Image# 15950863986 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An	Authorized	Committe	e		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		nple: If typing the lines.	g, type	12FE4M5		
Health Underwriters Po	olitical Action Con	nmittee					
ADDRESS (number and street)	1212 New York Ave						
Charle if different	Suite 1100						
Check if different than previously reported. (ACC)	Washington				DC	20005	
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		S	TATE 🛦	ZIP COD	E
C C00283135	:	3. IS THIS REPORT	N (N	EW I) OR	× AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		lay 20 (M5)			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	닏	Mar 20 (M3)		un 20 (M6)	Sep 2	=0 (0)	(Non-Election Year Only)
April 15	<u> </u>	Apr 20 (M4)	Jı	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q July 15 Quarterly Report (Q	PRE-Election	1 H	rimary (12P)		General (Runoff (12R)
October 15 Quarterly Report (Q	Report for the	ne: C	Convention (1	2C)	Special (1	12S)	
January 31 Year-End Report (Y	_	lection on	M = M /	D D /	Y Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election		General (30G		Runoff (3	0R)	Special (30S)
Termination Report (TER)	E	lection on	M = M /	D D /	YYYY	in the State of	
5. Covering Period 01)15	through	M M M	/ 0 0 /	2015	
certify that I have examined thi	s Report and to the be	st of my knowl	ledge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treasurer	Jennifer Murphy						
Signature of Treasurer Jenniy	er Murphy	[I	Electronically	Filed] Da	ate 03	13	2015
NOTE: Submission of false, errone	eous, or incomplete inform	nation may subj	ject the perso	on signing thi	s Report to th	e penalties of 2 U	S.C. §437g.
Office Use Only						FEC FORI Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Health Underwriters Political Action Committee 01 2015 01 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 93747.37 January 1, 2015 (b) Cash on Hand at 93747.37 Beginning of Reporting Period..... 32369.22 32369.22 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 126116.59 126116.59 6(a) and 6(c) for Column B)..... 46930.65 46930.65 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 79185.94 79185.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From:	01 2015	To: 01 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tills Periou	Calefidal Teal-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1350.00	1350.00
(ii) Unitemized	27589.17	27589.17
(iii) TOTAL (add		00000 47
Lines 11(a)(i) and (ii)▶	28939.17	28939.17
(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)▶	28939.17	28939.17
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	3430.05	2420.05
(Carry Totals to Line 37, page 5)	3430.03	3430.05
to Federal Candidates and Other		_
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
(a) Total Transfers (-14 40(-) + 140(1))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	32369.22	32369.22
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	32369.22	32369.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati Teat-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Fordered Chare	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	1430.65	1430.65
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	1430.65	1430.65
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	45500.00	45500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(3001 43 1 703)	0.00	7
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	5.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46930.65	46930.65
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	46930.65	46930.65

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	28939.17	28939.17
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28939.17	28939.17
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1430.65	1430.65
7. Offsets to Operating Expenditures (from Line 15, page 3)	3430.05	3430.05
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-1999.40	-1999.40

1mage# 15950863991 PAGE 6 / 13

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XA Transaction ID :

Adding receipts and disbursement.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE	NUMBER:	PAGE	= / OF
Use separate schedule(s)	(check onl	y one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

13

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Health Underwriters Political A	Action Committee	
Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt
Mailing Address 1482 Baron Court		01 31 2015
City	State Zip Code	Transaction ID : PR436814311755
Stone Mountain	GA 30087-3037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
David S. Johnson Insurance	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$250.00 Monthly)
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Thomas Besselman		Date of Receipt
Mailing Address 6421 Perkins Rd., # 2B, Blo	lg A	M = M / D = D / Y = Y = Y
City	Ctoto 7th Co. 4	01 31 2015
City Raten Rouge	State Zip Code	Transaction ID : PR436824611755
Baton Rouge	LA 70808-6200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Gallagher Benefit Services	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	P/R Deduction (\$250.00 Monthly)
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Jesse A. Patton		Date of Receipt
Mailing Address 1112 Maple Street		01 31 2015
City	State Zip Code	Transaction ID : PR436829511755
West Des Moines	IA 50265-4420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	1
Associations Marketing Group, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		P/R Deduction (\$350.00 Monthly)
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional).		850.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	_	LINE	_		:	PAGE	8	OF	13
(0	che	ck only	or	ne)					
	×	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.

