Mailing Address 1600 St. Julian Place		Amount of Each Receipt this Period 85.00
City Columbia	State SC	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1020.00
Name of Employer Insurance Management Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lynn Atkinson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015 Transaction ID : 9875173
Mailing Address 3800 Electric Road, # 406		Amount of Each Receipt this Period 30.00
City Roanoke	State VA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 402.00
Name of Employer Humana	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Baskett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601C Blanding Ave #222
 City Alameda State CA Zip Code 94501-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Baskett Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875175
 Amount of Each Receipt this Period
 30.00

B. 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 ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875176
 Amount of Each Receipt this Period
 30.00

C. Catherine M. Antonie
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 510925
 City New Berlin State WI Zip Code 53151-0925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Planned Futures LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875179
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 180
(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

A. Jodie E. Braner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Concourse Parkway
 18th Floor
 City Atlanta State GA Zip Code 30328-5350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willis Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875183
 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875188
 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 Kaczmarek 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
 12 / 23 / 2015
Transaction ID : 9875189
 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 49 OF 180
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. 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
 Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2015
Transaction ID : 9875190
 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
 Name of Employer Davidson Camp Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2015
Transaction ID : 9875191
 Amount of Each Receipt this Period 30.00

C. Raymond F. Buza
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 East Lakewood Road
 City West Palm Beach State FL Zip Code 33405-3316
 Name of Employer Palm Beach Insurance Advisory Group, I Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2015
Transaction ID : 9875192
 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 50 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **1020.00**

Date of Receipt
 / /
Transaction ID : 9875197

Amount of Each Receipt this Period

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

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 Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 / /
Transaction ID : 9875201

Amount of Each Receipt this Period

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

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 ▼ **481.00**

Date of Receipt
 / /
Transaction ID : 9875206

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line 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 51 OF 180
(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 H. Eblen

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 ▼ **360.00**

Date of Receipt
 / /
Transaction ID : 9875208

Amount of Each Receipt this Period

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

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 ▼ **525.00**

Date of Receipt
 / /
Transaction ID : 9875209

Amount of Each Receipt this Period

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

Mailing Address 9325 Evening Star Terr

City Eudora State KS Zip Code 66025-8334

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

Name of Employer HSA Benefits Consulting Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
 / /
Transaction ID : 9875210

Amount of Each Receipt this Period

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

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

**SCHEDULE A (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 180
	<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. 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 ▼
360.00

Date of Receipt
12 / 23 / 2015
Transaction ID : 9875211

Amount of Each Receipt this Period
30.00

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

Mailing Address 1813 Sweetbay Dr
Ste 10

City Salisbury State MD Zip Code 21804-1663

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 23 / 2015
Transaction ID : 9875212

Amount of Each Receipt this Period
30.00

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 ▼
360.00

Date of Receipt
12 / 23 / 2015
Transaction ID : 9875216

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 53 OF 180
(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 ▼
1417.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875217

Amount of Each Receipt this Period
100.00

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

Mailing Address 2940 Camino Diablo # 205

City State Zip Code
Walnut Creek CA 94597-3992

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

Name of Employer Occupation
John Helms Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875218

Amount of Each Receipt this Period
30.00

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

Mailing Address 550 Boardwalk Blvd.

City State Zip Code
Bossier City LA 71111-4384

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

Name of Employer Occupation
Benefit Consulting Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875220

Amount of Each Receipt this Period
85.00

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

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

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

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

FOR LINE NUMBER: PAGE 54 OF 180
(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. Jeffrey Wm. Gennaro

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

City Glendale State AZ Zip Code 85310-3292

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

Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875221

Amount of Each Receipt this Period
85.00

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

Mailing Address P.O. Box 709

City Sugar Land State TX Zip Code 77487-0709

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

Name of Employer Benefit Concepts, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
601.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875222

Amount of Each Receipt this Period
85.00

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

Mailing Address 30 Lumpkin St, Suite D

City Lawrenceville State GA Zip Code 30046-8410

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

Name of Employer Multiple Benefits Corporation Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875226

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: PAGE 55 OF 180
(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. 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 ▼ 1416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875228
 Amount of Each Receipt this Period
 85.00

B. Karen K. Irwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Sunforest Ct
 City Toledo State OH Zip Code 43623-4486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roemer Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875229
 Amount of Each Receipt this Period
 42.00

c. Carolyn J. King
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Country Lane
 City Sussex State NJ Zip Code 07461-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New England Financial Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875230
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 180
	<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. Charles Jurkus
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 Commerce Drive, Suite 350
 City State Zip Code
 Oak Brook IL 60523-8855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employee Benefit Risk Mgmt. Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875232
 Amount of Each Receipt this Period
 30.00

B. Stacey S. LaFay
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 East Hill Rd.
 City State Zip Code
 Grand Blanc MI 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franklin Benefit Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 541.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875233
 Amount of Each Receipt this Period
 63.00

C. Maurice Lyons
 Full Name (Last, First, Middle Initial)
 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 ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875234
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	343.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 180
	<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. Irene C. Cochran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Hwy 74 S
 Suite 6-222
 City Peachtree City State GA Zip Code 30269-3073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BeneSource, LLC 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
 12 / 23 / 2015
Transaction ID : 9875236
 Amount of Each Receipt this Period
 10.00

B. Barbara A. McClaskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara McClaskey Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875237
 Amount of Each Receipt this Period
 42.00

C. Alan L. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Pump Road, #144
 City Richmond State VA Zip Code 23233-1111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TPA Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875238
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	82.00
TOTAL This Period (last page this line 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 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875242

Amount of Each Receipt this Period
 30.00

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

Mailing Address 6510 Mesaverde Dr

City State Zip Code
 Lincoln NE 68510-5153

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

Name of Employer Occupation
 Les McGerr & Company Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875246

Amount of Each Receipt this Period
 30.00

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

Mailing Address 301 S. Polk
 Suite 600

City State Zip Code
 Amarillo TX 79101-1406

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

Name of Employer Occupation
 DFB Insurance Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 9875247

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 59 OF 180
(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. 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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875248

Amount of Each Receipt this Period
30.00

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

Mailing Address P.O. Box 621

City State Zip Code
Union MO 63084-0621

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

Name of Employer Occupation
Ming Senior Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875254

Amount of Each Receipt this Period
30.00

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

Mailing Address P O Box 51019

City State Zip Code
Idaho Falls ID 83405-1019

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

Name of Employer Occupation
The Hartwell Corporation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875258

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 60 OF 180
	<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. Griffin Meredith
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 S 5th St Unit 303
 City Louisville State KY Zip Code 40202-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Insurance Partners Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 12 / 23 / 2015
Transaction ID : 9875260
 Amount of Each Receipt this Period
 85.00

B. Michael P. Ripley
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 East Main St. Suite 800
 City Fort Wayne State IN Zip Code 46802-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 23 / 2015
Transaction ID : 9875261
 Amount of Each Receipt this Period
 30.00

C. William H. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kernersville State NC Zip Code 27284-8850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 12 / 23 / 2015
Transaction ID : 9875263
 Amount of Each Receipt this Period
 40.00

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 61 OF 180
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. 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 ▼
1790.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : 9875265

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 ▼
504.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : 9875266

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 ▼
1041.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : 9875268

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: PAGE 62 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12200 Northwest Frwy, Suite 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Occupation
Northwest General Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1145.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875270

Amount of Each Receipt this Period
85.00

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

Mailing Address 6200 Northwest Pkwy

City State Zip Code
San Antonio TX 78249-3348

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875276

Amount of Each Receipt this Period
30.00

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

Mailing Address 12121 Wilshire Blvd Ste 1100

City State Zip Code
Los Angeles CA 90025-1166

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

Name of Employer Occupation
First Financial Resources Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875278

