

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

Check if different than previously reported. (ACC)

Washington

DC

20044

7135

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

09

15

2005

through

12

31

2005

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

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

02

01

2006

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: ^M09 ^D15 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period	17932.66	
(c) Total Receipts (from Line 19)	61386.27	231299.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79316.93	262316.08
<hr/>		
7. Total Disbursements (from Line 31)	48474.56	231471.71
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30844.37	30844.37
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: ^M09 ^D15 ^Y2005 To: ^M12 ^D31 ^Y2005

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)	37776.00	115070.00
(ii) Unitemized	23455.02	116076.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))	61233.02	231146.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61233.02	231146.22
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	153.25	153.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61386.27	231299.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61386.27	231299.47

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9306.16	31553.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9306.16	31553.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	196750.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	2268.40	2268.40
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	2268.40	2268.40
29. Other Disbursements.....	400.00	1900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48474.56	231471.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	48474.56	231471.71

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)	61,233.02	231,146.22
34. Total Contribution Refunds (from Line 28(d))	2,268.40	2,268.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58,964.62	228,877.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9,306.16	31,553.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9,306.16	31,553.31

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

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

FOR LINE NUMBER: PAGE 6 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. M Kathryn Anderson-Haught		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address P. O. Box 7648		Transaction ID: 10504881
City Tyler	State TX	Zip Code 75711-7648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategies In Employee Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kathy M. Rainwater		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 10504886
City Tyler	State TX	Zip Code 75701-9455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thraekold & Company Insurance	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald S. Buffum		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10504891
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Buffum Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Kenneth L. Schmidt		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 871 D Manchester Rd.		Transaction ID: 10504896
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Corporate Benefit Strategies	Occupation Benefits Consultant	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM D ROBINSON		Date of Receipt M / D / Y 09 / 26 / 2005
Mailing Address 739 East Jackson Street		Transaction ID: 10504903
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Community Mutual Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Guzy E. Alberta		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 221D1 Michigan Avenue		Transaction ID: 10518758
City Dearborn	State MI	Zip Code 48124-2204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Comerica Bank	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Christopher W. Heiberger		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 5525 Parkcenter Circle		Transaction ID: 10518760
City Dublin	State OH	Zip Code 43017-3584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Nationwide Health Plans	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 2633 State Route 60, Suite B		Transaction ID: 10518736
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1130.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lou Ann Racher		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address P.O. Box 12042		Transaction ID: 10518763
City Columbus	State OH	Zip Code 43212-0042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio AHU	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Steven Selinsky		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 285B8 Northwestern Highway, Suite		Transaction ID: 10518729
City	State	Zip Code
Southfield	MI	48034-8335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PPOM	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DENNIS E WRIGHT		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10518753
City	State	Zip Code
Fort Wayne	IN	46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 770.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. C. Sue Babea		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 15 East Washington Street		Transaction ID: 10518768
City	State	Zip Code
Coldwater	MI	49038-1581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer InfiniSource, Inc.	Occupation Regional Sales Manager	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MICHAEL A EMBRY, SR		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 20700 Civic Center Drive, Suite 25		Transaction ID: 10518734
City	State	Zip Code
Southfield	MI	48076-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cometca Insurance Services, Inc.	Occupation VP - Group Benefits Division	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Larry Kaczmarek		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 2633 State Route 60, Suite B		Transaction ID: 10518728
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

Full Name (Last, First, Middle Initial) C. John P. May		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 10518764
City	State	Zip Code
Columbus	OH	43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer May Insurance Services, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

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

FOR LINE NUMBER: PAGE 11 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. TERRI D ADAMS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PD Box 1290		Transaction ID: 10504908
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. KEERRY D ALDRIDGE		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10504909
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) C. AYRE DAVID		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 6340 South 3000 East # 500		Transaction ID: 10504914
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

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

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

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

FOR LINE NUMBER: PAGE 12 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. THOMAS R BELDING		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 10504925
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser	Occupation President	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bruce D Benton		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 21300 Victory Boulevard, Suite 215		Transaction ID: 10504928
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SmithBenton Insurance & Financial Svcs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ANDREW F. BIERNAT		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10504929
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New Yor- k, Inc.	Occupation Vice President	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Tracy Quick Bradford		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 10504938
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 810.00	

Full Name (Last, First, Middle Initial) B. SUSAN E COOK		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10504963
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) C. ROSEMARY DEININGER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 10504872
City Dallas	State TX	Zip Code 75243-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers Receipt For: Primary General Other (specify) ▼	Occupation Account Manager Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts TN's Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. STEPHANIE M. DENZ		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 9000 Cypress Green Drive, Suite 10		Transaction ID: 10504974
City	State	Zip Code
Jacksonville	FL	32256-5508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BenefitPort Southeast	Occupation Field Sales Representative	Aggregate Year-to-Date ▼ 245.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHARON DICORATO		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 10504977
City	State	Zip Code
Chattanooga	TN	37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffrey W. Gennaro		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 10315		Transaction ID: 10505005
City	State	Zip Code
Phoenix	AZ	85084-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GERARD GERSHONOWITZ		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 980 Broadway, Suite 808		Transaction ID: 10505006
City Thornwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CAROLYN L GOODWIN		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 4851 LBJ Freeway, Suite 80D		Transaction ID: 10505009
City Dallas	State TX	Zip Code 75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 285.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEPHEN A GRIM		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address P O Box 1105		Transaction ID: 10505014
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. CRISTY RUSSELL GUPTO		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 10505017
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER HARRISON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10505026
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS HARTE		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10505027
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JON WHICKS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 362D Mountainside Drive		Transaction ID: 10505037
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JON WHICKS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 362D Mountainside Drive		Transaction ID: 10505039
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DANLAE D. HOPPER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 6400 Fairview Road		Transaction ID: 10505049
City	State	Zip Code
Charlotte	NC	28210-5237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RANDY JOPIE		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 10505060
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Director of Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. MARK KENNEDY		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 10505067
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. ROSS W KRAFT		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10505078
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RONALD M LEVINE		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 10505088
City	State	Zip Code
Marietta	GA	30062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Vice President of Sales, SE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. CHERYL LOMBARDI		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10505093
City	State	Zip Code
Walnut Creek	CA	94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) C. JUAN LOPEZ		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 10505094
City	State	Zip Code
Orange	CA	92668-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MAURICE LYONS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 10505098
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. LINDA MACKAY		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 1001		Transaction ID: 10505098
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackay Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. DALE W MALONEY		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10505102
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. CAROLYNNE MULDOON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 457 Main Street		Transaction ID: 10505121
City Longmont	State CO	Zip Code 80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Milestone Insurance Agency	Occupation Owner	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KIRBY V. NIELSEN		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 7100 N. High St #209		Transaction ID: 10505130
City Worthington	State OH	Zip Code 43085-2316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SUSAN MALEY RASH		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 10505188
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia,	Occupation Vice President	Aggregate Year-to-Date ▼ 850.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