or for commercial pur	rposes, other than using the	e name and address of any political committee t	to solicit contributions from such committee.						
NAME OF COMM Health Unde	ITTEE (In Full) rwriters Political Ac	ction Committee							
Full Name (Last, Full Victoria J. Brade Mailing Address 1			Date of Receipt						
City Johns Creek		State Zip Code GA 30097-1564	O1 31 2015 Transaction ID : PR437201911755 Amount of Each Receipt this Period						
FEC ID number of federal political co	_	C	250.00						
Name of Employer Braden Benefit Stra		Occupation Broker	_						
Receipt For: Primary Other (speci	General fy) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Monthly)						
Full Name (Last, F Maurice Lyon:		Date of Receipt							
City	U1 Madison Avenue, 4th Fio	State Zip Code	01 31 2015 Transaction ID : PR437271111755						
New York		NY 10017-8103	Amount of Each Receipt this Period						
FEC ID number of federal political co	-	C	250.00						
Name of Employer The Medical Link, I		Occupation Broker							
Receipt For: Primary Other (speci	General (Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Monthly)						
Full Name (Last, F	First, Middle Initial)		Date of Receipt						
Mailing Address			M = M / D = D / Y = Y = Y						
City		State Zip Code	Amount of Each Receipt this Period						
FEC ID number of federal political co	0	C							
Name of Employe	r	Occupation	-						
Receipt For: Primary Other (speci	General √	Aggregate Year-to-Date ▼							
SUBTOTAL of Rece	ipts This Page (optional)		500.00						
TOTAL This Period	(last page this line number	only)	1350.00						

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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 13 (check only one) 11a
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmittee	
Full Name (Last, First, Middle Initial) NAHU Mailing Address 1212 New York Ave Suite 1100 City	State	Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period 3430.05
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 3430.05	Refund
Full Name (Last, First, Middle Initial) B. Mailing Address	Date of Receipt		
City FEC ID number of contributing	State	Zip Code	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		Throat of Each Floceipt this Forest
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			3430.05