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 180
	<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. 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 ▼
 402.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875280
 Amount of Each Receipt this Period
 30.00

B. Sean G. Shoemake
 Full Name (Last, First, Middle Initial)
 Mailing Address 169A Lameuse St
 City State Zip Code
 Biloxi MS 39530-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employee Benefit Specialists, P.A. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875281
 Amount of Each Receipt this Period
 85.00

C. Anne P. Sperling
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 St. Michael's Drive
 City State Zip Code
 Santa Fe NM 87505-7625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Daniels Insurance Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875284
 Amount of Each Receipt this Period
 60.00

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

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

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

FOR LINE NUMBER: PAGE 64 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John 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 ▼ 1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875285
 Amount of Each Receipt this Period
 85.00

B. Richard Blake Spell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 North Elm Street
 City Greensboro State NC Zip Code 27455-2593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875286
 Amount of Each Receipt this Period
 20.00

C. Helen M. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 56166
 City Little Rock State AR Zip Code 72215-6166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Todd Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875287
 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: PAGE 65 OF 180
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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 ▼ 360.00

Date of Receipt 12 / 23 / 2015
Transaction ID : 9875288
Amount of Each Receipt this Period 30.00

B. Michael Ward
Full Name (Last, First, Middle Initial)
Mailing Address 3219 E. Camelback Road #569
City Phoenix State AZ Zip Code 85018-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Emerging Benefits Consultants, LLC Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 554.00

Date of Receipt 12 / 23 / 2015
Transaction ID : 9875290
Amount of Each Receipt this Period 42.00

C. Michael John Simmang
Full Name (Last, First, Middle Initial)
Mailing Address 143 E Austin St
City Giddings State TX Zip Code 78942-3201
FEC ID number of contributing federal political committee. **C**
Name of Employer The Nitsche Group Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 23 / 2015
Transaction ID : 9875292
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 66 OF 180
(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. Mitchell West

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

City Centennial State CO Zip Code 80111-6479

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

Name of Employer MW Family Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875293

Amount of Each Receipt this Period
 30.00

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

Mailing Address 16619 74th Ave NE

City Kenmore State WA Zip Code 98028-4261

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

Name of Employer Chris Wickizer Insurance Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875295

Amount of Each Receipt this Period
 30.00

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

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504-2649

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875297

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:	PAGE 67 OF 180
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Marsha Tellesbo-Kembel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Avenue, Suite 3200
 City State Zip Code
 Seattle WA 98154-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tellesbo & Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1687.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875298
 Amount of Each Receipt this Period
 85.00

B. Dennis E. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Chestnut Hills Pky
 City State Zip Code
 Fort Wayne IN 46814-8934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employee Plans, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875299
 Amount of Each Receipt this Period
 85.00

C. Rosanne Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17236
 City State Zip Code
 Tucson AZ 85731-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wolfe Insurance & Consultants, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 656.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875300
 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 68 OF 180
(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. Mary Stephens
 Mailing Address 2133 Luray Avenue
 City State Zip Code
 Cincinnati OH 45206-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alliance Benefit Group of Ohio 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
 12 / 23 / 2015
Transaction ID : 9875301
 Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Barbara Shooshanian
 Mailing Address 39500 High Pointe Blvd
 Ste 400
 City State Zip Code
 Novi MI 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Alliance Administrators, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875303
 Amount of Each Receipt this Period
 30.00

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 ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875310
 Amount of Each Receipt this Period
 42.00

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: PAGE 69 OF 180
(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. Charles L. Westmoreland
 Mailing Address 532 Cloifview Drive
 City State Zip Code
 Brandon MS 39047-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875311
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. David C. Smith
 Mailing Address 915 Englewood Avenue
 City State Zip Code
 Durham NC 27701-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts Company Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875314
 Amount of Each Receipt this Period
 170.00

Full Name (Last, First, Middle Initial)
C. Matthew Graves
 Mailing Address 4808 Broadmoor SE
 City State Zip Code
 Grand Rapids MI 49512-5306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lighthouse Insurance Group Account Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875317
 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: PAGE 70 OF 180
(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. Julia T. Moore

Mailing Address 9208 Clinton Anderson Drive NW

City State Zip Code
Albuquerque NM 87114-5317

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

Name of Employer Occupation
J. Moore Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 9875319

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Jill Age

Mailing Address 397 Little Neck Road Suite 300

City State Zip Code
Virginia Beach VA 23452-5764

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

Name of Employer Occupation
TFA Benefits 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
 12 / 23 / 2015
Transaction ID : 9875320

Amount of Each Receipt this Period
 30.00

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

Mailing Address PO Box 805

City State Zip Code
West Chester OH 45071-0805

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

Name of Employer Occupation
JRM & Associates Agency, Inc 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
 12 / 23 / 2015
Transaction ID : 9875322

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 180
	(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. Sheila H Hartman
Full Name (Last, First, Middle Initial)

Mailing Address 22801 Ventura Blvd. Suite 205

City Woodland Hills	State CA	Zip Code 91364-5834
------------------------	-------------	------------------------

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

Name of Employer Sheila Hartman Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2015

Transaction ID : 9875325

Amount of Each Receipt this Period
85.00

B. 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 ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : 9875443

Amount of Each Receipt this Period
42.00

Contribution

C. Erica R. Hain
Full Name (Last, First, Middle Initial)

Mailing Address 1995 Point Township Drive

City Northumberland	State PA	Zip Code 17857-8856
------------------------	-------------	------------------------

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

Name of Employer Keystone Insurers Group, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : 9875444

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 72 OF 180
(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. Christine M. Bogott

Mailing Address 125 Grand Avenue, Unit B

City State Zip Code
Grand Junction CO 81501-2251

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

Name of Employer Occupation
MHIB Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 9875446

Amount of Each Receipt this Period
30.00

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

Mailing Address 7321 Eagle Crest Blvd.

City State Zip Code
Evansville IN 47715-8157

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

Name of Employer Occupation
SIHO Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 9875450

Amount of Each Receipt this Period
42.00

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

Mailing Address PO Box 6398

City State Zip Code
Charleston WV 25362-0398

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

Name of Employer Occupation
Black Horse Financial Advisors Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 9875451

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 73 OF 180
(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. Philip W. Lee

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 ▼
547.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 9875544

Amount of Each Receipt this Period
 30.00

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

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 ▼
658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 9875545

Amount of Each Receipt this Period
 42.00

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

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 9875546

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 180
	<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 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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : 9875555

Amount of Each Receipt this Period
30.00

B. Gene Ruecker
Full Name (Last, First, Middle Initial)

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 ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : 9875556

Amount of Each Receipt this Period
25.00

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

Mailing Address 2316 Atherholt Rd

City Lynchburg State VA Zip Code 24501-2100

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : 9875557

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **97.00**

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

**SCHEDULE A (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 180
	<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. Matthew F. Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address 2207 Springfield Avenue

City Fort Wayne State IN Zip Code 46805-1541

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

Name of Employer M Hatfield Insurance 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
 12 / 26 / 2015

Transaction ID : 9875558

Amount of Each Receipt this Period
 50.00

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

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg State VA Zip Code 23185-5871

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

Name of Employer Hinck Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : 9875559

Amount of Each Receipt this Period
 30.00

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

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544-9195

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

Name of Employer Keystone Insurers 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
 12 / 27 / 2015

Transaction ID : 9875563

Amount of Each Receipt this Period
 85.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 180
	(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. Margaret Evelyn Stedt
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 74325
 City San Clemente State CA Zip Code 92673-0145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stedt Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875566
 Amount of Each Receipt this Period
 85.00

