

# 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.

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  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:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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="2012"/>		186528.21
(b) Cash on Hand at Beginning of Reporting Period.....	195660.01	
(c) Total Receipts (from Line 19) .....	41766.95	304848.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	237426.96	491376.27
7. Total Disbursements (from Line 31).....	35114.16	289063.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	202312.80	202312.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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)

Page 3

Write or Type Committee Name

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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).....	26192.37	155840.84
(ii) Unitemized .....	15573.59	142999.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41765.96	298840.74
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	41765.96	298840.74
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.99	7.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	41766.95	304848.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41766.95	304848.06

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	2114.16	14021.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2114.16	14021.47
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	273500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	42.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	42.00
29. Other Disbursements .....	0	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35114.16	289063.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35114.16	289063.47

**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) .....	41765.96	298840.74
34. Total Contribution Refunds (from Line 28(d)) .....	0	42.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41765.96	298798.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2114.16	14021.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2114.16	14021.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. J. David Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

City	State	Zip Code
Marietta	GA	30068-4379

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

Name of Employer	Occupation
Purchasing Alliance Solutions, Inc.	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
06	/	23	/	2012

**Transaction ID : 12846-P60213**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction  
 (\$20.00 Monthly)

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

Mailing Address 320 S Weber St

City	State	Zip Code
Colorado Springs	CO	80903-2153

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

Name of Employer	Occupation
Benefit Resources, Inc.	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
06	/	23	/	2012

**Transaction ID : 12846-P60216**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction  
 (\$100.00 Monthly)

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

Mailing Address 3000 A St Ste 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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P60217**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction  
 (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address PO Box 510925

City State Zip Code  
 New Berlin WI 53151-0925

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

Name of Employer Occupation  
 Planned Futures LLC Employee Benefit Consultant

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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60221**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction  
 (\$50.00 Monthly)

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

Mailing Address 6102 82nd St Ste 6

City State Zip Code  
 Lubbock TX 79424-0803

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

Name of Employer Occupation  
 Ashmore & Associates Insurance Agency Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59888**

Amount of Each Receipt this Period  
 170.00

Payroll Deduction  
 (\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Ginger Ashton-Vernon**

Mailing Address 1900 Electric Rd

City State Zip Code  
 Salem VA 24153-7474

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

Name of Employer Occupation  
 Lewis-Gale Medical Center Director of Provider Relations

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  
 06 / 23 / 2012  
**Transaction ID : 12845-P59889**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 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 8 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Rick Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4390 Earney Rd Ste 240  
 City Woodstock State GA Zip Code 30188-5687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rick Bailey & Company, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60505**  
 Amount of Each Receipt this Period 135.00  
 Payroll Deduction (\$135.00 Monthly)

**B. Andrea Baldrice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 E Saint Vrain St Ste 12  
 City Colorado Springs State CO Zip Code 80903-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baldrice & Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60507**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Kathryn Beals**  
 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 Director Group Retention  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1145.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59818**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 347.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Debra M. Beaucoudray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5627 Superior Dr Ste A3  
 City Baton Rouge State LA Zip Code 70816-6089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaucoudray Medica Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60377**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Bruce Benton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19528 Ventura Blvd # 596  
 City Tarzana State CA Zip Code 91356-2917  
 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 ▼ 1020.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59823**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**C. David A. Berman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6510 N Shadeland Ave  
 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 ▼ 635.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59824**  
 Amount of Each Receipt this Period 85.00  
 Payroll 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: (check only one)	PAGE 10 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Thomas Besselman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Perkins Rd Bldg A # 2B  
 City Baton Rouge State LA Zip Code 70808-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Besselman & Little Agency, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60386**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction (\$250.00 Monthly)

**B. James P. Better**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Olde North Rd Ste 301  
 City Chelmsford State MA Zip Code 01824-1453  
 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 ▼ 340.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60387**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Robert Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2785 E Desert Inn Rd Ste 260  
 City Las Vegas State NV Zip Code 89121-3693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KIA Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60242**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Chad Blankenburg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fairview Rd Ste 618  
 City Charlotte State NC Zip Code 28210-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cason Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59753**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**B. 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 Employee Benefits Marketing Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59756**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**C. Laura Blomgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 E Woodfield Rd Ste 625  
 City Schaumburg State IL Zip Code 60173-5435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peridot Financial Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2012  
**Transaction ID : 12823**  
 Amount of Each Receipt this Period 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. James Bosier</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60253</b>
Mailing Address 602 Main St		Amount of Each Receipt this Period 85.00
City Cedar Falls	State IA	Zip Code 50613-2949
FEC ID number of contributing federal political committee. C	Name of Employer The Accel Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Victoria Braden</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12845-P59921</b>
Mailing Address 5726 Fairley Hall Ct		Amount of Each Receipt this Period 250.00
City Norcross	State GA	Zip Code 30092-1425
FEC ID number of contributing federal political committee. C	Name of Employer Braden Benefit Strategies, Inc	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
		Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Shawn F. Brashears</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60568</b>
Mailing Address 301 International Cir		Amount of Each Receipt this Period 10.00
City Hunt Valley	State MD	Zip Code 21030-1334
FEC ID number of contributing federal political committee. C	Name of Employer Kelly & Associates Insurance Group	Occupation Director of Business Developme
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		Payroll Deduction (\$10.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	345.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 8000 Bonhomme Ave Ste 320

City Saint Louis State MO Zip Code 63105-3515

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

Name of Employer Liggett, Black & Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60570**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 5718 E 101st Pl

City Tulsa State OK Zip Code 74137-7078

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

Name of Employer Assurant Health Occupation Area Sales Mgr.

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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60573**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 6440 Wasatch Blvd Ste 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59859**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction  
 (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Joan Bumgarner**  
Full Name (Last, First, Middle Initial)

Mailing Address 29700 Windsong Ln

City Agoura Hills State CA Zip Code 91301-4016

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

Name of Employer Word and Brown Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 29 / 2012  
**Transaction ID : 12936**

Amount of Each Receipt this Period  
250.00

**B. Jennifer W. Bundy-Cobb**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A St Ste 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 ▼ 680.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12845-P59860**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 5653 Maxwellton Rd

City Oakland State CA Zip Code 94618-2654

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

Name of Employer Burns Employee Benefits Insurance Ser Occupation Managing Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12846-P60458**

Amount of Each Receipt this Period  
85.00

Payroll 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: (check only one)	PAGE 15 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 9713 Key West Ave Ste 401

City Rockville State MD Zip Code 20850-3918

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

Name of Employer The Insurance Exchange, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60462**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 28411 Northwestern Hwy Ste 950

City Southfield State MI Zip Code 48034-5515

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

Name of Employer Great Lakes Benefit Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12845-P59863**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 1500 Liberty Ridge Dr Ste 321

City Wayne State PA Zip Code 19087-5574

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

Name of Employer Radnor Benefits Group, Inc. Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60465**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **255.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Louie Cason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 11229  
 City Columbia State SC Zip Code 29211-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cason Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60365**  
 Amount of Each Receipt this Period  
**85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. Russell Childers**  
 Full Name (Last, First, Middle Initial)  
 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 **695.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59816**  
 Amount of Each Receipt this Period  
**95.00**  
 Payroll Deduction  
 (\$95.00 Monthly)

**C. Rita H Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3342 Greystone Way  
 City Valdosta State GA Zip Code 31605-1096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H&H Insurance Solutions, Inc. Occupation Benefits Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60293**  
 Amount of Each Receipt this Period  
**30.00**  
 Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Dorothy Cociu**  
Full Name (Last, First, Middle Initial)

Mailing Address PO 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 & Insuran  
Occupation: Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**510.00**