<p>Full Name (Last, First, Middle Initial) A. ALINE ROBERTS</p> <p>Mailing Address 3537 Old Conejo Road, Suite 114</p> <hr/> <p>City State Zip Code Newbury Park CA 91320-6189</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005</p> <p>Transaction ID: 10505179</p> <hr/> <p>Amount of Each Receipt this Period 85.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <p>Name of Employer Insurance Dimensions</p> </td> <td style="width:70%;"> <p>Occupation Insurance Agent</p> </td> </tr> <tr> <td> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td style="text-align: right;"> <p>Aggregate Year-to-Date ▼ 865.00</p> </td> </tr> </table>	<p>Name of Employer Insurance Dimensions</p>	<p>Occupation Insurance Agent</p>	<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 865.00</p>	
<p>Name of Employer Insurance Dimensions</p>	<p>Occupation Insurance Agent</p>				
<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 865.00</p>				

<p>Full Name (Last, First, Middle Initial) B. WILLIAM D ROBINSON</p> <p>Mailing Address 739 East Jackson Street</p> <hr/> <p>City State Zip Code Martinsville IN 46151-2033</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005</p> <p>Transaction ID: 10505181</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <p>Name of Employer American Community Mutual Insurance</p> </td> <td style="width:70%;"> <p>Occupation Insurance Agent</p> </td> </tr> <tr> <td> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td style="text-align: right;"> <p>Aggregate Year-to-Date ▼ 280.00</p> </td> </tr> </table>	<p>Name of Employer American Community Mutual Insurance</p>	<p>Occupation Insurance Agent</p>	<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 280.00</p>	
<p>Name of Employer American Community Mutual Insurance</p>	<p>Occupation Insurance Agent</p>				
<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 280.00</p>				

<p>Full Name (Last, First, Middle Initial) C. MEL A SCHLESINGER</p> <p>Mailing Address PO Box 30100</p> <hr/> <p>City State Zip Code Winston Salem NC 27130-0100</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005</p> <p>Transaction ID: 10505189</p> <hr/> <p>Amount of Each Receipt this Period 85.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <p>Name of Employer The Rainmakers Group, Inc.</p> </td> <td style="width:70%;"> <p>Occupation Insurance Agent</p> </td> </tr> <tr> <td> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td style="text-align: right;"> <p>Aggregate Year-to-Date ▼ 490.00</p> </td> </tr> </table>	<p>Name of Employer The Rainmakers Group, Inc.</p>	<p>Occupation Insurance Agent</p>	<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 490.00</p>	
<p>Name of Employer The Rainmakers Group, Inc.</p>	<p>Occupation Insurance Agent</p>				
<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 490.00</p>				

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JAMES D SCHULZ		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10505191
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	720.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. BOB G SHUPE		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005
Mailing Address PO Box 2344		Transaction ID: 10505196
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Insurance Agent	380.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. ANNE P SPERLING		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 10505208
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Employee Benefits Manager	490.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CAROL STEELE		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10505211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. BURLEY W. STRADER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042 City Winston Salem State NC Zip Code 27114-4042		Transaction ID: 10505216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer MedCost Benefit Services, LLC	Occupation Senior Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. JAMES D F. SUMMERS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 10505220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 25 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DONALD B THOMPSON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 10505227
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DANIEL R TOMPKINS, JR		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 1810		Transaction ID: 10505228
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 1810 800 Old Roswell Lakes Pkwy Suite		Transaction ID: 10505229
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ALBERT J TRAVASOS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 10505231
City	State	Zip Code
Boca Raton	FL	33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WENDY VANDERWATER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 10505238
City	State	Zip Code
Tyler	TX	75701-9455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Thraekald & Company Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PETER VINTON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 9480 Deereco Road		Transaction ID: 10505240
City	State	Zip Code
Timonium	MD	21063-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. M HUGHES WAREN, JR		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005
Mailing Address P.O. Box 7861		Transaction ID: 10505242
City Wilmington	State NC	Zip Code 28406-7861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Ebanconcepts, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. JOHN L WARWICK		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005
Mailing Address PO Box 272		Transaction ID: 10505243
City Chico	State CA	Zip Code 95927-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 805.00
Name of Employer John Warwick Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