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

3430.05

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SCHEDULE B (FEC Form 3X)			FOR	FOR LINE NUMBER: PAGE 10 OF 13											
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	_ ` 	k only											
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or for commercial purposes, other than using the name															
NAME OF COMMITTEE (In Full)															
$\left ight>$ Health Underwriters Political Actior	n Commit	tee													
Full Name (Last, First, Middle Initial)															
A. Regions Bank					Date of	f Disb	urser	nent							
Mailing Address 6396 N College					01	/	02	_			Y				
Mailing Address 6286 N College					UI		UZ	-		2013					
		Zip Code			Trans	action	ı ID ·	980	3557						
Indianapolis Purpose of Disbursement	IN	46220			Transaction ID: 9803557										
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Office Sought: House Disburser Senate	nent For: Primary	General			David F										
President	Other (specif				Bank Fe	es									
State: District:		•													
Full Name (Last, First, Middle Initial)															
B. American Express					Date of	f Disb	urser	nent							
Mailing Address PO Box 53852				-	M = M	/	02	_			Y				
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Phoenix Purpose of Disbursement	AZ	85072		_											
Bank Fees			001		Amoun	t of Ea	ach [Disbu	ırseme	nt this	Period				
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City	State	Zip Code													
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Senate	Primary	General													
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State: District:															
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			Summary Page	27	22 28a	23 28b	28c	25 29	26 30b			
Ai	ny information copied from such Reports and Statem	nents may	not be sold or use	ed by any perso	n for the	purpose o	f soliciting	contribu	tions			
	for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full)											
	Health Underwriters Political Action	Comm	ittee									
_	Full Name (Last, First, Middle Initial)											
Α.	NATIONAL REPUBLICAN CONGR	RESSIO	NAL COMM	ITTEE		Disburser						
	Mailing Address 320 FIRST STREET				01	26		2015	Y			
	City	State	Zip Code									
	WASHINGTON	DC	20003		Trans	action ID	9797837					
	Purpose of Disbursement 2015 Dues			011	Amoun	t of Each I	Disburseme	nt this I	Period			
	Candidate Name	AL CO. 45	AITTEE	Category/				15000	0.00			
	NATIONAL REPUBLICAN CONGRESSION Office Sought: House Disbursen		VIIIIEE	Туре		7	- 7	13000				
		Primary	General		2015 Di	189						
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P	Full Name (Last, First, Middle Initial)				Doto of	Dichuras	mont					
D.	BOEHNER FOR SPEAKER					Disburser		V = V -	V			
	Mailing Address 320 FIRST ST., SE				M M	26		2015	Y			
	,	State DC	Zip Code 20003		Trans	Transaction ID : 9797843						
	Purpose of Disbursement		20000									
	1/27 Dinner			011	Amoun	t of Each I	Disburseme	nt this	Period			
	Candidate Name			Category/	5000.00							
	Office Sought: House Disbursem	nent For:		Туре			,					
	Senate	Primary	General		1/27 Dinner							
		Other (spe	cify) ▼									
_	State: District:											
C.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL		AIGN COM	MITTEE	Date of	Disburser	ment					
٠.	DEIVIOGNATIO CONGRESSIONAL	- CAIVIP	AIGIN COM	VIII I CC	M = M	/ D		Y	Υ			
	Mailing Address 430 SOUTH CAPITOL STREET, S	E			01	27		2015				
	City	State	Zip Code		T	antina In	. 0707000					
	WASHINGTON	DC	20003		ırans	action ID	9/9/890					
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	State: District:	Other (spe	city) 🔻									
г	DISTIICT.											
5	SUBTOTAL of Disbursements This Page (optional)					,		35000	.00			
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S	CHEDULE B (FEC Form 3X)		FO)R I I	INE NI	E NUMBER: PAGE 12 OF 13								
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s)			only o									
•		for each category of the Detailed Summary Page		2	21b	22	X	23		24	25		26	
_		,, . ago		2	27	28a		28b		28c	29		30b	
	ny information copied from such Reports and Statem												S	
or	for commercial purposes, other than using the name	ne and address of any politi	cal com	mitte	e to se	olicit coi	ntrib	utions	tron	n such (comm	ittee.		
$ \setminus$	NAME OF COMMITTEE (In Full)	0												
/	Health Underwriters Political Action	n Committee												
	Full Name (Last, First, Middle Initial)													
Α.	MODERATE DEMOCRATS PAC					Date of	f Dis	sburse	men	t				
	Matter Address and Matter					M = M	/		D		YYY	Y		
	Mailing Address 303 MASSACHUSETTS AVENUE,	NE				01	٠.	2	1		2015	-		
	City	State Zip Code				_								
	WASHINGTON	DC 20002				Trans	acti	ion ID	: 979	97891				
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		Primary General				2015 Dı	ıes							
		Other (specify) ▼												
	State: District:													
_	Full Name (Last, First, Middle Initial)													
В.	Pallone For Congress					Date of	f Dis	sburse	men					
	Mailing Address PO Box 3176					M = M	/		7		y ■ y 2015	- Y		
	Mailing Address PO Box 3176					ŲΙ			. /		2013			
	City	State Zip Code				Transaction ID: 97978								
	Long Branch	NJ 07740				Hans	acı	טו ווטו	. 91	91092				
	Purpose of Disbursement 2/11 Dinner		0.	11	7	A ma a m	₊ of	⊏ oob	Diah		nt thin	Dori	a d	
	Candidate Name			11	_	Amount of Each Disburseme					ent this Period			
	Frank Pallone Jr		Cate Tv	gory/ pe	/	1000.00								
		nent For: 2016	.,	P -										
	Senate	Primary General	General 2/11 Dinner						I1 Dinner					
		Other (specify) ▼												
	State: NJ District: 06													
_	Full Name (Last, First, Middle Initial)					Date of	f Dia	huroo	mor	+				
C.	Kind For Congress Committee						Dis							
	Mailing Address 205 5th Avenue South					M M M	/	2	_		y = y 2015	■ Y		
	200 cm/ World Count													
	,	State Zip Code				Trans	acti	ion ID	: 97	97893				
	La Crosse Purpose of Disbursement	WI 54601												
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	Candidate Name		Cate	-	,	Amoun	· OI	Lacii	טפום	uiseille			ou	
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		Primary General				2/12 Bre	eakf	ast						
		Other (specify) ▼												
г	State: WI District: 03												_	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)	
	Detailed Summary Page	21b	22 X 23 24 25 2	
		27	28a 28b 28c 29 3	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	and address of any point	car committee to	55.5. Sommandion from oddir committee.	
Health Underwriters Political Action	Committee			
Full Name (Last, First, Middle Initial)				
^{A.} Friends Of John Thune			Date of Disbursement	
Mailing Address PO Box 841			01 27 2015	
City	State Zip Code		T (1 ID 0707014	
Sioux Falls	SD 57101		Transaction ID: 9797894	
Purpose of Disbursement 2/24 Breakfast		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	0500.00	
John Thune		Type	2500.00	
Senate President	nent For: 2016 Primary General Other (specify)		2/24 Breakfast	
State: SD District:				
Full Name (Last, First, Middle Initial)			Data of Dishumannant	
B. Rick W. Allen For Congress			Date of Disbursement O1 28 2015	
Mailing Address P. O. Box 338				
City	State Zip Code		Transaction ID : 9799058	
·g	GA 30903		Transaction ID: 9799058	
Purpose of Disbursement 2/6 Local Meet & 2/12 DC Event 011			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Rick Allen	_	Туре	1000.00	
Senate President	nent For: 2016 Primary General Other (specify)		2/6 Local Meet & 2/12 DC Event	
State: GA District: 12 Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y = Y	
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify) ▼	·Jpo		
ciaio.				
SUBTOTAL of Disbursements This Page (optional)		······	3500.00	
TOTAL This Period (last page this line number only).			45500.00	