Date of Receipt: **06 / 23 / 2012**  
Transaction ID : **12846-P60298**

Amount of Each Receipt this Period: **85.00**

Payroll Deduction: **(\$85.00 Monthly)**

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

Mailing Address 8000 Bonhomme Ave, Suite 320

City Saint Louis State MO Zip Code 63105-

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

Name of Employer: Conley Benefit Services  
Occupation: Agency Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**252.00**

Date of Receipt: **06 / 23 / 2012**  
Transaction ID : **12846-P60303**

Amount of Each Receipt this Period: **42.00**

Payroll Deduction: **(\$42.00 Monthly)**

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

Mailing Address 15800 Crabbs Branch Way # 350

City Rockville State MD Zip Code 20855-2604

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

Name of Employer: Independent Benefit  
Occupation: Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**635.00**

Date of Receipt: **06 / 23 / 2012**  
Transaction ID : **12845-P59784**

Amount of Each Receipt this Period: **85.00**

Payroll Deduction: **(\$85.00 Monthly)**

**SUBTOTAL** of Receipts This Page (optional)..... **212.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Troy Cook**

Mailing Address 12421 Meredith Dr

City Urbandale State IA Zip Code 50398-3344

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

Name of Employer Marsh U.S. Consumer Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59785**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd Ste 400

City Novi State MI Zip Code 48375-5517

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

Name of Employer Health Care Administrators Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **427.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60305**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 700 Larkspur Landing Cir Ste 285

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 ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60306**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **212.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. John Crable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 E Park Dr Ste 600  
 City Mount Laurel State NJ Zip Code 08054-1297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Corporate Synergies Group, Inc. Occupation VP & Lead Conosultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60212**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction (\$50.00 Monthly)

**B. Valerie Cramer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44565 Broadmoor Cir N  
 City Northville State MI Zip Code 48168-8632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cadillac Insurance Center Occupation Employee Benefits Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59736**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction (\$50.00 Monthly)

**C. Reed Damron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 Live Oak Pkwy Ste 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 **510.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60228**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **185.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. John Davidson**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Rolling Oaks Dr Ste 110

City State Zip Code  
Thousand Oaks CA 91361-1003

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

Name of Employer Occupation  
Self Employed Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12846-P60230**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address PO Box 148

City State Zip Code  
Watson LA 70786-0148

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

Name of Employer Occupation  
Self Employed Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12845-P59596**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address 921-C S McPherson Church Rd

City State Zip Code  
Fayetteville NC 28303-5368

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

Name of Employer Occupation  
Ebenconcepts Broker/Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
977.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12846-P59961**

Amount of Each Receipt this Period  
142.00

Payroll Deduction  
(\$142.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 269.00

**TOTAL** This Period (last page this line 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 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Craig Dawson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3300 N A St Bldg 1 Ste 246

City Midland State TX Zip Code 79705-5421

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

Name of Employer Crawford & Dawson Benefits Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P59962**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 5880 Live Oak Pkwy Ste 230

City Norcross State GA Zip Code 30093-1740

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P59963**

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 2811 Lenoir Dr

City Greensboro State NC Zip Code 27408-5212

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

Name of Employer Community Eye Care Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P59965**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **142.00**

**TOTAL** This Period (last page this line 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 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 1342 Colonial Blvd Bldg H Unit 59

City	State	Zip Code
Fort Myers	FL	33907-1013

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

Name of Employer	Occupation
Olde Florida Benefits Group, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : 12935**

Amount of Each Receipt this Period  

365.00
--------

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

Mailing Address 15200 Omega Drive Suite 100

City	State	Zip Code
Rockville	MD	20850-

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

Name of Employer	Occupation
Early Cassidy and Schilling	VP of Employee Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P59933**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address PO Box 285

City	State	Zip Code
Geneva	IL	60134-0285

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

Name of Employer	Occupation
Colonial Life	District Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P59934**

Amount of Each Receipt this Period  

27.00
-------

Payroll Deduction  
 (\$27.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>477.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Steve Dodder**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132-2069

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

Name of Employer Assurant Health Occupation Regional Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P59935**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 4520 S National

City Springfield State MO Zip Code 65810

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

Name of Employer Mercy Health Plans Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P59939**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 4549 Highway 17 Byp S

City Myrtle Beach State SC Zip Code 29577-6680

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

Name of Employer Ka-Nol Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P59940**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction  
 (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **137.00**

**TOTAL** This Period (last page this line 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 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Geoffrey Duke**

Mailing Address 9920 Kincey Ave Ste 120

City State Zip Code  
Huntersville NC 28078-2401

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

Name of Employer Occupation  
MPAY Inc Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12846-P59942**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address PO 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 ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12845-P59586**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address 201 Evans Road Building 3, Suite

City State Zip Code  
Harahan LA 70123-

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

Name of Employer Occupation  
LouisianaBenefits.com Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12846-P59945**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 26240 Wacker Dr

City Chesterfield State MI Zip Code 48051-3306

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

Name of Employer Comerica Insurance Services, Inc. Occupation VP - Group Benefits Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **905.00**

Date of Receipt **06 / 28 / 2012**

**Transaction ID : 12903**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 26240 Wacker Dr

City Chesterfield State MI Zip Code 48051-3306

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

Name of Employer Comerica Insurance Services, Inc. Occupation VP - Group Benefits Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60559**

Amount of Each Receipt this Period **170.00**

Payroll Deduction **(\$170.00 Monthly)**

Full Name (Last, First, Middle Initial)  
**c. John Fagen**

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60562**

Amount of Each Receipt this Period **85.00**

Payroll Deduction **(\$85.00 Monthly)**

**SUBTOTAL** of Receipts This Page (optional)..... **355.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Valerie Fagen**

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 ▼  
250.02

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12846-P60563**

Amount of Each Receipt this Period  
41.67

Payroll Deduction  
(\$41.67 Monthly)

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

Mailing Address 5010 Carriage Dr

City State Zip Code  
Evansville IN 47715-2570

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

Name of Employer Occupation  
Health Resources Inc. Regional Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12846-P59930**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 3800 N Central Ave Fl 9

City State Zip Code  
Phoenix AZ 85012-1979

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

Name of Employer Occupation  
Black, Gould & Associates Sr. Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12846-P59931**

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Sam Fiorentino**

Mailing Address 1521 Georgetown Rd Ste 310

City Hudson	State OH	Zip Code 44236-4078
----------------	-------------	------------------------

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

Name of Employer Self Employed	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  
 06 / 23 / 2012  
**Transaction ID : 12846-P59949**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

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 ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P59950**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 7343 El Camino Real

City Atascadero	State CA	Zip Code 93422-4697
--------------------	-------------	------------------------

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

Name of Employer Barry J. Fisher Insurance Marketing	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P59951**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	212.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Erin B. Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Courtland Ave Apt 6  
 City State Zip Code  
 Stamford CT 06902-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Find Medicare Plans Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1042.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : 12934**  
 Amount of Each Receipt this Period  
 100.00

**B. Erin B. Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Courtland Ave Apt 6  
 City State Zip Code  
 Stamford CT 06902-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Find Medicare Plans Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 942.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P59952**  
 Amount of Each Receipt this Period  
 87.00  
 Payroll Deduction  
 (\$87.00 Monthly)

**C. Eva Jean Fomalont**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4101 Indian School Rd NE  
 City State Zip Code  
 Albuquerque NM 87110-3988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lovelace Health Plan Mgr., Sales/Retention Division  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : 12921**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	687.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. H. Larry Fortenberry</b>		Date of Receipt
Mailing Address PO Box 16566		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jackson	MS	39236-6566
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12845-P59595</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction
Executive Planning Group, P.A.	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Linda Friedrich</b>		Date of Receipt
Mailing Address 4435 O St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lincoln	NE	68510-1842
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12845-P59620</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
UNICO Financial Services, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	(\$50.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bruce Frizen</b>		Date of Receipt
Mailing Address 1706 Grayscroft Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waxhaw	NC	28173-6678
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12846-P60021</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer	Occupation	Payroll Deduction
Horizon Benefits Consultants, Inc	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="445.00"/>	(\$45.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="137.00"/>
<b>TOTAL</b> 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 30 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Joan L. Galletta**  
Full Name (Last, First, Middle Initial)