Full Name (Last, First, Middle Initial) C. RICHARD E. WHEELER		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2005
Mailing Address 617 Highway 71, Building 2-6		Transaction ID: 10505248
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Richard E. Wheeler Insurance Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. DAVID B. WILLS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 902 Brynwood Dr		Transaction ID: 10505252
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation President	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN L. WILSON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 10505255
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kety J. Witt		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 11555 North Meridian Street, Suite		Transaction ID: 10505258
City Camel	State IN	Zip Code 46032-6545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sagamore Health Network	Occupation Vice President - Marketing & Sales	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	105.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. DENNIS E WRIGHT		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10505263
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 780.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DENNIS E WRIGHT		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10505264
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROBERT BISHOP		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10504830
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 758.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	174.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. WILLIAM J BRANNON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 7 Terrace Way, Suite C		Transaction ID: 10504939
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DOROTHY M COCIU		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 1941		Transaction ID: 10504960
City Big Bear Lake	State CA	Zip Code 92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROL A CUTTER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 624 Griffin Road, Suite B		Transaction ID: 10504967
City Indianapolis	State IN	Zip Code 46227-6504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 31 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RUSH DAVID DIXON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 10504978
City	State	Zip Code
Rockville	MD	20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN H DODDER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 2069		Transaction ID: 10504979
City	State	Zip Code
Monument	CO	80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Regional Sales Director	Aggregate Year-to-Date ▼ 570.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL A EMBRY, SR		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 20700 Civic Center Drive, Suite 25		Transaction ID: 10504889
City	State	Zip Code
Southfield	MI	48078-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Insurance Services, Inc.	Occupation VP - Group Benefits Division	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CHARLES T GARTLAN		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PD Box 1288		Transaction ID: 10505002
City Toms River	State NJ	Zip Code 08754-1288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 410.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RICHARD R GIRDLER, JR		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 113 Seaboard Lane, Suite C-170		Transaction ID: 10505007
City Franklin	State TN	Zip Code 37067-8281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Covian Benefit Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GERALD G HARTMAN		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PD Box 5718		Transaction ID: 10505028
City Boise	State ID	Zip Code 83705-0718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. SHEILA HARTMAN		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 10505029
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HUGH R HENDRICKSON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 820 A Street, Suite 220		Transaction ID: 10505034
City	State	Zip Code
Tacoma	WA	98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employees Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAIME DHERNADEZ		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 10505038
City	State	Zip Code
Burbank	CA	91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardez Financial & Insura- nce Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 34 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. SHERI S HOKIN		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 333D Dundee Road, Suite C-3		Transaction ID: 10505045
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DAVID S JOHNSON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10505058
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 590.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SANDRA JOHNSON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 12500 Network Blvd, # 403		Transaction ID: 10505057
City San Antonio	State TX	Zip Code 78249-5310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hainston, Johnson & Associates, PLLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 35 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Thomas G Kaufman		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1875 Willow Street, Suite P		Transaction ID: 10505064
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 680.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT M LAY		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 3112 Forest Avenue		Transaction ID: 10505081
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JESSE A PATTON		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10505148
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 2025.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	335.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JAMES E PRICE, III		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 5700 North West Avenue		Transaction ID: 10505164
City	State	Zip Code
Fresno	CA	93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JON C RAUSER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10505169
City	State	Zip Code
Milwaukee	WI	53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 850.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. EDWARD ROLING		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 10505183
City	State	Zip Code
Raleigh	NC	27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental of North Carolina, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. FRANCIS A RUGGIERO		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 10505186
City Budd Lake	State NJ	Zip Code 07828-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Ruggiero Group, LLC	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. RAYMER M SALE, JR		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 10505187
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, In- c.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. ROBERT C TRETTER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 13016 Delmar Street		Transaction ID: 10505232
City Leawood	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thomas McGee, L.C.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. THOMAS L VOITER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 100 Ameryllis Drive		Transaction ID: 10505241
City Lafayette	State LA	Zip Code 70503-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GREG A YODER		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10505265
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROBERT A ZIFF		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10505268
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Benefits Corp	Occupation President	Aggregate Year-to-Date ▼ 920.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JOHN S HELMS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2000 N 14th Street		Transaction ID: 10505033
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John Helms & Associates	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. SHARON R ROSS		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2000 N. 14th Street		Transaction ID: 10505184
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MARIA C KENNEDY		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 1149 Court Street, NE		Transaction ID: 10505088
City Salem	State OR	Zip Code 97301-4030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Associated Oregon Industries	Occupation Director of Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 40 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. A. L. Hombraek		Date of Receipt M / D / Y 10 / 03 / 2005
Mailing Address PD Box 1205		Transaction ID: 11142069
City Lawrenceville	State GA	Zip Code 30046-1205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Multiple Benefits Corpora- tion	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RAYMER M SALE, JR		Date of Receipt M / D / Y 10 / 03 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 11141827
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, In- c.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROLYN L GOODWIN		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 11141834
City Dallas	State TX	Zip Code 75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 285.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. C. Louanne Trebing		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 1808 Patton Drive		Transaction ID: 11141958
City	State	Zip Code
Garland	TX	75042-8205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Trebing Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jean Van Der Sommen		Date of Receipt M / D / Y 10 / 06 / 2005
Mailing Address 3346 Gwinnett Planation Way		Transaction ID: 11142108
City	State	Zip Code
Duluth	GA	30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer Lloyd Bennett & Co. Inc.	Occupation Employee Benefits	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Beth M. Beem		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 551B Lonas Drive, Suite 240		Transaction ID: 11141863
City	State	Zip Code
Knoxville	TN	37509-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 395.00
Name of Employer Strategic Employee Benefits Services	Occupation Employee Benefit Specialist	Aggregate Year-to-Date ▼ 395.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	975.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Steven Selinsky		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 285B8 Northwestern Highway, Suite		Transaction ID: 12730282
City	State	Zip Code
Southfield	MI	48034-8335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer PPOM	Occupation Insurance Agent	[MEMO ITEM] Refund(s) on Schedule B Totaling \$1800.00 This changes the YTD Total to \$-1200.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ -1200.00	