B. Fred Cartier
 Full Name (Last, First, Middle Initial)
 Mailing Address 11555 Sorrento Valley Road Suite 203
 City San Diego State CA Zip Code 92121-1331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group, Inc. Occupation Employee Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875569
 Amount of Each Receipt this Period
 42.00

C. Elizabeth J. Underhill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Underhill Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 197.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875576
 Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional).....▶	139.00
TOTAL This Period (last page this line 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 180
(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. 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 ▼
 1035.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : 9875577

Amount of Each Receipt this Period
 85.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : 9875580

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : 9875581

Amount of Each Receipt this Period
 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 180
	<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. Annette Bechtold

Mailing Address 400 Galleria Pkwy, #300

City Atlanta State GA Zip Code 30339-3182

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

Name of Employer Digital Insurance, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875584

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **1205.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875586

Amount of Each Receipt this Period
90.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875587

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **205.00**

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

**SCHEDULE A (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 180
	<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. Jerry D. Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5113 N. Executive Drive
 Suite 102
 City Peoria State IL Zip Code 61614-4893
 Name of Employer Jackson Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 12 / 27 / 2015
Transaction ID : 9875588
 Amount of Each Receipt this Period 42.00

B. Roger J. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 Lewis Hargett Circle Ste 100
 City Lexington State KY Zip Code 40503-3683
 Name of Employer Epic Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 27 / 2015
Transaction ID : 9875590
 Amount of Each Receipt this Period 42.00

C. Douglas Lubenow
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 West Main Street
 Suite 203
 City Moorestown State NJ Zip Code 08057-2345
 Name of Employer Lubenow Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 27 / 2015
Transaction ID : 9875591
 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 81 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 26 Kennedy Court

City North Middletown State NJ Zip Code 07748-3532

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

Name of Employer Gary Wood Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **677.00**

Date of Receipt
12 / 27 / 2015
Transaction ID : 9875592

Amount of Each Receipt this Period
42.00

B. Peter L. Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 3033 N. Central Ave Suite 810

City Phoenix State AZ Zip Code 85012-2804

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

Name of Employer Sunwest Benefits Consulting, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
12 / 27 / 2015
Transaction ID : 9875593

Amount of Each Receipt this Period
100.00

C. Timothy N. Barhorst
Full Name (Last, First, Middle Initial)

Mailing Address 5222 Double Eagle Drive

City Westerville State OH Zip Code 43081-4821

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

Name of Employer Business Partners, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
12 / 27 / 2015
Transaction ID : 9875596

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **184.00**

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

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

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

FOR LINE NUMBER: PAGE 82 OF 180
(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. Douglas F. Moore

Mailing Address 1010 Ohio River Blvd

City State Zip Code
Pittsburgh PA 15202-2835

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

Name of Employer Occupation
Seubert & Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 9875597

Amount of Each Receipt this Period
30.00

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

Mailing Address PO Box 1914

City State Zip Code
Chandler AZ 85244-1914

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

Name of Employer Occupation
True Choice Benefits LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875598

Amount of Each Receipt this Period
30.00

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

Mailing Address 11325 Pegasus St., Suite W-102

City State Zip Code
Dallas TX 75238-5214

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

Name of Employer Occupation
Benefits Dallas 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
 12 / 28 / 2015
Transaction ID : 9875599

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 83 OF 180
	<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. 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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875600

Amount of Each Receipt this Period
300.00

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

Mailing Address 3000 A Street, Suite 400

City Anchorage	State AK	Zip Code 99503-4040
-------------------	-------------	------------------------

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

Name of Employer The Wilson Agency, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875602

Amount of Each Receipt this Period
150.00

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

Mailing Address 100 Queen Street

City Southington	State CT	Zip Code 06489-2052
---------------------	-------------	------------------------

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

Name of Employer Paul E Smith Insurance, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875604

Amount of Each Receipt this Period
175.00

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: PAGE 84 OF 180
(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. Audra I. Sullivan

Mailing Address 1201 N Watson Rd
Ste 287

City Arlington State TX Zip Code 76006-6222

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

Name of Employer Vogue Insurance Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875605

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Lyle D. Leleux

Mailing Address PO Box 107
108 E. Texas Ave.

City Rayne State LA Zip Code 70578-0107

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

Name of Employer Health Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875608

Amount of Each Receipt this Period
15.00

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

Mailing Address 1644 Plank Rd

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
319.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 9875610

Amount of Each Receipt this Period
42.00

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 85 OF 180
	<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. Kevin Trokey

Mailing Address 215 S. Kirkwood Rd
Ste 210

City State Zip Code
Saint Louis MO 63122-4359

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

Name of Employer Occupation
Q4intelligence Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 9875611

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Korina Kay Gregg

Mailing Address 6020 E Paseo Santa Teresa

City State Zip Code
Tucson AZ 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 ▼
544.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 9875616

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Ruppert Reinstadler

Mailing Address 6443 SW Beaverton-Hillsdale Hwy
Suite 200

City State Zip Code
Portland OR 97221-4230

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

Name of Employer Occupation
Coordinated Resources Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 9875624

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: (check only one)	PAGE 86 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 629

City Roanoke State VA Zip Code 24004-0629

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

Name of Employer D&S Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : 9875926

Amount of Each Receipt this Period
1000.00

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : 9875929

Amount of Each Receipt this Period
30.00

C. 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 ▼ **975.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 9876781

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$85.00 This changes the YTD Total to \$975.00

SUBTOTAL of Receipts This Page (optional)..... **1030.00**

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

**SCHEDULE A (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 180
	<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. Heather Lee McDougall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 W Kiva Ave
 City Mesa State AZ Zip Code 85202-6633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR433059212728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Denise S. Villagran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR433061212728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. 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 **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR433079012728
 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 88 OF 180
	<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. 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 **330.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR433095012728
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

B. 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 **360.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR433115412728
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

C. Madeleine Brown
 Full Name (Last, First, Middle Initial)
 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 **1195.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR433118912728
 Amount of Each Receipt this Period **85.00**
 P/R Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 89 OF 180
(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. 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 ▼ **410.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR433129312728

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼ **950.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR433168112728

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 7400 West Campus Road

City New Albany State OH Zip Code 43054-8725

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

Name of Employer Aetna Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR433180612728

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 90 OF 180
	<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. H Elizabeth Christensen
Full Name (Last, First, Middle Initial)
Mailing Address 10816 Fandor Street
City Fort Worth State TX Zip Code 76108-4500
FEC ID number of contributing federal political committee. **C**
Name of Employer United Senior Services of Texas Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 381.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR433187712728
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

B. Robert L. Rifkin
Full Name (Last, First, Middle Initial)
Mailing Address 7 Stonewall Lane
City Mamaroneck State NY Zip Code 10543-1025
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance & Financial Services Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR433196812728
Amount of Each Receipt this Period 42.00
P/R Deduction (\$42.00 Monthly)

C. Scott W. Long
Full Name (Last, First, Middle Initial)
Mailing Address 1715 Greenway Village Dr.
City Katy State TX Zip Code 77494-2175
FEC ID number of contributing federal political committee. **C**
Name of Employer Transamerica Employee Benefits Occupation Sales Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR433206812728
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 91 OF 180
	<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. Barbara Ann Gerken
Full Name (Last, First, Middle Initial)

Mailing Address 1775 Indian Wood Circle

City Maumee State OH Zip Code 43537-4010

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

Name of Employer First Insurance Group Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR433268312728

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Amanda McCann Potter
Full Name (Last, First, Middle Initial)

Mailing Address 2101 W Wadley #33C

City Midland State TX Zip Code 79705-6439

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

Name of Employer Aflac Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR433277612728

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 137 Executive Drive Suite E

City Madison State MS Zip Code 39110-8456

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

Name of Employer AFLAC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR433282012728

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 92 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2444 East Hill Rd.