Mailing Address 3342 Kori Rd

City Jacksonville State FL Zip Code 32257-8883

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

Name of Employer JP Perry Insurance, Inc. Occupation Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt **06 / 12 / 2012**

**Transaction ID : 12789**

Amount of Each Receipt this Period **200.00**

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

Mailing Address 3342 Kori Rd

City Jacksonville State FL Zip Code 32257-8883

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

Name of Employer JP Perry Insurance, Inc. Occupation Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **755.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : 12932**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 3342 Kori Rd

City Jacksonville State FL Zip Code 32257-8883

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

Name of Employer JP Perry Insurance, Inc. Occupation Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **655.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60201**

Amount of Each Receipt this Period **85.00**

Payroll Deduction **(\$85.00 Monthly)**

**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 31 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 14010 Fnb Pkwy Ste 300

City Omaha State NE Zip Code 68154-5206

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

Name of Employer Harry A. Koch Co. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59732**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 4101 Indian School Rd NE

City Albuquerque State NM Zip Code 87110-3988

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

Name of Employer Lovelace Health Plan Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : 12931**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521-5977

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59733**

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Charles Gartlan**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1268

City Toms River State NJ Zip Code 08754-1268

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

Name of Employer Emerson, Reid & Co. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60207**

Amount of Each Receipt this Period **100.00**

Payroll Deduction  
(\$100.00 Monthly)

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

Mailing Address 3820 W Happy Valley Rd Ste 141, P

City Glendale State AZ Zip Code 85310-

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

Name of Employer Capitol Insurance Brokers, Inc. Occupation Pres.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60232**

Amount of Each Receipt this Period **78.00**

Payroll Deduction  
(\$78.00 Monthly)

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

Mailing Address 2016 Muirfield Pl

City Clemmons State NC Zip Code 27012-9345

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

Name of Employer JBA Benefits, LLC Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60234**

Amount of Each Receipt this Period **42.00**

Payroll Deduction  
(\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. James Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 Dutch Square Blvd Ste 115  
 City Columbia State SC Zip Code 29210-7337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gibson & Associates, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60236**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**B. Michael Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 Dutch Square Blvd Ste 115  
 City Columbia State SC Zip Code 29210-7337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gibson & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60235**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Richard Girdler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Seaboard Ln Ste C-170  
 City Franklin State TN Zip Code 37067-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cowan Benefit Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60238**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Patrice Goldfarb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 442 Teaneck Rd  
 City Ridgefield Park State NJ Zip Code 07660-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Employee Benefits Advisors Group Occupation Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60255**  
 Amount of Each Receipt this Period **60.00**  
 Payroll Deduction (\$60.00 Monthly)

**B. Ryan Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 Sweetbay Dr  
 City Salisbury State MD Zip Code 21804-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Insurance Solutions Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **545.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60261**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Michael Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 233 S 13th St Ste 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 Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **875.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59766**  
 Amount of Each Receipt this Period **125.00**  
 Payroll Deduction (\$125.00 Monthly)

**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 35 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Patricia Griffey**  
 Mailing Address 4404 Technology Dr  
 City State Zip Code  
 South Bend IN 46628-9700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Page 1 Benefits, Inc. Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60068**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Robert Grundman**  
 Mailing Address 7412 Karl Dr  
 City State Zip Code  
 Lincoln NE 68516-4368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Senior Benefit Strategies 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  
 06 / 23 / 2012  
**Transaction ID : 12845-P59767**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction  
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Craig Gussin**  
 Mailing Address 4330 La Jolla Village Dr Ste 330  
 City State Zip Code  
 San Diego CA 92122-6241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Auerbach & Gussin Insurance and Finan Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60267**  
 Amount of Each Receipt this Period  
 95.00  
 Payroll Deduction  
 (\$95.00 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 36 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Teresa 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 IBS/White Bear Group Occupation President/Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60269**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address I-20 At Alpine Rd. AV-100

City Columbia State SC Zip Code 29219-0001

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

Name of Employer BlueCross BlueShield of South Carolina Occupation 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  
**06 / 23 / 2012**

**Transaction ID : 12845-P59768**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 921-C S McPherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

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 ▼ **1230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60280**

Amount of Each Receipt this Period  
**410.00**

Payroll Deduction  
 (\$410.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **537.00**

**TOTAL** This Period (last page this line 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 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Gerald Hartman**

Mailing Address PO Box 5716

City State Zip Code  
 Boise ID 83705-0716

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

Name of Employer Occupation  
 Insurance Network America 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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60282**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction  
 (\$50.00 Monthly)

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

Mailing Address 2207 Springfield Ave

City State Zip Code  
 Fort Wayne IN 46805-1541

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

Name of Employer Occupation  
 Self Employed Sales Representative

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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60283**

Amount of Each Receipt this Period  
 40.00

Payroll Deduction  
 (\$40.00 Monthly)

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

Mailing Address 64 Rolling Ridge Rd

City State Zip Code  
 New City NY 10956-6915

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

Name of Employer Occupation  
 Sadler Hayes Associates, Inc. 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  
 06 / 18 / 2012  
**Transaction ID : 12820**

Amount of Each Receipt this Period  
 50.00

**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 38 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hedy Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 4816 Woodberry Ln

City Benton State LA Zip Code 71006-9361

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

Name of Employer Benefit Consulting Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12846-P60286**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address PO Box 50031

City Henderson State NV Zip Code 89016-0031

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

Name of Employer Employer Benefit Source, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12846-P60288**

Amount of Each Receipt this Period 10.00

Payroll Deduction (\$10.00 Monthly)

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12845-P59658**

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 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: (check only one)	PAGE 39 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Thomas Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19310 Sonoma Hwy Ste 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 Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60086**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. William Hepscher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38176 Medical Center Ave  
 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 ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60087**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. John Hinck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 McLaws Cir Ste 2  
 City Williamsburg State VA Zip Code 23185-5649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Centaurus Financial, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60314**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Kymberly Hopwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 Water St Fl 7  
 City Oakland State CA Zip Code 94607-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dealey, Renton & Associates Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60323**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Michelle Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2850 W Grand Blvd  
 City Detroit State MI Zip Code 48202-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Alliance Plan Occupation Director of Producer Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60324**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. John Humkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1029 Monarch St Ste 130  
 City Lexington State KY Zip Code 40513-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Employee Benefit Associates, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60328**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 212.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. David Hunt**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 4824

City Jackson	State MS	Zip Code 39296-4824
-----------------	-------------	------------------------

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

Name of Employer Hunt Insurance Agency	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
06	/	23	/	2012

**Transaction ID : 12845-P59797**

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

**B. Jerry D. Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5113 N. Executive Dr., Ste 102

City Peoria	State IL	Zip Code 61614-4893
----------------	-------------	------------------------

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

Name of Employer Jackson Financial Services	Occupation General Agent
--	-----------------------------

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
06	/	23	/	2012

**Transaction ID : 12846-P60113**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**C. David S Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1482 Baron Ct

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 Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P60061**

Amount of Each Receipt this Period  
250.00

Payroll Deduction  
(\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	327.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Suzanne Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 6235 Morrison Blvd Ste 302

City Charlotte State NC Zip Code 28211-3508

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 ▼ 550.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60333**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 8631 S Priest Dr Ste 101