Full Name (Last, First, Middle Initial) B. Kwan L. Brett		Date of Receipt M / D / Y 10 / 27 / 2005
Mailing Address Two City Place Drive, #200		Transaction ID: 11142050
City	State	Zip Code
Saint Louis	MO	63141-7055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Colonial Life	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. TERRI D ADAMS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1290		Transaction ID: 11408877
City	State	Zip Code
Prairieville	LA	70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 43 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. KEERRY D ALDRIDGE		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 11408778
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AYRE DAVID		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 834D South 3000 East, # 500		Transaction ID: 11408576
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS R BELDING		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 11408783
City Edmond	State OK	Zip Code 73013-6382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser	Occupation President	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Bruce D Benton		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 21300 Victory Boulevard, Suite 215		Transaction ID: 11408784
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SmithBenton Insurance & Financial Svcs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 245.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ANDREW F. BIERNAT		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 11408681
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Vice President	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Treay Quirk Bradford		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 11408584
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	Aggregate Year-to-Date ▼ 850.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	145.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 45 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ELEANOR M BROCKHURS		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 1212 East Osborn Road, Suite 110		Transaction ID: 11408789
City	State	Zip Code
Phoenix	AZ	85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN E COOK		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 11408794
City	State	Zip Code
Atlanta	GA	30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 535.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROSEMARY DEININGER		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 11408894
City	State	Zip Code
Dallas	TX	75243-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Account Manager	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 46 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. STEPHANIE M. DENZ		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 9000 Cypress Green Drive, Suite 10		Transaction ID: 11408593
City Jacksonville	State FL	Zip Code 32256-5508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BenefitPort Southeast	Occupation Field Sales Representative	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHARON DICORATO		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 11408801
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GERARD GERSHONOWITZ		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 980 Broadway, Suite 608		Transaction ID: 11408599
City Thomwood	State NY	Zip Code 10564-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 695.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 47 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CAROLYN L GOODWIN		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 11408700
City	State	Zip Code
Dallas	TX	75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEPHEN A GRIM		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address P O Box 11D5		Transaction ID: 11408702
City	State	Zip Code
Virginia Beach	VA	23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CRISTY RUSSELL GUPTO		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 11408818
City	State	Zip Code
Morganton	NC	28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 470.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	155.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 48 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CHRISTOPHER HARRISON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 11408821
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1060.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THOMAS HARTE		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 11408822
City Hampstead	State NH	Zip Code 03841-2282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JON WHICKS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 382D Mountainside Drive		Transaction ID: 11408829
City Colorado Springs	State CO	Zip Code 80918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 48 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Denise D. Hopper		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 8400 Fairview Road		Transaction ID: 11408708
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KATHLEEN A. HUGHES		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 13513 Arlington Road		Transaction ID: 11408832
City Norwalk	State OH	Zip Code 44857-9626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Benefit Solutions	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RANDY JOPPIE		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 686B Blue Hummingbird Way		Transaction ID: 11408713
City Belding	State MI	Zip Code 48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Director of Employee Benefits	Aggregate Year-to-Date ▼ 1040.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MARK KENNEDY		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1173 Brittnoare Road		Transaction ID: 11408619
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. MIKE KETRON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 417 Washington Street		Transaction ID: 11408714
City	State	Zip Code
Columbus	IN	47201-6757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SIHO	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. ROSS W KRAFT		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 11408621
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RONALD M LEVINE		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 11408849
City	State Zip Code	
Marietta	GA 30062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		30.00
Name of Employer CONEXIS	Occupation Vice President of Sales, SE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. CHERYL LOMBARDI		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 11408623
City	State Zip Code	
Walnut Creek	CA 94566-4536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		80.00
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) C. JUAN LOPEZ		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 11408722
City	State Zip Code	
Orange	CA 92668-1538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		30.00
Name of Employer Kaiser Permanente	Occupation Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MAURICE LYONS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 11408624
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link, Inc.	Occupation President	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LINDA MACKAY		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1001		Transaction ID: 11408723
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackay Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DALE W MALONEY		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 11408625
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1080.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CAROLYNNE MULDOON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 457 Main Street		Transaction ID: 11408727
City Longmont	State CO	Zip Code 80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Milestone Insurance Agency	Occupation Owner	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RON J NEZAT		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 91180		Transaction ID: 11408730
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KIRBY V. NIELSEN		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 7100 N. High St #209		Transaction ID: 11408812
City Worthington	State OH	Zip Code 43085-2318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 54 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. STEVE PAOLUCCI		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 2305 W. Berry Avenue		Transaction ID: 11408875
City Littleton	State CO	Zip Code 80120-1177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Political Financial Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN MALEY RASH		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 11408843
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ALINE ROBERTS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 11408883
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 950.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 55 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. WILLIAM D ROBINSON		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 739 East Jackson Street		Transaction ID: 11408773
City	State	Zip Code
Martinsville	IN	46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Community Mutual Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. MEL A SCHLESINGER		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address PO Box 30100		Transaction ID: 11408886
City	State	Zip Code
Winston Salem	NC	27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer The Rainmakers Group, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. JAMES D SCHULZ		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 11408888
City	State	Zip Code
Lincoln	NE	68510-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. THOMAS SHORES		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 8596 W Bolsa Street		Transaction ID: 11408776
City Boise	State ID	Zip Code 83709-5196
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer T.A. Shores Inc.	Occupation Business Growth Specialist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. BOB G SHUPE		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 2344		Transaction ID: 11408655
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. ANNE P SPERLING		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 11408659
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Employee Benefits Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

