

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assurant Inc. 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"/>		167800.76
(b) Cash on Hand at Beginning of Reporting Period.....	144540.66	
(c) Total Receipts (from Line 19)	15459.72	34221.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	160000.38	202022.25
7. Total Disbursements (from Line 31).....	32263.44	74285.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	127736.94	127736.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Assurant Inc. 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).....	11703.60	22968.17
(ii) Unitemized	3756.12	11253.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15459.72	34221.49
(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)	15459.72	34221.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15459.72	34221.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15459.72	34221.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	263.44	285.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	263.44	285.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	74000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32263.44	74285.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32263.44	74285.31

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)	15459.72	34221.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15459.72	34221.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	263.44	285.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	263.44	285.31

**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 31
(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)
Assurant Inc. Political Action Committee

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

Mailing Address 10369 E Happy Hollow Dr

City State Zip Code
 Scottsdale AZ 85262-3103

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

Name of Employer Occupation
 ASSURANT HEALTH DIR, REGIONAL SALES

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
 02 / 13 / 2015
Transaction ID : 2015022092251-110

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Eric Almassy

Mailing Address 10369 E Happy Hollow Dr

City State Zip Code
 Scottsdale AZ 85262-3103

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

Name of Employer Occupation
 ASSURANT HEALTH DIR, REGIONAL SALES

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
 02 / 27 / 2015
Transaction ID : 20150303133744-107

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Julie Berquist

Mailing Address 12100 W Cardinal Ct

City State Zip Code
 Hales Corners WI 53130-1064

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

Name of Employer Occupation
 ASSURANT HEALTH VP, GROUP MARKETS

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
 02 / 27 / 2015
Transaction ID : 20150303133744-74

Amount of Each Receipt this Period
 65.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 265.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Mark Berquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 12100 W Cardinal Ct
 City Hales Corners State WI Zip Code 53130-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, HEALTH CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : 20150303133744-75
 Amount of Each Receipt this Period **65.00**

B. Carey Bongard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2795 Peachtree Rd NE
 City Atlanta State GA Zip Code 30305-3793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT SOLUTIONS Occupation EVP, HR & ORG DEVELOPMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.32**

Date of Receipt **02 / 13 / 2015**
Transaction ID : 2015022092251-15
 Amount of Each Receipt this Period **83.33**

C. Carey Bongard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2795 Peachtree Rd NE
 City Atlanta State GA Zip Code 30305-3793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT SOLUTIONS Occupation EVP, HR & ORG DEVELOPMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.32**

Date of Receipt **02 / 27 / 2015**
Transaction ID : 20150303133744-15
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **231.66**
TOTAL This Period (last page this line 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 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jay Cohen

Mailing Address 73 Scarlet Oak Dr

City State Zip Code
 Wilton CT 06897-1014

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, CHIEF COMPLIANCE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 2015022092251-45

Amount of Each Receipt this Period
 166.67

Full Name (Last, First, Middle Initial)
B. Jay Cohen

Mailing Address 73 Scarlet Oak Dr

City State Zip Code
 Wilton CT 06897-1014

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, CHIEF COMPLIANCE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 20150303133744-45

Amount of Each Receipt this Period
 166.67

Full Name (Last, First, Middle Initial)
C. Greg Dechurch

Mailing Address 15161 SW 39th St

City State Zip Code
 Davie FL 33331-2761

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

Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL

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
 02 / 27 / 2015
Transaction ID : 20150303133744-4

Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 395.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Christopher Dowler
Full Name (Last, First, Middle Initial)

Mailing Address N54W20859 Carters Crossing Cir

City Menomonee Falls	State WI	Zip Code 53051-6281
-------------------------	-------------	------------------------

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

Name of Employer ASSURANT HEALTH	Occupation SVP, CHIEF INFO OFFICER
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 2015022092251-99

Amount of Each Receipt this Period

85.58

B. Christopher Dowler
Full Name (Last, First, Middle Initial)

Mailing Address N54W20859 Carters Crossing Cir

City Menomonee Falls	State WI	Zip Code 53051-6281
-------------------------	-------------	------------------------