City Tempe State AZ Zip Code 85284-1912

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

Name of Employer Benefits By Design, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59808**

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

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

Mailing Address P.O. Drawer K-1630 507 Avenue G

City Levelland State TX Zip Code 79336

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 ▼ 425.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59809**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 167.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Dianne Kelley**

Mailing Address 7320 N La Cholla Blvd Ste 154-219

City Tucson State AZ Zip Code 85741-2309

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

Name of Employer Sandbrook Benefits Group, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12845-P59810**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 12485 28th St N FI 2

City Saint Petersburg State FL Zip Code 33716-1825

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

Name of Employer BB&T Iler Wall & Shonter Insurance Se Occupation Benefit Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt **06 / 23 / 2012**

**Transaction ID : 12846-P60346**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 1001 4th Ave Ste 3200

City Seattle State WA Zip Code 98154-1003

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

Name of Employer Tellesbo & Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt **06 / 28 / 2012**

**Transaction ID : 12906**

Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Tamara Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7740 N 16th St Ste 110  
 City Phoenix State AZ Zip Code 85020-4481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rogers Benefit Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1325.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60348**  
 Amount of Each Receipt this Period **200.00**  
 Payroll Deduction (\$200.00 Monthly)

**B. Dierdre Kennedy-Simington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3452 E Foothill Blvd Ste 514  
 City Pasadena State CA Zip Code 91107-3163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Polenzani Benefits & Insurance Servic Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60349**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**C. John Kiebler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 W Vine St Ste 1600  
 City Lexington State KY Zip Code 40507-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana Occupation CHC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **560.00**

Date of Receipt **06 / 28 / 2012**  
**Transaction ID : 12907**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>292.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. John Kiebler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 W Vine St Ste 1600  
 City Lexington State KY Zip Code 40507-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana Occupation CHC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60353**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Michael R King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 White Spruce Blvd Ste C  
 City Rochester State NY Zip Code 14623-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Century Benefits Group, Inc Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : 12930**  
 Amount of Each Receipt this Period 50.00

**C. Kenny Knotts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2250 Hospital Dr Ste 120  
 City Bossier City State LA Zip Code 71111-2168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cobbs, Allen & Hall of Louisiana Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 22 / 2012  
**Transaction ID : 12842**  
 Amount of Each Receipt this Period 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Kenny Knotts**

Mailing Address 2250 Hospital Dr Ste 120

City State Zip Code  
Bossier City LA 71111-2168

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

Name of Employer Occupation  
Cobbs, Allen & Hall of Louisiana 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  
06 / 22 / 2012  
**Transaction ID : 12843**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 2429 North Ave

City State Zip Code  
Bridgeport CT 06604-2336

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

Name of Employer Occupation  
The Ganim Group, Inc. 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  
06 / 23 / 2012  
**Transaction ID : 12846-P60122**

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

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

Mailing Address 516 Shelley St

City State Zip Code  
Livermore CA 94550-2368

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

Name of Employer Occupation  
Herzog Insurance Agency Health Benefits Insurance Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2012  
**Transaction ID : 12845-P59676**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

**TOTAL** This Period (last page this line 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 47 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 1501 Ingersoll Ave Ste 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 President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59812**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction  
 (\$50.00 Monthly)

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

Mailing Address PO Box 426

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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60356**

Amount of Each Receipt this Period  
 35.00

Payroll Deduction  
 (\$35.00 Monthly)

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

Mailing Address PO Box 426

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59813**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction  
 (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Mary Kramer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2637 S 158th Plz Ste 200

City Omaha State NE Zip Code 68130-1769

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

Name of Employer Holmes Murphy and Associates, Inc. Occupation Senior Acct Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12845-P59814**

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 6315 Crested Butte Dr

City Dallas State TX Zip Code 75252-5764

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

Name of Employer Ovation Health & Life Services, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60360**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 5880 Live Oak Pkwy Ste 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 President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60391**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **167.00**

**TOTAL** This Period (last page this line 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 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Ruthann Laswick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3800 N Central Ave Fl 9  
City Phoenix State AZ Zip Code 85012-1979  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Black Gould & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60393**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**B. Jim Lawless**  
Full Name (Last, First, Middle Initial)  
Mailing Address 989 Governors Ln Ste 350  
City Lexington State KY Zip Code 40513-1173  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Advisors dba Lawless Insuranc Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **427.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60395**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**C. William H. Lee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4546 Fleet Dr  
City Baton Rouge State LA Zip Code 70809-6971  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Humana Occupation Direct Sales Representative  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60396**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **134.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Emma S Leigh**

Mailing Address 600 Townpark Ln NW Ste LL1000

City Kennesaw State GA Zip Code 30144-3729

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

Name of Employer Alliant Health Plans, Inc. Occupation Government Relations

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  
**06 / 23 / 2012**

**Transaction ID : 12846-P60398**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction  
 (\$50.00 Monthly)

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

Mailing Address PO Box 50

City Hackettstown State NJ Zip Code 07840-0050

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

Name of Employer Leonard Financial Group, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60400**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 1851 E 1st St Ste 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 Area Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60404**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Scott Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Oil Center Dr Ste 250  
 City Lafayette State LA Zip Code 70503-2459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Resource Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60406**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Douglas Lubenow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 W Main St Ste 203  
 City Moorestown State NJ Zip Code 08057-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lubenow Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59829**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30.00 Monthly)

**C. Maurice Lyons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Madison Ave Fl 4  
 City New York State NY Zip Code 10017-8103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medical Link, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4650.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60411**  
 Amount of Each Receipt this Period **250.00**  
 Payroll Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **322.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Richard W. Mack**  
Full Name (Last, First, Middle Initial)

Mailing Address 1935 Vine St Ste 170

City Salt Lake City State UT Zip Code 84121-2197

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

Name of Employer Mack Insurance Marketing, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 19 / 2012  
**Transaction ID : 12831**

Amount of Each Receipt this Period 365.00

**B. Victoria A. Major-Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 540034

City Lake Worth State FL Zip Code 33454-0034

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 ▼ 380.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59833**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 125 S Swoope Ave Ste 210