City State Zip Code
 Grand Blanc MI 48439-5098

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

Name of Employer Occupation
 Franklin Benefit Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 662.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR433316612728

Amount of Each Receipt this Period
 63.00

P/R Deduction (\$63.00 Monthly)

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

Mailing Address 380 Interstate North Parkway Ste 480

City State Zip Code
 Atlanta GA 30339-2222

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

Name of Employer Occupation
 Combined Worksite Solutions Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR433459312728

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 401 Gooding St N #106

City State Zip Code
 Twin Falls ID 83301-6177

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

Name of Employer Occupation
 Laura Drake Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR433504412728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00

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

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

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

FOR LINE NUMBER: PAGE 93 OF 180
(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. Mindy Payne Farnsley

Mailing Address 3702 Brownsboro Rd

City State Zip Code
Louisville KY 40207-1820

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

Name of Employer Occupation
Preferred Benefits Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR433519212728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 4010 State Street

City State Zip Code
Tampa FL 33609-1264

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

Name of Employer Occupation
Argus Dental and Vision Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **366.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436789412728

Amount of Each Receipt this Period
30.50

P/R Deduction (\$30.50 Monthly)

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

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 ▼ **504.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436791112728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **102.50**

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

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

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

FOR LINE NUMBER: PAGE 94 OF 180
(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 F. Rippering

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
 Rippering Financial Group, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436793512728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436800412728

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Catherine Van Zant

Mailing Address 5500 Euper Lane
 P.O. Box 3529

City State Zip Code
 Fort Smith AR 72903-3234

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

Name of Employer Occupation
 Brown-Hiller-Clark & Associates, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436801912728

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 95 OF 180
(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. Roy W. Kern

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield State MO Zip Code 65807-4311

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

Name of Employer Kern Insurance Services, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436804512728

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Gerald G Hartman

Mailing Address PO Box 5716

City Boise State ID Zip Code 83705-0716

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

Name of Employer Insurance Network America Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436808012728

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Eugene L. Rowe

Mailing Address 16000 Ventura Blvd

City Encino State CA Zip Code 91436-2744

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

Name of Employer R & R Retirement and Insurance Service Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436817912728

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 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 96 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffrey Sherrod
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Granite Parkway Suite 700

City Plano	State TX	Zip Code 75024-8603
---------------	-------------	------------------------

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

Name of Employer United Healthcare Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436818312728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B. 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 ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436821012728

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Monthly)

C. Janet Trautwein
Full Name (Last, First, Middle Initial)

Mailing Address 1212 New York Ave. NW, Ste 1100

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

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

Name of Employer NAHU	Occupation CEO
--------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2040.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436821412728

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 97 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William L. Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O Box 795008
 131 Interpark Blvd.
 City San Antonio State TX Zip Code 78279-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Wortham Insurance & Risk Management Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt: **12 / 31 / 2015**
Transaction ID : PR436823412728
 Amount of Each Receipt this Period: **100.00**
 P/R Deduction (\$100.00 Monthly)

B. Elizabeth E. Rios-Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Houghton Financial Partners LLC Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt: **12 / 31 / 2015**
Transaction ID : PR436824512728
 Amount of Each Receipt this Period: **50.00**
 P/R Deduction (\$50.00 Monthly)

C. Thomas Besselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Perkins Rd., # 2B, Bldg A
 City Baton Rouge State LA Zip Code 70808-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Gallagher Benefit Services Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt: **12 / 31 / 2015**
Transaction ID : PR436824612728
 Amount of Each Receipt this Period: **250.00**
 P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 180
	<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. 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 ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436829312728
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$20.00 Monthly)

B. Jesse A. Patton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associations Marketing Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436829512728
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$350.00 Monthly)

C. David A Berman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6510 N. Shadeland Avenue
 City Indianapolis State IN Zip Code 46220-4369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neace Lukens Holding Company, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436829712728
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	455.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 180
	<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. 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 ▼ 2040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436830312728

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

B. 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 ▼ 504.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436836212728

Amount of Each Receipt this Period 42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 7412 Karl Drive

City Lincoln State NE Zip Code 68516-4368

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

Name of Employer Senior Benefit Strategies Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436838912728

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 262.00

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

SCHEDULE A (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 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael 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 ▼
1200.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436839812728

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
1020.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436844612728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Harry P. Thal

Mailing Address PO Box 2137

City Kernville State CA Zip Code 93238-2137

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

Name of Employer Harry P. Thal Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436847212728

Amount of Each Receipt this Period
85.00

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: PAGE 101 OF 180
(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. Keith L. Wright

Mailing Address 401 W Front St
 Ste 4

City State Zip Code
 Traverse City MI 49684-2259

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

Name of Employer Occupation
 Wright Insurance Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436848512728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. H. Larry Fortenberry

Mailing Address PO Box 16566

City State Zip Code
 Jackson MS 39236-6566

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

Name of Employer Occupation
 Executive Planning Group, P.A. 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
 12 / 31 / 2015

Transaction ID : PR436852612728

Amount of Each Receipt this Period
 42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436853212728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 102 OF 180
(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. 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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436853312728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436853712728

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 3511 Camino Del Rio South
Suite 303

City State Zip Code
San Diego CA 92108-4043

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

Name of Employer Occupation
Countywide Health Ins. Services, Inc. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436861812728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 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 103 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Phyllis Martinsen

Mailing Address 1108 West Boise Avenue, Suite 100

City Boise	State ID	Zip Code 83706-3527
---------------	-------------	------------------------

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

Name of Employer Byron Hyatt Erstad & Co	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436864012728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436864912728

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼ **1020.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436865512728

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: PAGE 104 OF 180
(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. Sandra V. Mobley

Mailing Address 137 Executive Dr. Suite D

City State Zip Code
Madison MS 39110-8456

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

Name of Employer Occupation
Mobley Insurance Agency LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436869312728

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 31930 Daniel Way

City State Zip Code
Temecula CA 92591-2129

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

Name of Employer Occupation
Paula Wilson, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436873512728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Kathy M. Rainwater

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701-9455

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

Name of Employer Occupation
Threlkeld & Company Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436873712728

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: PAGE 105 OF 180
(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. Rodney Stuart

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR43688312728

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436891512728

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436894612728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 180
	<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. Jackie L. Spragins
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2073
 City State Zip Code
 Wichita Falls TX 76307-2073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spragins Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 621.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436895312728
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. John G. Fagen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 19
 City State Zip Code
 Demotte IN 46310-0019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Financial Arts 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
 12 / 31 / 2015
Transaction ID : PR436896512728
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. Leah-Anne Janway
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 20626
 City State Zip Code
 Oklahoma City OK 73156-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bigbie, Hensley & Janway Insurance Age Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436901512728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 107 OF 180
(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. Douglas W Sheffer
 Full Name (Last, First, Middle Initial)
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436902912728
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Todd Morrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Brittmore
 City Houston State TX Zip Code 77043-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Concepts, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436903712728
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Tonya S. Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Gateway Blvd. Suite 200
 City Richardson State TX Zip Code 75080-3646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upshaw Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR436911012728
 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 108 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 26555 Evergreen Road
Suite 535

City Southfield State MI Zip Code 48076-4213

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3207.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436914112728

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

B. Dwight Hall
Full Name (Last, First, Middle Initial)

Mailing Address 6107 Hazelwood Ave.