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

FOR LINE NUMBER: PAGE 57 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CAROL STEELE		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 11408751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. BURLEY W. STRADER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042 City Winston Salem State NC Zip Code 27114-4042		Transaction ID: 11408609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer MedCost Benefit Services, LLC	Occupation Senior Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) C. JAMES D F. SUMMERS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 11408753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DONALD B THOMPSON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 11408665
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. DANIEL R TOMPKINS, JR		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1810		Transaction ID: 11408666
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1810 800 Old Roswell Lakes Pkwy Suite		Transaction ID: 11408667
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ERIC TOWNSEND		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 185B Presto Avenue		Transaction ID: 11408757
City	State	Zip Code
Indianapolis	IN	46224-5640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Mutual of Omaha	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. ALBERT J TRAVASOS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 11408668
City	State	Zip Code
Boca Raton	FL	33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 405.00
Name of Employer John Hancock	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) C. WENDY VANDERWATER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 11408760
City	State	Zip Code
Tyler	TX	75701-9455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer Threlkeld & Company Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

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

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

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

FOR LINE NUMBER: PAGE 60 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. PETER VINTON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 11408670
City Timonium	State MD	Zip Code 21083-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Corporate Coverage, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. M HUGHES WAREN, JR		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address P.O. Box 7661		Transaction ID: 11408699
City Wilmington	State NC	Zip Code 28406-7661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN L WARWICK		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 272		Transaction ID: 11408800
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 890.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RICHARD E. WHEELER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 817 Highway 71, Building 2-B		Transaction ID: 11408763
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Richard E. Wheeler Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DAVID B. WILLS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 802 Brynwood Dr		Transaction ID: 11408763
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation President	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVEN L. WILSON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 11408738
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Insurance Marketing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 470.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 62 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. STEVEN L WILSON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 11408766
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DENNIS E WRIGHT		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 11408770
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 840.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DENNIS E WRIGHT		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 11408777
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 950.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. ROBERT BISHOP		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 11408581
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 840.00
Name of Employer KIA Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 840.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM J BRANNON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 7 Terrace Way, Suite C		Transaction ID: 11408585
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Group US, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DOROTHY M GOCIU		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1941		Transaction ID: 11408588
City Big Bear Lake	State CA	Zip Code 92315-1541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	189.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. CAROLA CUTTER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 824 Griffin Road, Suite B		Transaction ID: 11408798
City Indianapolis	State IN	Zip Code 46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RUSH DAVID DIXON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 11408802
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVEN H DODDER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 2069		Transaction ID: 11408898
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Regional Sales Director	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 65 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MICHAEL A EMBRY, SR		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 20700 Civic Center Drive, Suite 25		Transaction ID: 11408809
City Southfield	State MI	Zip Code 48076-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cometca Insurance Services, Inc.	Occupation VP - Group Benefits Division	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. CHARLES T GARTLAN		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1268		Transaction ID: 11408815
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. RICHARD R GIRDLER, JR		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 113 Seaboard Lane, Suite C-170		Transaction ID: 11408800
City Franklin	State TN	Zip Code 37067-6281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cowan Benefit Services, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GERALD G HARTMAN		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address PD Box 5716		Transaction ID: 11408823
City	State	Zip Code
Boise	ID	83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) B. SHEILA HARTMAN		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 11408707
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. HUGH R HENDRICKSON		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 820 A Street, Suite 220		Transaction ID: 11408827
City	State	Zip Code
Tacoma	WA	98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

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

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

FOR LINE NUMBER: PAGE 67 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JAIME DHERNADEZ		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 11408608
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHERI S HOKIN		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 333D Dundee Road, Suite C-3		Transaction ID: 11408613
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DAVID S JOHNSON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 11408618
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 66 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. SANDRA JOHNSON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 12500 Network Blvd, # 403		Transaction ID: 11408835
City San Antonio	State TX	Zip Code 78249-3310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hainston, Johnson & Associates, PLLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT M LAY		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 3112 Forest Avenue		Transaction ID: 11408718
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL E MATZNICK		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 35248 3300 Battleground Ave. #200 (2741)		Transaction ID: 11408857
City Greensboro	State NC	Zip Code 27438-6248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer EbenConcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 68 / 227