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

Name of Employer ASSURANT HEALTH	Occupation SVP, CHIEF INFO OFFICER
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : 20150303133744-96

Amount of Each Receipt this Period

85.58

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

Mailing Address 202 Gold Leaf Ln

City Canton	State GA	Zip Code 30114-9713
----------------	-------------	------------------------

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

Name of Employer ASSURANT SOLUTIONS	Occupation EVP, GLOBAL NETWORKS OF EXCELL
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 2015022092251-1

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....▶	251.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Joseph Erdeman
Full Name (Last, First, Middle Initial)

Mailing Address 202 Gold Leaf Ln

City Canton State GA Zip Code 30114-9713

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

Name of Employer ASSURANT SOLUTIONS Occupation EVP, GLOBAL NETWORKS OF EXCELL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-1

Amount of Each Receipt this Period
80.00

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

Mailing Address 6020 Ettington Dr

City Suwanee State GA Zip Code 30024-3378

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

Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, LENDING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : 2015022092251-17

Amount of Each Receipt this Period
83.33

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

Mailing Address 6020 Ettington Dr

City Suwanee State GA Zip Code 30024-3378

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

Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, LENDING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-17

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	246.66
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Stephen Gauster
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 W 53rd St
 City New York State NY Zip Code 10019-5949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP & CHIEF CORP COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 2015022092251-47
 Amount of Each Receipt this Period
3600.00

B. Eric Greenman
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 Oakland Mills Rd
 City Manalapan State NJ Zip Code 07726-8604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation EVP,CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 2015022092251-48
 Amount of Each Receipt this Period
1000.00

C. Melissa Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 Central Park W
 City New York State NY Zip Code 10025-4819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, TAX
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.34**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 2015022092251-49
 Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... **4641.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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)
Assurant Inc. Political Action Committee

A. Melissa Hall
Full Name (Last, First, Middle Initial)

Mailing Address 410 Central Park W

City New York State NY Zip Code 10025-4819

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

Name of Employer ASSURANT CORPORATE Occupation SVP, TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.34**

Date of Receipt **02 / 27 / 2015**

Transaction ID : 20150303133744-47

Amount of Each Receipt this Period **41.67**

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

Mailing Address 533C Chicago Ave

City Evanston State IL Zip Code 60202-2904

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

Name of Employer ASSURANT CORPORATE Occupation VP, STATE LOBBYIST HEAD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 27 / 2015**

Transaction ID : 20150303133744-48

Amount of Each Receipt this Period **62.50**

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

Mailing Address 6515 Princeton Dr

City Alexandria State VA Zip Code 22307-1350

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

Name of Employer ASSURANT CORPORATE Occupation VP, FED POLICY & GOV RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **02 / 13 / 2015**

Transaction ID : 2015022092251-53

Amount of Each Receipt this Period **104.17**

SUBTOTAL of Receipts This Page (optional)..... **208.34**

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

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

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

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Paul Kangas
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Princeton Dr

City Alexandria State VA Zip Code 22307-1350

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

Name of Employer ASSURANT CORPORATE Occupation VP, FED POLICY & GOV RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-51

Amount of Each Receipt this Period
104.17

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

Mailing Address 2723 Burries Rd

City Hartland State WI Zip Code 53029-9352

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

Name of Employer ASSURANT HEALTH Occupation SVP, PRODUCT LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : 2015022092251-89

Amount of Each Receipt this Period
100.00

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

Mailing Address 2723 Burries Rd

City Hartland State WI Zip Code 53029-9352

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

Name of Employer ASSURANT HEALTH Occupation SVP, PRODUCT LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-86

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	304.17
TOTAL This Period (last page this line number only).....▶	

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

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

A. Ronny Lancaster
Full Name (Last, First, Middle Initial)
Mailing Address 822 Capitol Square PI SW
City Washington State DC Zip Code 20024-2437
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation SVP,PUBLIC AFFAIRS/GOV'T REL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 13 / 2015
Transaction ID : 2015022092251-55
Amount of Each Receipt this Period 208.33