City Indianapolis State IN Zip Code 46228-1316

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

Name of Employer D Hall & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436914812728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. 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 ▼
360.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436917212728

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 109 OF 180
(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. Dennis J. Recker

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 ▼ **360.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436919012728

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **372.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436923412728

Amount of Each Receipt this Period **31.00**

P/R Deduction (\$31.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jeffrey S. Bensman

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 ▼ **240.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436931712728

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: PAGE 110 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 13636 Seward Street

City State Zip Code
 Omaha NE 68154-3823

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436932412728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 11229

City State Zip Code
 Columbia SC 29211-1229

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

Name of Employer Occupation
 The Cason Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436934812728

Amount of Each Receipt this Period
 85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Marsha Tellesbo-Kembel

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 ▼
 1737.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436935112728

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 180
	<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. Jimmie Whitmire
Full Name (Last, First, Middle Initial)

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 ▼
504.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436939112728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

B. James R. Stenger
Full Name (Last, First, Middle Initial)

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 ▼
2257.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436939912728

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

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

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 ▼
425.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436941612728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.00

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

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

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

FOR LINE NUMBER: PAGE 112 OF 180
(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. Sandra Johnson

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 ▼ **360.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436946312728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **300.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436950012728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Nicole Fairbairn

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 ▼ **431.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR436957112728

Amount of Each Receipt this Period
80.00

P/R Deduction (\$30.00 Monthly)

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 113 OF 180
(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 A. Delisi

Mailing Address 5900 O Street

City Lincoln State NE Zip Code 68510-2234

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 ▼ **340.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436958812728

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 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 ▼ **360.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436961712728

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 ▼ **360.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR436963512728

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 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: PAGE 114 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William 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 ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436971612728
 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 ▼ 1346.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436986812728
 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 ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR436990412728
 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	FOR LINE NUMBER: (check only one)	PAGE 115 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rand R. Wall
Full Name (Last, First, Middle Initial)

Mailing Address 12603 Southwest Freeway, Suite 620

City Stafford	State TX	Zip Code 77477-3864
------------------	-------------	------------------------

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

Name of Employer Lone Star Health Plans, Ltd.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **968.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436992612728

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

B. William Craig Splawn
Full Name (Last, First, Middle Initial)

Mailing Address 800 Avenue C

City Katy	State TX	Zip Code 77493-2302
--------------	-------------	------------------------

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

Name of Employer Splawn & Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436992812728

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1434 Hwy 301

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1182.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR436993012728

Amount of Each Receipt this Period

98.50

P/R Deduction (\$98.50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	190.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charla S. Rose
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1299

City Amarillo State TX Zip Code 79105-0299

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

Name of Employer Upshaw Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR436999112728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 807 8th Street, Suite 300

City Wichita Falls State TX Zip Code 76301-3317

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

Name of Employer Financial Partners Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **506.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437002312728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 10342 South Springcrest Lane

City South Jordan State UT Zip Code 84095-4538

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437004012728

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Betty 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437006912728
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437010512728
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. 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 ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437011512728
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 180
	<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. Michael D. Gray

Mailing Address 233 South 13th Street, Suite 1650

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437016712728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dee Forshee

Mailing Address 203 E Main #B

City Union	State MO	Zip Code 63084-1645
---------------	-------------	------------------------

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

Name of Employer Ming Senior Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437017012728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 80158

City Lafayette	State LA	Zip Code 70598-0158
-------------------	-------------	------------------------

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

Name of Employer The Family Insurance Center, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437017112728

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 119 OF 180
(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. Lorelei G. Castellani

Mailing Address PO Box 905

City Branchville State NJ Zip Code 07826-0905

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

Name of Employer Benefit Guidance Systems Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437019212728

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Tammy Winn

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437022712728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address P O Box 345

City Ravenna State OH Zip Code 44266-0345

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437026312728

Amount of Each Receipt this Period
31.00

P/R Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **86.00**

TOTAL This Period (last page this line 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 120 OF 180
(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. Donna J. Blizman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Racimo Dr
 City Sarasota State FL Zip Code 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Employee Benefits Marketing Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437031512728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Stuart Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 587
 City Wheeling State IL Zip Code 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437033312728
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Monthly)

C. 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 Occupation
 North Carolina AHU Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437035312728
 Amount of Each Receipt this Period
 12.00
 P/R Deduction (\$12.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.00
TOTAL This Period (last page this line 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 121 OF 180
(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. Matt B. Schwartz

Mailing Address 2950 Breckenridge Lane, Suite 8

City State Zip Code
Louisville KY 40220-1462

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

Name of Employer Occupation
Schwartz Insurance Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437037812728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address P O Box 604

City State Zip Code
Darlington SC 29540-0604

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

Name of Employer Occupation
Moore Insurance Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437039412728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 106 South Harris Street # 237

City State Zip Code
Round Rock TX 78664-6081

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

Name of Employer Occupation
The Buffum Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437042312728

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 122 OF 180
	<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. Leesa Kay Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane Suite 101

City	State	Zip Code
Louisville	KY	40222-3844

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

Name of Employer	Occupation
Snowden & Associates, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437043312728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B. Delvin L. Stahl
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 388
807 S. Maltby Ave.

City	State	Zip Code
Sutton	NE	68979-0388

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

Name of Employer	Occupation
Insurance Plus, Inc.	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
12	/	31	/	2015

Transaction ID : PR437046612728

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Monthly)

C. 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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437051512728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 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 123 OF 180
	<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. Tim Byrne
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 8950

City Madison	State WI	Zip Code 53708-8950
-----------------	-------------	------------------------

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

Name of Employer M3 Insurance	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
12	/	31	/	2015

Transaction ID : PR437051612728

Amount of Each Receipt this Period

95.00

P/R Deduction (\$25.00 Monthly)

B. Eleanor M. Brockhurst
Full Name (Last, First, Middle Initial)
Mailing Address 1212 East Osborn Road, Suite 110

City Phoenix	State AZ	Zip Code 85014-5537
-----------------	-------------	------------------------

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

Name of Employer Brockhurst & Associates, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437052812728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C. Kimberly C. Martin
Full Name (Last, First, Middle Initial)
Mailing Address 1027 S Pendleton Street Suite B-217

City 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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437058212728

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 180
	<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. 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 **240.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR437061612728
 Amount of Each Receipt this Period **20.00**
 P/R Deduction (\$20.00 Monthly)

B. Terri M. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olson Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR437070212728
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

C. Suzetta E. Alberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 26555t Evergreen Drive Ste 535
 City Southfield State MI Zip Code 48076-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1154.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : PR437076112728
 Amount of Each Receipt this Period **84.00**
 P/R Deduction (\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **154.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 125 OF 180
(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. Juan R. Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1851 E. First, #1100
 City Santa Ana State CA Zip Code 92705-4051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437079012728
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

B. Shelley A Chornak
 Full Name (Last, First, Middle Initial)
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sage Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437080812728
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

C. Lori R. Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 5047 Sherri Ann Road
 City San Antonio State TX Zip Code 78233-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wells Fargo Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437086412728
 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 126 OF 180
(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. Linda Rose Koehler

Mailing Address 235 Main Street

City Pleasanton State CA Zip Code 94566-8206

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

Name of Employer Herzog Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437090112728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dierdre Kennedy-Simington

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 ▼
699.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437094112728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joseph E. Henehan

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 ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437097912728

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: PAGE 127 OF 180
(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. Mario Roiz

Mailing Address 10446 NW 31st Terrace

City State Zip Code
Doral FL 33172-1200

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

Name of Employer Occupation
HR Benefit Services, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437104912728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 6101 Executive Boulevard, Suite 12

City State Zip Code
Rockville MD 20852-3907

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

Name of Employer Occupation
Insurance Marketing Center, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437105912728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. James R. Stephens

Mailing Address 100 Mansell Ct East Suite 400

City State Zip Code
Roswell GA 30076-4859

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

Name of Employer Occupation
Humana Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437110712728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 180
	<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. Joseph W. Buyalos
Full Name (Last, First, Middle Initial)