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

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. LINDA J NEW		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address P. O. Box 28543		Transaction ID: 11408868
City Austin	State TX	Zip Code 78755-8543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New Insurance Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JESSE A PATTON		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 11408876
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 1791.60
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAMES E PRICE, III		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 11408841
City Fresno	State CA	Zip Code 93711-2368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 900.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	345.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 70 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JON C RAUSER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 11408644
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1120.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. EDWARD ROLING		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 11408651
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Delta Dental of North Carolina, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 11408744
City Budd Lake	State NJ	Zip Code 07828-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer The Ruggiero Group, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RAYMER M SALE JR		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 11408652
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1060.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT C TRETTER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 13016 Delmar Street		Transaction ID: 11408758
City Leawood	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thomas McGee, L.C.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS L VOITER		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 11408781
City Lafayette	State LA	Zip Code 70503-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insura- nce	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 72 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GREG A YODER		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 11408907
City	State	Zip Code
San Jose	CA	95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. ROBERT A ZIFF		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 11408908
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avarli Benefits Corp	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. JOHN S HELMS		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005
Mailing Address 2000 N 14th Street		Transaction ID: 11408828
City	State	Zip Code
Arlington	VA	22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John Helms & Associates	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 73 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. SHARON R ROSS		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 2000 N. 14th Street		Transaction ID: 11408884
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARIA C KENNEDY		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1149 Court Street, NE		Transaction ID: 11408839
City Salem	State OR	Zip Code 97301-4030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Associated Oregon Industries	Occupation Director of Marketing	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lou Ann Racher		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address P.O. Box 12042		Transaction ID: 11142118
City Columbus	State OH	Zip Code 43212-0042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ohio AHU	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 74 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Stephen W Graeber		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address PD Box 40		Transaction ID: 11409752
City Redlands	State CA	Zip Code 92373-0007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Davis & Graeber Insurance Services, Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patrick L McGohan		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 3931 South Dixie Drive		Transaction ID: 11147170
City Dayton	State OH	Zip Code 45439-2313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer McGohan/Brabender, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sue M. Larson		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address 1025 North Dutton Avenue, Suite B		Transaction ID: 11152447
City Santa Rosa	State CA	Zip Code 95401-5072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Sue Larson Financial Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David Stratton		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 8927 Old Seward Highway, Suite 202		Transaction ID: 11409751
City Anchorage	State AK	Zip Code 99518-2284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Lincoln Financial Advisors	Occupation Managing Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Cynthia H. Doucet		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 11153736
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Global Financial Resources, Inc.	Occupation Insurance Agent	290.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Jackie L. Spragins		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address PO Box 2073		Transaction ID: 11153321
City Wichita Falls	State TX	Zip Code 76707-2073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.00
Name of Employer Spragins Insurance Agency	Occupation Insurance Agent	272.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Randolph J. Ayers		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 4151 Executive Pkwy, Suite 210		Transaction ID: 11153821
City Westerville	State OH	Zip Code 43081-3872
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 965.00
Name of Employer National United Brokers Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 535.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TERRI D ADAMS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 1290		Transaction ID: 11409604
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEERRY D ALDRIDGE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 11409725
City Lexington	State KY	Zip Code 40505-5200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 900.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	485.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. TERRY ALLARD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3000 A Street, Suite 400		Transaction ID: 11409737
City Anchorage	State AK	Zip Code 99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RICK BAILEY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 4390 Earney Road, Suite 240		Transaction ID: 11408851
City Woodstock	State GA	Zip Code 30188-5687
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Rick Bailey & Company, In- c.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS R BELDING		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 11409724
City Edmond	State OK	Zip Code 73013-6382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser	Occupation President	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Bruce D Benton		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 21300 Victory Boulevard, Suite 215		Transaction ID: 11409709
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SmithBenton Insurance & Financial Svcs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHAWN F BRASHEARS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 110 Old Padonia Road, Suite 201		Transaction ID: 11409655
City Cockeysville	State MD	Zip Code 21030-4949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Compensation Concepts	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ELEANOR M BROCKHURS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1212 East Osborn Road, Suite 110		Transaction ID: 11409741
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. SARAH GUNTER CANEZ		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 19921 FM 2252		Transaction ID: 11409575
City	State	Zip Code
San Antonio	TX	78266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer EFGI Insurance & Bonds	Occupation Principal/Steve Jamison	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. RICHARD P COBURN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 19 Minor Court		Transaction ID: 11409592
City	State	Zip Code
San Rafael	CA	94903-3716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Word & Brown	Occupation Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. SUSAN E COOK		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 11409620
City	State	Zip Code
Atlanta	GA	30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	585.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 80 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. THOMAS J DANIELS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 120 Wood Avenue South, Suite 300		Transaction ID: 11408986
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROSEMARY DEININGER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 11409578
City	State	Zip Code
Dallas	TX	75243-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Account Manager	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SHARON DICORATO		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 11409672
City	State	Zip Code
Chattanooga	TN	37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 81 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JOAN L GALLETTA		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3342 Kori Road		Transaction ID: 11408934
City Jacksonville	State FL	Zip Code 32257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer JP Pairy Insurance, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GERARD GERSHONOWITZ		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 880 Broadway, Suite 808		Transaction ID: 11409004
City Thornwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 770.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROLYN L GOODWIN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 11409577
City Dallas	State TX	Zip Code 75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 335.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 82 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. STEPHEN A GRIM		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P O Box 1105		Transaction ID: 11409532
City	State	Zip Code
Virginia Beach	VA	23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CYNTHIA GULDY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1063 W Horsebooth Rd #10D		Transaction ID: 11408694
City	State	Zip Code
Fort Collins	CO	80526-5806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer New York Life Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CRISTY RUSSELL GUPTO		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 11409721
City	State	Zip Code
Morganton	NC	28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
Name of Employer Flexible Benefit Management	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 83 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. WALTER T HALE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 211 East Church Street		Transaction ID: 11408992
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER HARRISON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 11409711
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1180.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS HARTE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 11409734
City	State	Zip Code
Hampstead	NH	03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 980.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 84 / 227