B. Ronny Lancaster
Full Name (Last, First, Middle Initial)
Mailing Address 822 Capitol Square PI SW
City Washington State DC Zip Code 20024-2437
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation SVP,PUBLIC AFFAIRS/GOV'T REL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 27 / 2015
Transaction ID : 20150303133744-53
Amount of Each Receipt this Period 208.33

C. Chad Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 2107 Thorncrag Ln
City Midlothian State VA Zip Code 23112-4560
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 20150303133744-110
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.66
TOTAL This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Katharine McDonald
Full Name (Last, First, Middle Initial)
Mailing Address 11640 SW 64th Ave
City Pinecrest State FL Zip Code 33156-4806
FEC ID number of contributing federal political committee. **C**
Name of Employer SPECIALTY PROPERTY Occupation SVP, CHANNEL EXECUTIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : 2015022092251-6
Amount of Each Receipt this Period **125.00**

B. Katharine McDonald
Full Name (Last, First, Middle Initial)
Mailing Address 11640 SW 64th Ave
City Pinecrest State FL Zip Code 33156-4806
FEC ID number of contributing federal political committee. **C**
Name of Employer SPECIALTY PROPERTY Occupation SVP, CHANNEL EXECUTIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : 20150303133744-6
Amount of Each Receipt this Period **125.00**

C. Matthew McGuire
Full Name (Last, First, Middle Initial)
Mailing Address 55 Peppertree Ct
City Marietta State GA Zip Code 30068-3865
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation SVP, GENERAL COUNSEL
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **291.64**

Date of Receipt **02 / 13 / 2015**
Transaction ID : 2015022092251-69
Amount of Each Receipt this Period **72.91**

SUBTOTAL of Receipts This Page (optional)..... **322.91**
TOTAL This Period (last page this line number only).....

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

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

Full Name (Last, First, Middle Initial)
A. Matthew McGuire

Mailing Address 55 Peppertree Ct

City State Zip Code
Marietta GA 30068-3865

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

Name of Employer Occupation
ASSURANT CORPORATE SVP, GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015
Transaction ID : 20150303133744-66

Amount of Each Receipt this Period
72.91

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

Mailing Address 33 Beacon Ln

City State Zip Code
Aberdeen NJ 07747-2301

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

Name of Employer Occupation
ASSURANT CORPORATE SVP, ASSISTANT TREASURER

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
02 / 27 / 2015
Transaction ID : 20150303133744-54

Amount of Each Receipt this Period
55.00

Full Name (Last, First, Middle Initial)
C. Stephanie Missey

Mailing Address 14313 Farley St

City State Zip Code
Overland Park KS 66221-7525

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

Name of Employer Occupation
ASSURANT CORPORATE VP, ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015
Transaction ID : 2015022092251-57

Amount of Each Receipt this Period
68.75

SUBTOTAL of Receipts This Page (optional).....▶	196.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephanie Missey		Date of Receipt
Mailing Address 14313 Farley St		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Overland Park	KS	66221-7525
FEC ID number of contributing federal political committee.		Transaction ID : 20150303133744-55
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="68.75"/>
Name of Employer	Occupation	
ASSURANT CORPORATE	VP, ACCOUNTING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Oury		Date of Receipt
Mailing Address 1216 Four Winds Way		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Hartland	WI	53029-8561
FEC ID number of contributing federal political committee.		Transaction ID : 20150303133744-89
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
ASSURANT HEALTH	SVP, HUMAN RESOURCES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rosemary Polk		Date of Receipt
Mailing Address 624 Greenway Ter		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kansas City	MO	64113-1536
FEC ID number of contributing federal political committee.		Transaction ID : 2015022092251-34
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="95.41"/>
Name of Employer	Occupation	
ASSURANT BENEFITS	SVP, HR & DEVELOPMENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="381.64"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="224.16"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Rosemary Polk
Full Name (Last, First, Middle Initial)
Mailing Address 624 Greenway Ter