Mailing Address 9713 Key West Ave, Suite 401

City	State	Zip Code
Rockville	MD	20850-4082

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

Name of Employer	Occupation
The Insurance Exchange, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437111612728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. G. Russell Garner
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Murraywood Drive

City	State	Zip Code
Columbia	SC	29212-1159

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

Name of Employer	Occupation
G. Russell Garner LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437113212728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 104 Mondrian Way

City	State	Zip Code
Lafayette	LA	70501-7730

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

Name of Employer	Occupation
Global Financial Resources, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437116412728

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 129 OF 180
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Brian Joseph McEville		Date of Receipt 12 / 31 / 2015 Transaction ID : PR437117712728
Mailing Address 7260 W. Azure Drive #140-201		Amount of Each Receipt this Period 850.00
City Las Vegas	State NV	Zip Code 89130-7999
FEC ID number of contributing federal political committee. C	Name of Employer McEville Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
		P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Angela Hogan		Date of Receipt 12 / 31 / 2015 Transaction ID : PR437117812728
Mailing Address 2300 S. 16th Street		Amount of Each Receipt this Period 30.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
		P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Date of Receipt 12 / 31 / 2015 Transaction ID : PR437118012728
Mailing Address 7101 S. 82nd St., #B		Amount of Each Receipt this Period 170.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2082.00	
		P/R Deduction (\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lonnie Klene
Full Name (Last, First, Middle Initial)

Mailing Address 14339 Torrey Chase Blvd., Ste F

City Houston	State TX	Zip Code 77014-1631
-----------------	-------------	------------------------

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

Name of Employer Core Benefits	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437119612728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B. Wendy Vanderwater Bratteli
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler	State TX	Zip Code 75701-9455
---------------	-------------	------------------------

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

Name of Employer Threlkeld & Company Insurance	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437122412728

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 17200 Ventura Blvd
Suite 312

City Encino	State CA	Zip Code 91316-5018
----------------	-------------	------------------------

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

Name of Employer Genesis Financial & Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2256.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437123012728

Amount of Each Receipt this Period

220.00

P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line 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 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joanna Antongiovanni
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 795008
 City San Antonio State TX Zip Code 78279-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437128012728
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

B. Linda K. Friedrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4435 O Street
 City Lincoln State NE Zip Code 68510-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNICO Financial Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437129112728
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. Jeffrey Papenfus
 Full Name (Last, First, Middle Initial)
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warner Pacific Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437137812728
 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 132 OF 180
	(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. 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 ▼
360.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437149412728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Laura L. Hebert

Mailing Address 935 Graham Road
PO BOX 18508

City State Zip Code
Corpus Christi TX 78418-5123

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

Name of Employer Occupation
Hebert Insurance Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437154812728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Tina Durand

Mailing Address P.O.Box 61157

City State Zip Code
Corpus Christi TX 78466-1157

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

Name of Employer Occupation
Heavin & Associates Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437154912728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 133 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert H. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 S 29th W Place
 City State Zip Code
 Tulsa OK 74132-1766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plan Benefit Analysts of Tulsa, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437174112728
 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 ▼
 402.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437175212728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Neal Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 East Atlantic Boulevard
 City State Zip Code
 Pompano Beach FL 33060-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frank H. Furman, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437183412728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 134 OF 180
(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. Dale Ducote
 Full Name (Last, First, Middle Initial)
 Mailing Address 7922 Summa Avenue, Suite B-1
 City Baton Rouge State LA Zip Code 70809-3475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plus Consulting Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437184612728
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Alan R. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Rock Spring Drive Suite 410
 City Bethesda State MD Zip Code 20817-1199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Meltzer Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437194612728
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. John B. Crable
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Dearborn Cir. Ste 100
 City Mount Laurel State NJ Zip Code 08054-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Synergies Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437199712728
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 177.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 135 OF 180
(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. Victoria J. Braden

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 ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437201912728

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Joshua D. Nace

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437203312728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Lon G. WILSON

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 ▼ **1020.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437204312728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 136 OF 180
(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. Jennifer Bundy-Cobb

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437204412728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Marilyn A. Stenger

Mailing Address 8926 Crown Colony Blvd

City Fort Myers State FL Zip Code 33908-5627

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1025.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437206412728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. James S. Garbina

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 ▼ **1020.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437212212728

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 137 OF 180
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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

Full Name (Last, First, Middle Initial)
A. Catherine L. Cooper
 Mailing Address 39500 High Pointe Blvd., Suite 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 Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437218312728
 Amount of Each Receipt this Period
 85.00
 P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Thomas E. Shores
 Mailing Address 8596 W Bolsa Ct.
 City State Zip Code
 Boise ID 83709-5196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 T.A. Shores Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437221412728
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Rita A. Musser
 Mailing Address 3330 Thames Drive
 City State Zip Code
 Fort Wayne IN 46815-5994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Senior Insurance Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437229112728
 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 138 OF 180
(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. 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 ▼ 746.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437231212728
 Amount of Each Receipt this Period 47.00
 P/R Deduction (\$47.00 Monthly)

B. Michael A. Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayah Employee Benefits / EbenConcepts Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437250012728
 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 ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437254112728
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 139 OF 180
(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. Sandra Lee Powers-Booth

Mailing Address 4817 S. 175th Street

City State Zip Code
Seatac WA 98188-3710

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

Name of Employer Occupation
Health Benefits Northwest Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437264312728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Allen D. Hardy

Mailing Address 802 Kosciusko Road
P.O. Box 89

City State Zip Code
Philadelphia MS 39350-3555

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

Name of Employer Occupation
Philadelphia Security Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437264912728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address #1 Galleria Blvd, Suite 1122

City State Zip Code
Metairie LA 70001-2092

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

Name of Employer Occupation
Humana Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437270512728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 140 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bill Eastin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Hackberry Street
 City State Zip Code
 Metairie LA 70001-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dardis Couvillion & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 381.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437271712728
 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 ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437280512728
 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 ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437281012728
 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:		PAGE 141 OF 180	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial)
A. Tom Hayes

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 ▼ **360.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : PR437300712728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Luann S. Yarberry

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 ▼ **360.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : PR437301012728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Angela Oakes

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 ▼ **725.00**

Date of Receipt
12 / 31 / 2015

Transaction ID : PR437309012728

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 142 OF 180
(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 ▼
485.00

Date of Receipt
12 / 31 / 2015

Transaction ID : PR437317312728

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 ▼
262.50

Date of Receipt
12 / 31 / 2015

Transaction ID : PR437322412728

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 ▼
360.00

Date of Receipt
12 / 31 / 2015

Transaction ID : PR437323312728

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: PAGE 143 OF 180
(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. 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 ▼ 546.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437326112728
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437329712728
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437343512728
 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: PAGE 144 OF 180
(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. Jim Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address Epic Insurance Solutions, LLC
 710 East Main Street
 City Lexington State KY Zip Code 40502-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Epic Insurance Solutions, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437348012728
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

B. Susan Marie MCGINNIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City Tulsa State OK Zip Code 74133-7035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenEx Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437359312728
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Monthly)

C. Catherine A. Bajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Health Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437361112728
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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: PAGE 145 OF 180
(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 M. Block

Mailing Address P O Box 1809

City State Zip Code
 Candler NC 28715-1809

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

Name of Employer Occupation
 Insurance Specialties, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437364412728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rina Tikia

Mailing Address 3525 N. Causeway Blvd., Suite 815

City State Zip Code
 Metairie LA 70002-3655

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

Name of Employer Occupation
 Tikia Consulting Group, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437375312728

Amount of Each Receipt this Period
 42.00

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 6200 Reynolds Road

City State Zip Code
 Jackson MI 49201-9386

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

Name of Employer Occupation
 Small Business Association of Michigan Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : PR437385412728