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JON WHICKS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3620 Mountainside Drive		Transaction ID: 11409639
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MATT B HOLDOMB		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address Nine Piedmont Center 3495 Piedmont Road		Transaction ID: 11409630
City	State	Zip Code
Atlanta	GA	30305-1733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHLEEN A. HUGHES		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 13513 Arlington Road		Transaction ID: 11409673
City	State	Zip Code
Norwalk	OH	44857-9628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Benefit Solutions	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 85 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RANDY JOPIE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 11409591
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Director of Employee Benefits	Aggregate Year-to-Date ▼ 1140.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARK KENNEDY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 11409013
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MIKE KETRON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 417 Washington Street		Transaction ID: 11409808
City	State	Zip Code
Columbus	IN	47201-6757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SIHO	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 86 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RDSS W KRAFT		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 11409009
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation President	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jessica Lagusch		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 445 Hutchinson Avenue, Suite 240		Transaction ID: 11409562
City	State	Zip Code
Columbus	OH	43235-8617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer UnumProvident	Occupation Account Consultant	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LANCE M LEDBETTER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 10800 Alpharetta Hwy, #208-805		Transaction ID: 11409705
City	State	Zip Code
Roswell	GA	30078-1490
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer M.J.L. Benefit Communications, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 87 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RONALD M LEVINE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 11409657
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Vice President of Sales, SE	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHERYL LOMBARDI		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 11408642
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JUAN LOPEZ		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 11409558
City Orange	State CA	Zip Code 92668-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Manager	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. SUSAN TULLIS LUVISI		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1685 San Marco Boulevard		Transaction ID: 11409727
City	State	Zip Code
Jacksonville	FL	32207-3001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer James F. Tullis & Associates, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. MAURICE LYONS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 11408639
City	State	Zip Code
New York	NY	10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. LINDA MACKAY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 1001		Transaction ID: 11409597
City	State	Zip Code
Tyrone	GA	30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackay Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 88 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DALE W MALDNEY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 11408923
City	State	Zip Code
Maitland	FL	32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1160.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KENNY MASON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1224 South River Road, Suite A-203		Transaction ID: 11409733
City	State	Zip Code
Saint George	UT	84790-8318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Southern Utah Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DONNA MCCRIGHT		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 4851 LBJ Freeway, Ste 1100		Transaction ID: 11409682
City	State	Zip Code
Dallas	TX	75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitMal	Occupation Sales Administration Supervisor	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 00 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RYAN R MCDERMOTT		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 883 West Baxter Drive		Transaction ID: 11409558
City	State	Zip Code
South Jordan	UT	84095-8506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. REINE MORRIS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P. O. Box 1271		Transaction ID: 11409539
City	State	Zip Code
Portland	OR	97207-1271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Regence BlueCross BlueShield	Occupation Account Representative	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROLYNNE MULDOON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 457 Main Street		Transaction ID: 11409584
City	State	Zip Code
Longmont	CO	80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Milestone Insurance Agency	Occupation Owner	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 01 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RDN J NEZAT		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box B1180		Transaction ID: 11409574
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. NICHOLAS A OGDEN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 122 Yorkshire Lane		Transaction ID: 11409555
City Wilmington	State NC	Zip Code 28409-8134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. STEVE PAOLUCCI		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2305 W. Berry Avenue		Transaction ID: 11409675
City Littleton	State CO	Zip Code 80120-1177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Paolucci Financial Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 02 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ROBERT P POLI		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 8101 Executive Boulevard, Suite 12		Transaction ID: 11408998
City Rockville	State MD	Zip Code 20852-3807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Marketing Center, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN MALEY RASH		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 11409001
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	Aggregate Year-to-Date ▼ 850.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MARK C RILEY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 1635		Transaction ID: 11408835
City Irmo	State SC	Zip Code 29063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 03 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. ALINE ROBERTS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 11409646
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

Full Name (Last, First, Middle Initial) B. WILLIAM D ROBINSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 739 East Jackson Street		Transaction ID: 11409019
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Community Mutual Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MEL A SCHLESINGER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 30100		Transaction ID: 11409684
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer The Rainmakers Group, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 04 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JAMES D SCHULZ		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 11409706
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THOMAS SHORES		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 8596 W Bolsa Street		Transaction ID: 11409022
City Boise	State ID	Zip Code 83709-5196
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer T.A. Shores Inc.	Occupation Business Growth Specialist	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BOB G SHUPE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 2344		Transaction ID: 11408868
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 05 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DEWAYNE SIMPSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 11503 Rocky Valley Dr		Transaction ID: 11408972
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ANNE P SPERLING		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 11408982
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Employee Benefits Manager	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROL STEELE		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 11409583
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 06 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JULIA M STEVERSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 2008		Transaction ID: 11408940
City Fallon	State NV	Zip Code 89407-2008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PAUL D TAYLOR		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2037 Electric Road		Transaction ID: 11408940
City Roanoke	State VA	Zip Code 24018-1937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Taylor Insurance	Occupation President	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DONALD B THOMPSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 11408862
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1650.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 07 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DANIEL R TOMPKINS, JR		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 1810		Transaction ID: 11408978
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. ERIC TOWNSEND		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1658 Presto Avenue		Transaction ID: 11408957
City Indianapolis	State IN	Zip Code 46224-5640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Mutual of Omaha	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. ALBERT J TRAVASOS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 11408838
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

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

FOR LINE NUMBER: PAGE 08 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. WENDY VANDERWATER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 11409536
City	State	Zip Code
Tyler	TX	75701-9455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Threlkeld & Company Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. PETER VINTON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 11409000
City	State	Zip Code
Timonium	MD	21069-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. M HUGHES WARREN, JR		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P.O. Box 7681		Transaction ID: 11409728
City	State	Zip Code
Wilmington	NC	28408-7681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebenconcepts, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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

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

FOR LINE NUMBER: PAGE 08 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JOHN L WARWICK		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 272		Transaction ID: 11409616
City Chicago	State CA	Zip Code 95027-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 075.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AMY R WEBB		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 810 South Sarasota Drive		Transaction ID: 11408865
City Moorestown	State NJ	Zip Code 08057-3831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, LLC.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DAVID B WILLS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 902 Brynwood Dr		Transaction ID: 11408885
City Chattanooga	State TN	Zip Code 37415-3308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation President	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 100 / 227