City Maitland State FL Zip Code 32751-5784

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

Name of Employer Benefits Division, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60417**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 437.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Benji A. Marrs</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60420</b>
Mailing Address 1151 Red Mile Rd		Amount of Each Receipt this Period 85.00
City Lexington	State KY	Zip Code 40504-2649
FEC ID number of contributing federal political committee.	C	
Name of Employer Benefit Insurance Marketing	Occupation Benefit Advisor	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Martin</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12845-P59835</b>
Mailing Address 109 Black Mountain Ave		Amount of Each Receipt this Period 40.00
City Black Mountain	State NC	Zip Code 28711-3402
FEC ID number of contributing federal political committee.	C	
Name of Employer Ebenconcepts	Occupation Broker	Payroll Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Matthew Masone</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60425</b>
Mailing Address 6731 Columbia Gateway Dr Ste 210		Amount of Each Receipt this Period 45.00
City Columbia	State MD	Zip Code 21046-2165
FEC ID number of contributing federal political committee.	C	
Name of Employer Lincoln Financial Group	Occupation Broker	Payroll Deduction (\$45.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Carol Matznick</b>		Date of Receipt
Mailing Address PO Box 38905		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Greensboro	NC	27438-8905
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12845-P59839</b>
North Carolina AHU	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>	<input type="text" value="42.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Michael Matznick</b>		Date of Receipt
Mailing Address 3300 Battleground Ave Ste 320		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Greensboro	NC	27410-2491
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12846-P60428</b>
EbenConcepts Company	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Dwight M Mazzone</b>		Date of Receipt
Mailing Address 8878 Haviland Rd		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89123-0191
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>12846-P60127</b>
Dwight M. Mazzone - Insurance	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$20.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="162.00"/>
<b>TOTAL</b> 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 55 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Randy McDaniel</b>			Date of Receipt
Mailing Address 575 Chambers Rd			<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 12845-P59678</b>
McDonough	GA	30253-6447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction	
self	Broker		
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. H. McDermott</b>			Date of Receipt
Mailing Address 883 Baxter Dr			<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 12846-P60134</b>
South Jordan	UT	84095-8506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction	
McDermott Company & Associates	Owner		
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Susan McGinnis</b>			Date of Receipt
Mailing Address 8516 E 101st St Ste H			<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 12821</b>
Tulsa	OK	74133-7035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction	
BenEx Insurance Agency	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="122.00"/>
<b>TOTAL</b> 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 56 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Susan McGinnis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8516 E 101st St Ste 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 Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59840**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B. Ward McKalson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 532 Pajaro St  
City Salinas State CA Zip Code 93901-3346  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leavitt Central Coast Insurance Servi Occupation Principal  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60432**  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C. Amie N. McLaughlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9064 Boone Dr  
City Baton Rouge State LA Zip Code 70810-2651  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Partners, LLC Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59842**  
Amount of Each Receipt this Period 42.00  
Payroll 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 57 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. K. Brian McLaughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Elm St Ste 301  
 City Manchester State NH Zip Code 03101-1845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Granite Group Benefits, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60434**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Daniel McMahon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 N Riverpoint Blvd Ste. 403  
 City Spokane State WA Zip Code 99202-1649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western States Jones & Mitchell Occupation Benefits Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60435**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Keith H. McNeil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7200 Redwood Blvd Ste 400  
 City Novato State CA Zip Code 94945-3249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elite Brokerage Services, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12846-P60174**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 270.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Griffin L. Meredith</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60054</b>
Mailing Address 2518 Wendell Ave		Amount of Each Receipt this Period 85.00
City Louisville	State KY	Zip Code 40205-3012
FEC ID number of contributing federal political committee. C	Name of Employer FSAB Benefits	Payroll Deduction (\$85.00 Monthly)
Occupation Insurance Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00

Full Name (Last, First, Middle Initial) <b>B. Norman Michaels</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60441</b>
Mailing Address 80 Business Park Dr Ste 306		Amount of Each Receipt this Period 250.00
City Armonk	State NY	Zip Code 10504-1705
FEC ID number of contributing federal political committee. C	Name of Employer Michaels & Associates	Payroll Deduction (\$250.00 Monthly)
Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Miles</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60442</b>
Mailing Address 578 Washington Blvd # 801		Amount of Each Receipt this Period 85.00
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C	Name of Employer The Miles Organization, Inc.	Payroll Deduction (\$85.00 Monthly)
Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dennis Mobley</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12845-P59853</b>
Mailing Address 5454 I 55 N # B		Amount of Each Receipt this Period 50.00
City Jackson	State MS	Zip Code 39211-4027
FEC ID number of contributing federal political committee. C	Name of Employer Mobley Insurance Agency, LLC	Occupation Office Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Sandra Mobley</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12845-P59852</b>
Mailing Address 137 Executive Dr Ste D		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110-8456
FEC ID number of contributing federal political committee. C	Name of Employer Mobley Insurance Agency LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Douglas F Moore</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60139</b>
Mailing Address 1010 Ohio River Blvd		Amount of Each Receipt this Period 42.00
City Pittsburgh	State PA	Zip Code 15202-2836
FEC ID number of contributing federal political committee. C	Name of Employer Seubert & Associates, Inc.	Occupation Principal & Director, Benefits Divisi
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. David Mordo</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60141</b>
Mailing Address 718 River Road		Amount of Each Receipt this Period 20.00
City Fair Haven	State NJ	Zip Code 07704-
FEC ID number of contributing federal political committee. C	Name of Employer Walsh Benefits	Occupation Director, Small Group Operatio
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Todd Morrow</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60448</b>
Mailing Address 1173 Brittmoore Rd		Amount of Each Receipt this Period 42.00
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Concepts	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Ray Musser</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60453</b>
Mailing Address 404 N 2nd Ave Ste B		Amount of Each Receipt this Period 85.00
City Upland	State CA	Zip Code 91786-4793
FEC ID number of contributing federal political committee. C	Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
		Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. John J. Nelson</b>		Date of Receipt 06 / 23 / 2012 <b>Transaction ID : 12846-P60473</b>
Mailing Address 32110 Agoura Rd		Amount of Each Receipt this Period 416.70
City Westlake Village	State CA	Zip Code 91361-4026
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$416.70 Monthly)
Name of Employer Warner Pacific Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.50	

Full Name (Last, First, Middle Initial) <b>B. Penny Nikel</b>		Date of Receipt 06 / 23 / 2012 <b>Transaction ID : 12846-P60475</b>
Mailing Address 917 S Main St Ste 200B		Amount of Each Receipt this Period 20.00
City Longmont	State CO	Zip Code 80501-6400
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Monthly)
Name of Employer Nikel Insurance Associates LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. B. Ronnell Nolan</b>		Date of Receipt 06 / 23 / 2012 <b>Transaction ID : 12845-P59873</b>
Mailing Address PO Box 65128		Amount of Each Receipt this Period 42.00
City Baton Rouge	State LA	Zip Code 70896-5128
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer The Nolan Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	478.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 104
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 3333 Lee Pkwy

City Dallas State TX Zip Code 75219-5111

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

Name of Employer Holmes Murphy & Assoc Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
06 / 24 / 2012  
**Transaction ID : 12855**

Amount of Each Receipt this Period  
0

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

Mailing Address 3333 Lee Pkwy

City Dallas State TX Zip Code 75219-5111

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

Name of Employer Holmes Murphy & Assoc Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 24 / 2012  
**Transaction ID : 12856**

Amount of Each Receipt this Period  
215.00

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

Mailing Address PO 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 Independent Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12845-P59682**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

**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 63 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Tiffany Otis-Albert**  
Full Name (Last, First, Middle Initial)

Mailing Address 27000 W. 11 Mile Road Mail Code B

City Southfield	State MI	Zip Code 48034
--------------------	-------------	-------------------

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

Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director, External Sales Distribution
--	---

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
06	/	23	/	2012

**Transaction ID : 12846-P60146**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address 47 Laurel Hill Dr

City Niantic	State CT	Zip Code 06357-1536
-----------------	-------------	------------------------

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

Name of Employer Parker Agency	Occupation Principal
-----------------------------------	-------------------------

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
06	/	23	/	2012

**Transaction ID : 12845-P59879**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

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

Mailing Address 1112 Maple St

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 CEO/President
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P60482**

Amount of Each Receipt this Period  
350.00

Payroll Deduction  
(\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	492.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Ross Pendergraft**  
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard St Fl 8

City Woodland Hills State CA Zip Code 91367-4904

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60483**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 3760 Piper Street, Suite 1026

City Anchorage State AK Zip Code 99508

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

Name of Employer Providence Health & Services Alaska Occupation Region Manager, Payer Relation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : 12912**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3760 Piper Street, Suite 1026

City Anchorage State AK Zip Code 99508-

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

Name of Employer Providence Health & Services Alaska Occupation Region Manager, Payer Relation

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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60486**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. William Pennington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4640 Woodbridge Dr  
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 **240.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60487**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40.00 Monthly)

**B. Paige Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 380968  
City birmingham State AL Zip Code 35238-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Partners, LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59884**  
Amount of Each Receipt this Period **42.00**  
Payroll Deduction (\$42.00 Monthly)