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 146 OF 180
(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. 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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437400012728

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437402012728

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 ▼
621.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437416412728

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: PAGE 147 OF 180
11a 11b 11c 12
13 14 15 16 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 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437417012728
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 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437425012728
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 504.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437427212728
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 148 OF 180
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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. 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 ▼
504.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437427412728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

B. Victoria A. 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 ▼
481.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437432012728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

C. 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 ▼
1020.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437468912728

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 149 OF 180
	<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. 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 ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437470812728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 1516.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437474512728
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$85.00 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437474912728
 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 150 OF 180
	<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 Siino

Mailing Address 1126 Clifton Avenue

City Clifton State NJ Zip Code 07013-3622

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

Name of Employer Executive Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437477512728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Carol C. Pennington

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284-8850

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

Name of Employer Pennington Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437485412728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Randy L. MCDANIEL

Mailing Address 575 Chambers Road

City McDonough State GA Zip Code 30253-6447

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

Name of Employer McDaniel Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437485712728

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 151 OF 180
(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. 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 ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437490412728
 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 ▼ 360.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437497312728
 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 ▼ 577.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437510712728
 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 152 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437533412728

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 ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437534012728

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 ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437535412728

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 153 OF 180
(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 State Zip Code
 Tyler TX 75701-9455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Threlkeld & Company Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437544912728
 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 State Zip Code
 New Orleans LA 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MetLife Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437562812728
 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 State Zip Code
 Mooresville NC 28117-5538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lake Norman Benefits, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437566612728
 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 154 OF 180
(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. Chad P. Schneider

Mailing Address 14430 Benefit St.
Apt 308

City Sherman Oaks State CA Zip Code 91423-4067

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

Name of Employer Code SixFour Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1131.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : PR437566812728

Amount of Each Receipt this Period
50.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jon Katz

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 Code SixFour Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : PR437580912728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 Code SixFour Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : PR437585512728

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 155 OF 180
(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. Dennis F. Mobley

Mailing Address 137 Executive Drive
Suite D

City Madison State MS Zip Code 39110-8456

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR437587512728

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Daniel C. LaBroad

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 ▼ **1041.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR437588912728

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Doris Waller

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 ▼ **504.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR437591512728

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **177.00**

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

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

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

FOR LINE NUMBER: PAGE 156 OF 180
(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. 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 ▼ 558.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437594112728
 Amount of Each Receipt this Period 63.00
 P/R Deduction (\$63.00 Monthly)

B. Ryan R. Swinton
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82 St.
 City Lincoln State NE Zip Code 68516-6584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437594912728
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

C. Andrea M. Block
 Full Name (Last, First, Middle Initial)
 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 ▼ 240.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437596212728
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 168.00
TOTAL This Period (last page this line 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 180
(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. Patrick Burns

Mailing Address 5653 Maxwellton Road

City State Zip Code
Oakland CA 94618-2654

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

Name of Employer Occupation
Burns Employee Benefits Insurance Serv Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437600512728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Eugene Starks

Mailing Address 613 Crescent Circle Suite 201

City State Zip Code
Ridgeland MS 39157-8686

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

Name of Employer Occupation
Benefit Administration Services, Ltd. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2299.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437603112728

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
C. George Williams

Mailing Address 4109 Woodway Dr.

City State Zip Code
Monroe LA 71201-2218

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

Name of Employer Occupation
Financial Planning Resources Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437605712728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **285.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 180
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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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437606512728

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Andrew M. LaRocco

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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437640912728

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

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 ▼ **501.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : PR437654412728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **107.00**

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

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

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

FOR LINE NUMBER: PAGE 159 OF 180
(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. Blake Izatt

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 ▼ **360.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : PR437655512728

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue State WA Zip Code 98007-6493

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

Name of Employer: The Partners Group Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : PR437657712728

Amount of Each Receipt this Period: **170.00**

P/R Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dominic Siciliano

Mailing Address 4500 Cascade Road SE Suite 106

City Grand Rapids State MI Zip Code 49546-3665

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

Name of Employer: Benefit Profiles, Inc. Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : PR437669512728

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 180
	<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. Marcie Strouse		Date of Receipt 12 / 31 / 2015 Transaction ID : PR437683112728
Mailing Address 1501 Ingersoll Ave Ste 200		Amount of Each Receipt this Period 42.00
City Des Moines	State IA	Zip Code 50309-3102
FEC ID number of contributing federal political committee. C		P/R Deduction (\$42.00 Monthly)
Name of Employer Prisma Strategies	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) B. Dianne M. Kelley		Date of Receipt 12 / 31 / 2015 Transaction ID : PR437684512728
Mailing Address 7320 N La Cholla Blvd. Suite 154-219		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85741-2309
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Sandbrook Benefits Group, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Arthur GRANADO		Date of Receipt 12 / 31 / 2015 Transaction ID : PR437693212728
Mailing Address 418 Peoples, # 505		Amount of Each Receipt this Period 85.00
City Corpus Christi	State TX	Zip Code 78401-2350
FEC ID number of contributing federal political committee. C		P/R Deduction (\$85.00 Monthly)
Name of Employer The Granado Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 161 OF 180
(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. Heidi Michaels MICHAELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6465 Wayzata Blvd., # 700
 City State Zip Code
 Minneapolis MN 55426-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dyste Williams 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
 12 / 31 / 2015
Transaction ID : PR437693512728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City State Zip Code
 Franklin NC 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wayah Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437699012728
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. Yolanda Marie WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Via Piemonte
 City State Zip Code
 Ontario CA 91710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trinity Financial Partners Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1161.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437705612728
 Amount of Each Receipt this Period
 162.00
 P/R Deduction (\$112.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 180
<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. Penny E. Nikel
Full Name (Last, First, Middle Initial)

Mailing Address 917 S Main St., Ste 200

City Longmont	State CO	Zip Code 80501-6400
------------------	-------------	------------------------

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

Name of Employer Nikel Insurance Associates LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437728912728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B. Ernest BERRY
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

City Lubbock	State TX	Zip Code 79424-1631
-----------------	-------------	------------------------

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

Name of Employer Berry Agency	Occupation Broker
----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437737412728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 15800 Crabbs Branch Way #350

City Rockville	State MD	Zip Code 20855-2697
-------------------	-------------	------------------------

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

Name of Employer Gallagher Benefit Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2165.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR437740812728

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 180
	<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. Leslie A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 2295 Hilltop Drive
Suite 5

City Redding State CA Zip Code 96002-0515

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 ▼
460.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437742912728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼
300.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437743712728

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C. Tommy Abney
Full Name (Last, First, Middle Initial)

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 ▼
360.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437745812728

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 164 OF 180
	<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. Les Perslon

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 ▼ **360.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR437767512728

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

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 ▼ **535.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR437775812728

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Kareim R. Cade

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 ▼ **1045.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : PR437778612728

Amount of Each Receipt this Period **85.00**

P/R Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 180
	(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. 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 ▼
850.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437785812728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. Gregory J. Schell
Full Name (Last, First, Middle Initial)

Mailing Address 100 Promenade Court

City Louisville State KY Zip Code 40223-2985

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

Name of Employer Greater Louisville Association of Heal Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437797612728

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

C. Michele Gasparre
Full Name (Last, First, Middle Initial)

Mailing Address 80 Business Park Drive
Suite 306

City Armonk State NY Zip Code 10504-1705

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

Name of Employer Meridian Benefits Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
12 / 31 / 2015
Transaction ID : PR437807412728

Amount of Each Receipt this Period
42.00

P/R Deduction (\$42.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 166 OF 180
(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. Lindsey Paige Waters
 Full Name (Last, First, Middle Initial)
 Mailing Address 5311 Patterson Ave
 City Richmond State VA Zip Code 23226-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First National Brokerage Corp. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437808012728
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