City Kansas City	State MO	Zip Code 64113-1536
---------------------	-------------	------------------------

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

Name of Employer ASSURANT BENEFITS	Occupation SVP, HR & DEVELOPMENT
---------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **381.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : 20150303133744-34

Amount of Each Receipt this Period

95.41

B. Larry Port
Full Name (Last, First, Middle Initial)
Mailing Address 75 Wall St

City New York	State NY	Zip Code 10005-3160
------------------	-------------	------------------------

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

Name of Employer ASSURANT CORPORATE	Occupation SVP, CORPORATE DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **558.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 2015022092251-58

Amount of Each Receipt this Period

139.58

C. Larry Port
Full Name (Last, First, Middle Initial)
Mailing Address 75 Wall St

City New York	State NY	Zip Code 10005-3160
------------------	-------------	------------------------

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

Name of Employer ASSURANT CORPORATE	Occupation SVP, CORPORATE DEVELOPMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **558.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : 20150303133744-56

Amount of Each Receipt this Period

139.58

SUBTOTAL of Receipts This Page (optional).....▶	374.57
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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)
Assurant Inc. Political Action Committee

A. Karen Porter-Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 13501 SW 102nd Ave

City Miami State FL Zip Code 33176-6127

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

Name of Employer ASSURANT SOLUTIONS Occupation SVP, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : 2015022092251-9

Amount of Each Receipt this Period
83.33

B. Karen Porter-Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 13501 SW 102nd Ave

City Miami State FL Zip Code 33176-6127

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

Name of Employer ASSURANT SOLUTIONS Occupation SVP, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-9

Amount of Each Receipt this Period
83.33

C. Raymond Rafferty
Full Name (Last, First, Middle Initial)

Mailing Address 9903 Cape Ct

City Dublin State OH Zip Code 43017-7063

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

Name of Employer SPECIALTY PROPERTY Occupation VP, SERVICE CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : 2015022092251-19

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Raymond Rafferty
Full Name (Last, First, Middle Initial)
Mailing Address 9903 Cape Ct
City Dublin State OH Zip Code 43017-7063
FEC ID number of contributing federal political committee. **C**
Name of Employer SPECIALTY PROPERTY Occupation VP, SERVICE CENTER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.32**

Date of Receipt **02 / 27 / 2015**
Transaction ID : 20150303133744-19
Amount of Each Receipt this Period **83.33**

B. John Rogers III
Full Name (Last, First, Middle Initial)
Mailing Address 67 Chester St
City Arlington State MA Zip Code 02476-7606
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation SVP, STRATEGIC PROJECTS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : 20150303133744-57
Amount of Each Receipt this Period **62.50**

c. Joseph Sevcik
Full Name (Last, First, Middle Initial)
Mailing Address 9510 W 129th St
City Overland Park State KS Zip Code 66213-3243
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT BENEFITS Occupation SVP, MARKETING
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.32**

Date of Receipt **02 / 13 / 2015**
Transaction ID : 2015022092251-35
Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **229.16**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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)
Assurant Inc. Political Action Committee

A. Joseph Sevcik
Full Name (Last, First, Middle Initial)

Mailing Address 9510 W 129th St

City Overland Park State KS Zip Code 66213-3243

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

Name of Employer ASSURANT BENEFITS Occupation SVP, MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-35

Amount of Each Receipt this Period
83.33

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

Mailing Address 26645 Oak Ln

City Wind Lake State WI Zip Code 53185-2105

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

Name of Employer ASSURANT HEALTH Occupation VP, IT PMO & INTEGRATION

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
02 / 13 / 2015

Transaction ID : 2015022092251-104

Amount of Each Receipt this Period
75.00

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

Mailing Address 26645 Oak Ln

City Wind Lake State WI Zip Code 53185-2105

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

Name of Employer ASSURANT HEALTH Occupation VP, IT PMO & INTEGRATION

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
02 / 27 / 2015

Transaction ID : 20150303133744-101

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	233.33
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Jack Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Forty Love Pt
 City State Zip Code
 Chapin SC 29036-8869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECIALTY PROPERTY DIR, P&C CLAIMS
 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
 02 / 13 / 2015
Transaction ID : 2015022092251-7
 Amount of Each Receipt this Period
 100.00