**C. Susan Pittman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32418 51st Ave SW  
City Federal Way State WA Zip Code 98023-1936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Insure NW Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59886**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **132.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Tom Polenzani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3452 E Foothill Blvd Ste 514  
 City Pasadena State CA Zip Code 91107-3163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60147**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction  
 (\$170.00 Monthly)

**B. John G. Prue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12713 S Edinburgh St  
 City Olathe State KS Zip Code 66062-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana, Inc. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59635**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. Rebecca Purdy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8375 W Flamingo Rd Ste 102  
 City Las Vegas State NV Zip Code 89147-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Distinctive Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60513**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>297.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Kathy Rainwater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 W 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 Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59891**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**B. Susan M Rash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2108 W Laburnum Ave Ste 310  
 City Richmond State VA Zip Code 23227-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BB&T Benefit Consultants of Virginia, Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1145.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60517**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

**C. Dennis Recker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 971 N Perry St  
 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 Registered Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **355.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59896**  
 Amount of Each Receipt this Period **30.00**  
 Payroll 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 68 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 13800 Jackson Rd

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 ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60518**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 312 Elm Sreet

City Cincinnati State OH Zip Code 45202

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

Name of Employer Assurant Employee Benefits Occupation Agent

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  
**06 / 23 / 2012**

**Transaction ID : 12846-P60194**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction  
 (\$50.00 Monthly)

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

Mailing Address 1 E Pratt St Unit 902

City Baltimore State MD Zip Code 21202-1128

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

Name of Employer FranklinMorris Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60527**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Shan Ricketts**  
Full Name (Last, First, Middle Initial)

Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

City	State	Zip Code
Marietta	GA	30068-4379

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

Name of Employer	Occupation
Purchasing Alliance Solutions, Inc.	Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P60532**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 1402 N Capitol Ave Ste 400

City	State	Zip Code
Indianapolis	IN	46202-2375

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

Name of Employer	Occupation
Gregory & Appel Insurance	Senior Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12845-P59902**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address 7 Stonewall Lane

City	State	Zip Code
Mamaroneck	NY	10543-

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

Name of Employer	Occupation
Robert L. Rifkin	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
06	/	23	/	2012

**Transaction ID : 12846-P60534**

Amount of Each Receipt this Period  

42.00
-------

Payroll Deduction  
 (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Elizabeth Rios-Carl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Executive Blvd #205  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Employee Benefits VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59903**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction (\$50.00 Monthly)

**B. Michael Rivera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12200 Northwest Fwy Ste 662  
 City Houston State TX Zip Code 77092-4927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest General Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **635.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60538**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**C. Joseph Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 S 82nd St Ste B  
 City Lincoln State NE Zip Code 68516-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Financial Benefits Occupation Registered Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59905**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>305.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. William Robinson</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12845-P59906</b>
Mailing Address 1775 E Palm Canyon Dr Ste 110 # 2		Amount of Each Receipt this Period 85.00
City Palm Springs	State CA	Zip Code 92264-1623
FEC ID number of contributing federal political committee. C	Name of Employer Palm Canyon Insurance Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Mark L. Rose</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60153</b>
Mailing Address 14432 SE Eastgate Way Ste 400		Amount of Each Receipt this Period 170.00
City Bellevue	State WA	Zip Code 98007-6493
FEC ID number of contributing federal political committee. C	Name of Employer Baldwin Resource Group	Occupation Vice President Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
		Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Joel Rosenblum</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60154</b>
Mailing Address 230 Lipan Way		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.00	
		Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	297.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Francis Ruggiero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Kennedy Dr  
 City Budd Lake State NJ Zip Code 07828-1438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Slattery GA a division of Bollinger Occupation Director of Broker Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60546**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Gregory Sailer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8623 Eagle Point Blvd  
 City Lake Elmo State MN Zip Code 55042-8628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sailer Benefit Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60550**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Stephen Salamon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Warren Road, Suite 14B  
 City Hunt Valley State MD Zip Code 21030-1930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthPlan Headquarters Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : 12929**  
 Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Stephen Salamon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Warren Road, Suite 14B  
 City State Zip Code  
 Hunt Valley MD 21030-1930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthPlan Headquarters Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60551**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. Raymer Sale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 N Brown Rd Ste 175  
 City State Zip Code  
 Lawrenceville GA 30043-8153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 E2E Benefits Services, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60552**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll Deduction  
 (\$150.00 Monthly)

**C. Rose Sandoval**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Main St Ste 340  
 City State Zip Code  
 Stoneham MA 02180-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Benefit Strategy Partners, LLC 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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60555**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction  
 (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Gregory Schell**  
Full Name (Last, First, Middle Initial)

Mailing Address 13551 Triton Park Blvd Ste 1000

City	State	Zip Code
Louisville	KY	40223-4196

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

Name of Employer	Occupation
Arison Insurance services, 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
06	/	28	/	2012

**Transaction ID : 12909**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 13551 Triton Park Blvd Ste 1000

City	State	Zip Code
Louisville	KY	40223-4196

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

Name of Employer	Occupation
Arison Insurance services, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2012

**Transaction ID : 12846-P60556**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 200 Sandy Springs PI NE # 300A

City	State	Zip Code
Atlanta	GA	30328-3854

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

Name of Employer	Occupation
Schiebel & Associates, LLC dba Shopbe	Owner

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
06	/	23	/	2012

**Transaction ID : 12846-P59970**

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Kenneth L. Schmidt**

Mailing Address 12213 Big Bend Road

City State Zip Code  
St.Louis MO 63122-6837

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

Name of Employer Occupation  
Mengel, Surdyke, Murphy and Finke Benefits Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012  
**Transaction ID : 12927**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 23901 Calabasas Rd Ste 1021

City State Zip Code  
Calabasas CA 91302-3390

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

Name of Employer Occupation  
Ron Segal 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  
06 / 23 / 2012  
**Transaction ID : 12846-P60155**

Amount of Each Receipt this Period  
60.00

Payroll Deduction  
(\$60.00 Monthly)

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

Mailing Address PO Box 189

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 ▼  
1145.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2012  
**Transaction ID : 12846-P60157**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

**TOTAL** This Period (last page this line 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 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Kenneth Sherlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Fairview Rd Ste 112  
 City Asheville State NC Zip Code 28803-1028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Keystone Financial & Benefit Resources Regional Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 06 / 23 / 2012  
**Transaction ID : 12845-P59606**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction  
 (\$42.00 Monthly)

**B. David Sherrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 Center Pointe Cir Ste 1637  
 City Altamonte Springs State FL Zip Code 32701-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sherrill Insurance Brokerage, Inc. Vice President/Life & LTC Mana  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 06 / 29 / 2012  
**Transaction ID : 12926**  
 Amount of Each Receipt this Period  
 50.00

**C. David Sherrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 Center Pointe Cir Ste 1637  
 City Altamonte Springs State FL Zip Code 32701-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sherrill Insurance Brokerage, Inc. Vice President/Life & LTC Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 06 / 23 / 2012  
**Transaction ID : 12846-P59980**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Nicole K. Smalley**

Mailing Address PO Box 107502

City Anchorage State AK Zip Code 99510-7502

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

Name of Employer Mercer Health & Benefits Occupation Account Assistant

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  
 06 / 23 / 2012  
**Transaction ID : 12846-P59995**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

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

Mailing Address PO Box 14207

City Jackson State MS Zip Code 39236-4207

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

Name of Employer Stewart Sneed Hewes/Bancorp South Ins. Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60003**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address PO Box 1559

City Wheaton State IL Zip Code 60187-1559

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

Name of Employer Business Insurance Underwriters, Inc. Occupation Senior Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P59998**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**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: (check only one)	PAGE 78 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 100 Queen St

City Southington State CT Zip Code 06489-2052

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

Name of Employer AmeriBen Alliance, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60002**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction  
 (\$125.00 Monthly)