B. Liz Taggart
 Full Name (Last, First, Middle Initial)
 Mailing Address 8530 Belnor Dr.
 City Cicero State NY Zip Code 13039-8845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Medicare Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437825112728
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. Debbie R. Hediger
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N Tampa St Suite 1900
 City Tampa State FL Zip Code 33602-4776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lykes Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 482.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR437852412728
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 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: PAGE 167 OF 180
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 344 Main Street
PO Box 426

City Seward State NE Zip Code 68434-2117

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437855212728

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Cathy Little

Mailing Address 1145 2nd Street
#A-269

City Brentwood State CA Zip Code 94513-2292

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

Name of Employer Essential Exchange Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437855612728

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Sher Sparano

Mailing Address 70-20 108th St, #5-0

City Forest Hills State NY Zip Code 11375-4449

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

Name of Employer Benefits Advisory Service Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437859412728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 168 OF 180
(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 Emidy

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 ▼
360.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437878312728

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. LYNNDAL BERRYHILL

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 ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR437987412728

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Kenneth G. Penn

Mailing Address 500 East Main Street
Suite 700-CS

City State Zip Code
Norfolk VA 23510-2205

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

Name of Employer Occupation
ChamberSolutions President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015
Transaction ID : PR438401512728

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 169 OF 180 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. JAMES H HISSONG
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Widmer Rd

City Lenexa	State KS	Zip Code 66215-5416
----------------	-------------	------------------------

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

Name of Employer Jim Hissong Insurance	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR439660012728

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B. Jessica Fulginiti Waltman
Full Name (Last, First, Middle Initial)

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 ▼ **1020.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : PR470100112728

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	27380.42

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9876488

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9876489

Amount of Each Disbursement this Period

Credit Card Fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9876490

Amount of Each Disbursement this Period

Credit Card Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
12/1 Dinner

011

Candidate Name

Steven Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : 9872038

Amount of Each Disbursement this Period

1000.00

12/1 Dinner

Full Name (Last, First, Middle Initial)

B. Friends Of Dennis Ross

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement
12/2 Lunch

011

Candidate Name

Dennis Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : 9872039

Amount of Each Disbursement this Period

1000.00

12/2 Lunch

Full Name (Last, First, Middle Initial)

C. Heller Highwater PAC

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
12/2 Dinner

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : 9872041

Amount of Each Disbursement this Period

1500.00

12/2 Dinner

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement
12/3 Lunch

Candidate Name
Frank Guinta

Office Sought: House
 Senate
 President
State: NH District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : 9872044

Amount of Each Disbursement this Period

1000.00

12/3 Lunch

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
12/5 Brunch

Candidate Name
Bill Johnson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : 9872045

Amount of Each Disbursement this Period

1000.00

12/5 Brunch

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement
12/7 Lunch

Candidate Name
Rep. Tom Rice

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : 9872046

Amount of Each Disbursement this Period

1000.00

12/7 Lunch

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Duffy For Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
12/9 Lunch

011
Category/
Type

Candidate Name
Sean Duffy

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : 9872047

Amount of Each Disbursement this Period

1000.00

12/9 Lunch

Full Name (Last, First, Middle Initial)

B. Shaheen For Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
12/9 Lunch

011
Category/
Type

Candidate Name
Jeanne Shaheen

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : 9872048

Amount of Each Disbursement this Period

5000.00

12/9 Lunch

Full Name (Last, First, Middle Initial)

C. Norma Torres For Congress

Mailing Address 728 W Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement
12/7 Lunch

011
Category/
Type

Candidate Name
Rep. Norma Torres

Office Sought: House
 Senate
 President
State: CA District: 35

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 9872386

Amount of Each Disbursement this Period

1000.00

12/7 Lunch

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Randy Hultgren For Congress

Mailing Address PO Box 717

City State Zip Code
St Charles IL 60174

Purpose of Disbursement
12/8 Dinner

011

Candidate Name

Randy Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 9872387

Amount of Each Disbursement this Period

1000.00

12/8 Dinner

Full Name (Last, First, Middle Initial)

B. Country Road PAC

Mailing Address PO BOX 1387

City State Zip Code
Charleston WV 25325

Purpose of Disbursement
12/9 Dinner

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 9872389

Amount of Each Disbursement this Period

2500.00

12/9 Dinner

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address P.O. Box 100

City State Zip Code
Teaneck NJ 07666

Purpose of Disbursement
12/8 Reception

011

Candidate Name

William Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 9872390

Amount of Each Disbursement this Period

1000.00

12/8 Reception

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. Blue Hen PAC

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
12/10 Breakfast

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 9872391

Amount of Each Disbursement this Period

2500.00

12/10 Breakfast

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Comp Events

Candidate Name

Renee Ellmers

Office Sought: House Senate President
State: NC District: 02

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : 9872465

Amount of Each Disbursement this Period

2000.00

Comp Events

Full Name (Last, First, Middle Initial)

C. Poliquin For Congress

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement
Comp Events

Candidate Name

Rep. Bruce Poliquin

Office Sought: House Senate President
State: ME District: 02

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : 9872466

Amount of Each Disbursement this Period

1000.00

Comp Events

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

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

5500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Fleming For Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement
Comp Event

Candidate Name
John Fleming Jr.

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: LA District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

Transaction ID : 9872467

Amount of Each Disbursement this Period

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

Comp Event

Full Name (Last, First, Middle Initial)

B. Steve Chabot For Congress

Mailing Address 3030 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
12/8 Lunch

Candidate Name
Steven Chabot

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: OH District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

Transaction ID : 9872478

Amount of Each Disbursement this Period

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

12/8 Lunch

Full Name (Last, First, Middle Initial)

C. Mccollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
12/15 Breakfast

Candidate Name
Betty McCollum

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: MN District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

Transaction ID : 9872597

Amount of Each Disbursement this Period

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

12/15 Breakfast

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

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

4	0	0	.	0	0
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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. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
12/16 Reception

011

Category/
Type

Candidate Name
Mark Pocan

Office Sought: House
 Senate
 President
State: WI District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 9872598

Amount of Each Disbursement this Period

1000.00

12/16 Reception

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
12/16 Reception

011

Category/
Type

Candidate Name
Rep. Joseph Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 9872599

Amount of Each Disbursement this Period

1000.00

12/16 Reception

Full Name (Last, First, Middle Initial)

C. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
12/16 Reception

011

Category/
Type

Candidate Name
Edwin Perlmutter

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 9872600

Amount of Each Disbursement this Period

1000.00

12/16 Reception

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

3000.00

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. Kathleen Rice For Congress

Mailing Address 410 Jericho Turnpike
Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
12/17 Lunch

Candidate Name
Rep. Kathleen Rice

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : 9872601

Amount of Each Disbursement this Period

1000.00

12/17 Lunch

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Comp Event

Candidate Name
Charles Boustany Jr.

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 9872858

Amount of Each Disbursement this Period

3000.00

Comp Event

Full Name (Last, First, Middle Initial)

C. Ami Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
12/21 Local Reception

Candidate Name
Amerish Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : 9873413

Amount of Each Disbursement this Period

1000.00

12/21 Local Reception

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DUTCH PAC

Mailing Address 499 S. Capitol St, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
12/17 Dinner

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : 9873698

Amount of Each Disbursement this Period
1000.00

12/17 Dinner

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00
36500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Julie A. Jennings

Mailing Address 500 Faunce Corner Rd
Bldg 100, Suite 120

City Dartmouth State MA Zip Code 02747-1255

Purpose of Disbursement
Chargeback 1023871194

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 9876486

Amount of Each Disbursement this Period

85.00

Chargeback 1023871194

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

85.00

85.00