B. Jack Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Forty Love Pt
 City State Zip Code
 Chapin SC 29036-8869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECIALTY PROPERTY DIR, P&C CLAIMS
 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
 02 / 27 / 2015
Transaction ID : 20150303133744-7
 Amount of Each Receipt this Period
 100.00

C. Sheila Sweeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 10255 67th Dr
 City State Zip Code
 Forest Hills NY 11375-2887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE VP,HEALTH POLICY & SHARED SERV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 2015022092251-62
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Sheila Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 10255 67th Dr

City Forest Hills State NY Zip Code 11375-2887

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

Name of Employer ASSURANT CORPORATE Occupation VP,HEALTH POLICY & SHARED SERV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-59

Amount of Each Receipt this Period
83.33

B. Matthew Wieck
Full Name (Last, First, Middle Initial)

Mailing Address 2028 N Hubbard St

City Milwaukee State WI Zip Code 53212-3340

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

Name of Employer ASSURANT HEALTH Occupation VP, DIRECT MARKETS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 20150303133744-93

Amount of Each Receipt this Period
62.50

C. Craig Yopp
Full Name (Last, First, Middle Initial)

Mailing Address 1388 141st St

City New Richmond State WI Zip Code 54017-6824

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

Name of Employer ASSURANT CORPORATE Occupation VP, INVESTMENT ACCOUNTING

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
02 / 27 / 2015

Transaction ID : 20150303133744-61

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	205.83
TOTAL This Period (last page this line number only).....▶	11703.60

**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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. USbank

Mailing Address PO BOX 3050

City Milwaukee State WI Zip Code 53201-3050

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EC26E0C1403C346A5A3

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Waters

Mailing Address 3700 Wilshire Blvd., Ste. 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Maxine Waters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : 3A5938E7F82DD9FA434

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Clay Jr. for Congress

Mailing Address PO Box 4544

City St. Louis State MO Zip Code 63108

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

William Lacy Clay Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

Transaction ID : 2896B4DC5FB80CE67F0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Emanuel Cleaver II

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : 5153B6453A4770ED9C0

Amount of Each Disbursement this Period

1500.00

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

7500.00

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
2016 Primary

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : 591512B400FB7897958

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2016 Primary

011

Candidate Name

Robert James Dold Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : E3D2EA747DDA419BF9C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
2016 Primary

011

Candidate Name

Gregory W. Meeks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : 40E8152CC219B516D68

Amount of Each Disbursement this Period

1000.00

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : 9C4BC76E72A3E02EBC2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : 7205B3136A0BFE49747

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Luke Messer for Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
2016 Primary

011

Candidate Name

Allan Lucas Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : 9D6927FB7A16D786A46

Amount of Each Disbursement this Period

1000.00

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. McHenry Leadership Fund

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

McHenry Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : B3FD891FCEDD87C7C84

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Montanans for Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
2018 Primary

011

Candidate Name

Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: MT District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

Transaction ID : 209D48AD704D31F0567

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2016 Primary

011

Candidate Name

Thomas E. Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

Transaction ID : 3AC8AFCC7A43C9D9E44

Amount of Each Disbursement this Period

2000.00

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

7000.00

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Prosperity Action Inc.

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Prosperity Action Inc.

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : **D009447ABB3C9D83B59**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Roger Williams for U S Congress Committee

Mailing Address PO Box 91061

City Austin State TX Zip Code 78709-1061

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Roger Williams

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: TX District: 25

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **B5DB99C8B3798D0341A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rounds for Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501-0250

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

M. Michael Rounds

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) **Contribution**

State: SD District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : **6C32C73623DD609E91E**

Amount of Each Disbursement this Period

1000.00

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

6500.00

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)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : 8516E84335DB06F9AE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
2016 Primary

011

Candidate Name

Timothy Eugene Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : 58F87880C9163BFF98B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Amount of Each Disbursement this Period

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

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

2000.00

32000.00