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

Mailing Address PO Box 56149

City Sherman Oaks State CA Zip Code 91413-1149

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

Name of Employer Genesis Financial Insurance Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P59999**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 300 N Greene St Fl 6

City Greensboro State NC Zip Code 27401-2170

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

Name of Employer Wells Fargo Insurance Services USA, I Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2012**

**Transaction ID : 12846-P60007**

Amount of Each Receipt this Period  
**65.00**

Payroll Deduction  
 (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Sher Sparano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7020 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 President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60008**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

**B. Anne Sperling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 805 Saint Michaels Dr  
City Santa Fe State NM Zip Code 87505-7625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Daniels Insurance Agency, Inc. Occupation Employee Benefits Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60010**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**C. Jackie Spragins**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1071  
City Wichita Falls State TX Zip Code 76307-1071  
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 **300.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59616**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**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 80 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Delvin Stahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 388  
 City Sutton State NE Zip Code 68979-0388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Plus, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59699**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Eugene Starks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Crescent Cir Ste 201  
 City Ridgeland State MS Zip Code 39157-8635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Administration Services, Ltd. Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **630.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59701**  
 Amount of Each Receipt this Period **105.00**  
 Payroll Deduction (\$105.00 Monthly)

**C. James Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Victoria Drive  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVS Consulting Occupation Leadership Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1145.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59703**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>317.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Marilyn Stenger**

Mailing Address 381 Victoria Drive

City State Zip Code  
Bridgewater NJ 08807-

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 ▼  
1635.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12845-P59704**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 11515 S 5th Pl

City State Zip Code  
Jenks OK 74037-3229

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

Name of Employer Occupation  
Tallgrass Benefits Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2012  
**Transaction ID : 12911**

Amount of Each Receipt this Period  
375.00

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

Mailing Address 9755 Randall Dr Ste 101

City State Zip Code  
Indianapolis IN 46280-2952

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

Name of Employer Occupation  
Benefit Innovations, LLP Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2012  
**Transaction ID : 12845-P59623**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. James Sugden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Kennedy, Michener Benefits, LLC 9  
 City State Zip Code  
 Denver CO 80246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennedy Michener Benefits, LLC  
 Occupation President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 06 / 23 / 2012  
**Transaction ID : 12845-P59624**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. Mark W. Sulpizio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1630 Riverton Rd  
 City State Zip Code  
 Cinnaminson NJ 08077-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Innovative Benefit Planning  
 Occupation Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 06 / 23 / 2012  
**Transaction ID : 12846-P60111**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. James Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8420 West Dodge Road, 5th Floor  
 City State Zip Code  
 Omaha NE 68114  
 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 ▼  
 750.00

Date of Receipt  
 06 / 23 / 2012  
**Transaction ID : 12845-P59625**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction  
 (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. William Sutherland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Interpark Blvd  
 City San Antonio State TX Zip Code 78216-1841  
 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 ▼ 600.00

Date of Receipt: 06 / 23 / 2012  
**Transaction ID : 12846-P60030**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$100.00 Monthly)

**B. Tom Swayne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 31029  
 City Charleston State SC Zip Code 29417-1029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: David M. Gilston Insurance Agency, In  
 Occupation: Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2012  
**Transaction ID : 12846-P60032**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$100.00 Monthly)

**C. Ryan Swinton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 S 82nd 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: Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2012  
**Transaction ID : 12846-P60033**  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction: (\$85.00 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 84 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. F. Todd Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2924 Emerywood Pkwy Ste 200  
 City Richmond State VA Zip Code 23294-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Society of Virginia Insurance Occupation Sales/Service Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **560.00**

Date of Receipt **06 / 28 / 2012**  
**Transaction ID : 12910**  
 Amount of Each Receipt this Period **50.00**

**B. F. Todd Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2924 Emerywood Pkwy Ste 200  
 City Richmond State VA Zip Code 23294-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Society of Virginia Insurance Occupation Sales/Service Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60039**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. Joseph Teeling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 Southfork Dr  
 City Waukee State IA Zip Code 50263-9581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bearence Management Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : 12923**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Marsha Tellesbo</b>		Date of Receipt
Mailing Address 1001 4th Ave Ste 3200		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Seattle	WA	98154-1003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12846-P60040</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Tellesbo & Company	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="635.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David Terpening</b>		Date of Receipt
Mailing Address 22850 Crenshaw Blvd Ste 206		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Torrance	CA	90505-3056
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12846-P60042</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
California Health Plans	Broker	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Harry Thal</b>		Date of Receipt
Mailing Address PO Box 2137		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kernville	CA	93238-2137
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12922</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Harry P. Thal Insurance Agency	Broker	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="610.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="270.00"/>
<b>TOTAL</b> 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 86 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Harry Thal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2137  
 City Kernville State CA Zip Code 93238-2137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harry P. Thal Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60043**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Marc Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Center St Ste 1410  
 City Little Rock State AR Zip Code 72201-4431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stephens Insurance Services Occupation 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  
 06 / 23 / 2012  
**Transaction ID : 12846-P60168**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Ryan Thorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10342 Springcrest Ln  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59705**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Jennifer Toups**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Galleria Blvd Ste 1224  
 City Metairie State LA Zip Code 70001-7582  
 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 ▼ 510.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59707**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Janet Trautwein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 14th St N Ste 450  
 City Arlington State VA Zip Code 22201-2573  
 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 ▼ 1020.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59633**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**C. C. Louanne Trebing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 Patton Dr  
 City Garland State TX Zip Code 75042-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trebing Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59634**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction (\$10.00 Monthly)

**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 88 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Stephen Trundt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 129 Executive Dr Ste G  
City Madison State MS Zip Code 39110-8474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guardian Life Insurance Occupation Group Sales Rep  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : 12920**  
Amount of Each Receipt this Period 365.00

**B. Rand Wall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12603 Southwest Fwy Ste 620  
City Stafford State TX Zip Code 77477-3838  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lone Star Health Plans, Ltd. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59652**  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**C. Doris Waller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6411 Highland Crest Ln  
City Sachse State TX Zip Code 75048-5552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pan-American Benefits Solutions Occupation Senior Sales Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 252.00

Date of Receipt 06 / 23 / 2012  
**Transaction ID : 12845-P59653**  
Amount of Each Receipt this Period 42.00  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **507.00**  
**TOTAL** This Period (last page this line 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 89 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Jessica F Waltman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 14th St N Ste 450  
 City State Zip Code  
 Arlington VA 22201-2573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAHU VP, Policy and State Affairs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59724**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**B. M. Hughes Warren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO 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 ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12845-P59708**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. John Warwick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1907 Mangrove Ave Ste B  
 City State Zip Code  
 Chico CA 95926-2381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 John Warwick Insurance Services Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60180**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Perrin Watkins</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60181</b>
Mailing Address 11051 Coursey Blvd # A		Amount of Each Receipt this Period 42.00
City Baton Rouge	State LA	Zip Code 70816-4025
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Lewis Mohr Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Waugh</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12845-P59712</b>
Mailing Address 710 Arendell St Ste 204		Amount of Each Receipt this Period 42.00
City Morehead City	State NC	Zip Code 28557-4240
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer EbenConcepts	Occupation Employee Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>C. Charles A. Webb</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 <b>Transaction ID : 12846-P60185</b>
Mailing Address 15 S Jefferson St		Amount of Each Receipt this Period 85.00
City Roanoke	State VA	Zip Code 24011-1303
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Benefits Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Dan Webb**  
Full Name (Last, First, Middle Initial)

Mailing Address 5251 Office Park Dr Ste 350

City Bakersfield State CA Zip Code 93309-0644

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

Name of Employer The Webb Insurance Group Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12845-P59713**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

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

Mailing Address 532 Cliffview Dr

City Brandon State MS Zip Code 39047-9183

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

Name of Employer Abacus Benefits Management, LLC Occupation Executive Regional Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12845-P59655**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 166 River Vista Pl

City Twin Falls State ID Zip Code 83301-3056

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

Name of Employer Magic Valley Insurance, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : 12846-P60091**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 242.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Trei Wild**

Mailing Address 2745 Dallas Pkwy Ste 500

City Plano	State TX	Zip Code 75093-8731
---------------	-------------	------------------------

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

Name of Employer Assurant Employee Benefits	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60092**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 302 S 36th St Ste 105

City Omaha	State NE	Zip Code 68131-3845
---------------	-------------	------------------------

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

Name of Employer Williams Deras Associates, Inc	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2012  
**Transaction ID : 12846-P60093**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 335 Clubhouse Rd

City Hunt Valley	State MD	Zip Code 21031-1335
---------------------	-------------	------------------------

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

Name of Employer Princinsky and Assoc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2012  
**Transaction ID : 12858**

Amount of Each Receipt this Period  
165.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Paula Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31930 Daniel Way  
City Temecula State CA Zip Code 92591-2129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paula Wilson, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12845-P59665**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**B. Thomas R. Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 Lamar St  
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 Benefits Consulntant/Sales  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **292.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60094**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**C. Shelly Winson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1914  
City Chandler State AZ Zip Code 85244-1914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer True Choice Benefits LLC Occupation Benefit Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **355.00**

Date of Receipt **06 / 23 / 2012**  
**Transaction ID : 12846-P60097**  
Amount of Each Receipt this Period **30.00**  
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 104
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)  
**A. Dennis Woehler**

Mailing Address 1 Main St

City Evansville State IN Zip Code 47708-1464

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

Name of Employer ONB Insurance Group, Inc. Occupation Group Benefits Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60099**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 111 E Ludwig Rd Ste 108

City Fort Wayne State IN Zip Code 46825-4240

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

Name of Employer Intrahealthsolutions, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60187**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 1111 Chestnut Hills Parkway

City Fort Wayne State IN Zip Code 46825

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

Name of Employer Old National Insurance Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt **06 / 23 / 2012**  
Transaction ID : **12846-P60186**

Amount of Each Receipt this Period **85.00**

Payroll 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 95 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Ashley Wynkoop**

Mailing Address 1000 Pembroke Drive, # 190

City Orlando State FL Zip Code 32810

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

Name of Employer ABCInsurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 06 / 23 / 2012  
**Transaction ID : 12846-P60110**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26192.37

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

**Transaction ID : 12969**

Amount of Each Disbursement this Period

312.61

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : 12970**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

**Transaction ID : 12968**

Amount of Each Disbursement this Period

1260.19

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

1580.75

**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 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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Banking Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12971**

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

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

**C.**

Full Name (Last, First, Middle Initial)

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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 2012

City State Zip Code  
KINGSFORD MI 49802

Purpose of Disbursement  
Lunch 6/28

Candidate Name

**DANIEL J BENISHEK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

**Transaction ID : 12834**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. BERG FOR CONGRESS**

Mailing Address PO BOX 9394

City State Zip Code  
FARGO ND 58106

Purpose of Disbursement  
Dinner 6/19

Candidate Name

**RICHARD A BERG**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

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

**Transaction ID : 12809**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. BOBBY SCHILLING FOR CONGRESS**

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City State Zip Code  
EAST MOLINE IL 61244

Purpose of Disbursement  
Meeting 6/21

Candidate Name

**ROBERT T MR. SCHILLING**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

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

**Transaction ID : 12832**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. BRIAN BILBRAY FOR CONGRESS**

Mailing Address 970 SEACOAST DRIVE

City State Zip Code  
IMPERIAL BEACH CA 91932

Purpose of Disbursement  
Lunch 6/7

011

Candidate Name

**BRIAN P BILBRAY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2012

Transaction ID : 12777

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CANSECO FOR CONGRESS**

Mailing Address 10004 WURZBACH ROAD #366

City State Zip Code  
SAN ANTONIO TX 78230

Purpose of Disbursement  
Lunch 6/20

011

Candidate Name

**FRANCISCO CANSECO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Transaction ID : 12828

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CITIZENS TO ELECT RICK LARSEN**

Mailing Address PO BOX 326

City State Zip Code  
EVERETT WA 98206

Purpose of Disbursement  
Reception 6/20

011

Candidate Name

**RICK LARSEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2012

Transaction ID : 12778

Amount of Each Disbursement this Period

1000.00
---------

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. COFFMAN FOR CONGRESS 2012**

Mailing Address 9249 SOUTH BROADWAY #200-501

City State Zip Code  
HIGHLANDS RANCH CO 80129

Purpose of Disbursement  
Future Event

**011**  
Category/  
Type

Candidate Name

**MIKE COFFMAN**

Office Sought:  House  
 Senate  
 President  
State: CO District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
06 / 21 / 2012

**Transaction ID : 12836**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT DON VOLARIC**

Mailing Address 20836 HALL RD #119

City State Zip Code  
CLINTON TWP MI 48038

Purpose of Disbursement  
Local Event

**011**  
Category/  
Type

Candidate Name

**DONALD CECIL VOLARIC**

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
06 / 18 / 2012

**Transaction ID : 12825**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DAN COATS FOR INDIANA**

Mailing Address PO BOX 301141

City State Zip Code  
INDIANAPOLIS IN 46230

Purpose of Disbursement  
Lunch 6/14/12

**011**  
Category/  
Type

Candidate Name

**DANIEL R COATS**

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
06 / 13 / 2012

**Transaction ID : 12807**

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. FITZPATRICK FOR CONGRESS**

Mailing Address PO BOX 185

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement  
Dinner 6/27

011

Category/  
Type

Candidate Name

**MICHAEL G. FITZPATRICK**

Office Sought:  House  
 Senate  
 President  
State: PA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

**Transaction ID : 12833**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF FRANK GUINTA**

Mailing Address P.O. BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Local Event

011

Category/  
Type

Candidate Name

**FRANK GUINTA**

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 12824**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HOOSIERS FOR RICHARD MOURDOCK INC**

Mailing Address PO BOX 1583

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement  
Local Event 6/4

011

Category/  
Type

Candidate Name

**RICHARD E MOURDOCK**

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 12826**

Amount of Each Disbursement this Period

2000.00

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

4000.00

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. HUDSON FOR CONGRESS**

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement  
Local Event

011

Candidate Name

**RICHARD LANE JR HUDSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : 12827**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KIM DOLBOW VANN FOR CONGRESS**

Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988

Purpose of Disbursement  
Future Local Event

011

Candidate Name

**KIM DOLBOW VANN**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : 12776**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. KLINE FOR CONGRESS**

Mailing Address 101 W BURNSVILLE PKWY SUITE 104

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement  
Dinner 6/20

011

Candidate Name

**JOHN PAUL JR KLINE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

**Transaction ID : 12808**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. MANCHIN FOR WEST VIRGINIA**

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement  
Breakfast 6/27

011

Category/  
Type

Candidate Name

**JOE III MANCHIN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

**Transaction ID : 12810**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. STRICKLAND FOR CONGRESS 2012**

Mailing Address 603 E ALTON AVE STE H

City SANTA ANA State CA Zip Code 92705

Purpose of Disbursement  
Local Event

011

Category/  
Type

Candidate Name

**ANTHONY A STRICKLAND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 12835**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement  
Dinner 6/7

011

Category/  
Type

Candidate Name

**JOHN M SHIMKUS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

**Transaction ID : 12779**

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

33000.00