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

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. STEVEN L WILSON		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 11409598
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 570.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN L WILSON		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 11409599
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Insurance Market- ing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 590.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEPHEN J WOODLTON		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 525 East 100 South, Suite 200		Transaction ID: 11408873
City Salt Lake City	State UT	Zip Code 84102-2087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GBS Benefits Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 101 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DENNIS E WRIGHT		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 11409023
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 060.00	

Full Name (Last, First, Middle Initial) B. DENNIS E WRIGHT		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 11409543
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) C. ROBERT BISHOP		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 11408883
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

SUBTOTAL of Receipts This Page (optional)	▶	174.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 102/227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. WILLIAM J BRANNON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 7 Terrace Way, Suite C		Transaction ID: 11408943
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DOROTHY M COCIU		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 1941		Transaction ID: 11408953
City Big Bear Lake	State CA	Zip Code 92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROL A CUTTER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 624 Griffin Road, Suite B		Transaction ID: 11409623
City Indianapolis	State IN	Zip Code 46227-6504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 103 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RUSH DAVID DIXON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 11409693
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN H DODDER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 2069		Transaction ID: 11409671
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Regional Sales Director	Aggregate Year-to-Date ▼ 670.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL A EMBRY, SR		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 20700 Civic Center Drive, Suite 25		Transaction ID: 11409678
City Southfield	State MI	Zip Code 48078-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Insurance Services, Inc.	Occupation VP - Group Benefits Division	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 104 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. WESLEY FOSTER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 411 Copper Circle		Transaction ID: 11409707
City Argyle	State TX	Zip Code 76226-7333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitMat	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHARLES T GARTLAN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 1268		Transaction ID: 11409668
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 490.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RICHARD R GIRDLER, JR		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 113 Seaboard Lane, Suite C-170		Transaction ID: 11408824
City Franklin	State TN	Zip Code 37067-6281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cowan Benefit Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 105 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GERALD G HARTMAN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 5716		Transaction ID: 11409653
City	State	Zip Code
Boise	ID	83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHEILA HARTMAN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 11409681
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HUGH R HENDRICKSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 820 A Street, Suite 220		Transaction ID: 11409717
City	State	Zip Code
Tacoma	WA	98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 106 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. W. RICHARD HERD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 883 West Baxter Drive		Transaction ID: 11409671
City	State	Zip Code
South Jordan	UT	84095-8506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Employee Benefits & Pensions	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. JAIME D HERNANDEZ		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 11409006
City	State	Zip Code
Burbank	CA	91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. SHERI S HOKIN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3330 Dundee Road, Suite C-3		Transaction ID: 11408841
City	State	Zip Code
Northbrook	IL	60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER: PAGE 107 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. DAVID S JOHNSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 11409005
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 690.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SANDRA JOHNSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 12500 Network Blvd, # 403		Transaction ID: 11409659
City San Antonio	State TX	Zip Code 78249-3310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hairston, Johnson & Associates, PLLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROY W KERN		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1722 S Glenstone Ave Ste II P.O. Box 10908 GS		Transaction ID: 11409674
City Springfield	State MO	Zip Code 65804-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Roy W Kern & Associates	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 108 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ROBERT M LAY		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 3112 Forest Avenue		Transaction ID: 11409553
City	State	Zip Code
Fort Worth	TX	76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MICHAEL E MATZNICK		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address PO Box 38248 3300 Battleground Ave. #200 (2741)		Transaction ID: 11409710
City	State	Zip Code
Greensboro	NC	27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer EbanConcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 315.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LESLIE E MCGERR		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 6125 Havelock Avenue		Transaction ID: 11409731
City	State	Zip Code
Lincoln	NE	68507-1234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Les McGerr & Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100/227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. PATRICIA MILLER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box B357		Transaction ID: 11409735
City Tyler	State TX	Zip Code 75711-8357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. LINDA J NEW		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P. O. Box 28543		Transaction ID: 11409688
City Austin	State TX	Zip Code 78755-8543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New Insurance Benefits	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. PEGGY OLSON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P O Box 14725		Transaction ID: 11409619
City Portland	State OR	Zip Code 97253-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 110 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JESSE A PATTON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2175 NW 88th Street, Suite 14		Transaction ID: 11409719
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 2016.60
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM H PENNINGTON		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 484D Woodbridge Drive		Transaction ID: 11409644
City Kernersville	State NC	Zip Code 27284-8850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Pennington Associates Inc.	Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAMES E PRICE, III		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 11408880
City Fresno	State CA	Zip Code 93711-2388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	345.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 111 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JON C RAUSER		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 11408991
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1290.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. EDWARD ROLING		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 11408970
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental of North Carolina, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRANCIS A RUGGIERO		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 11409595
City Budd Lake	State NJ	Zip Code 07828-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Ruggiero Group, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 112 / 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RAYMER M SALE JR		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 11408961
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 1160.00	

Full Name (Last, First, Middle Initial) B. JON SIVERS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 10731 Treena St., # 109		Transaction ID: 11409650
City San Diego	State CA	Zip Code 92131-1040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPro Insurance Serv- ices, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. ROBERT C TRETTER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 13016 Delmar Street		Transaction ID: 11409538
City Leawood	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thomas McGee, L.C. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 280.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. THOMAS L VOITER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 11409585
City Lafayette	State LA	Zip Code 70503-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GREG A YODER		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 11409645
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 2100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROBERT A ZIFF		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 11409738
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Benefits Corp	Occupation President	Aggregate Year-to-Date ▼ 1080.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. JOHN S HELMS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2000 N 14th Street		Transaction ID: 11409746
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John Helms & Associates	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. SHARON R ROSS		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2000 N. 14th Street		Transaction ID: 11409685
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. MARIA C KENNEDY		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1149 Court Street, NE		Transaction ID: 11409700
City Salem	State OR	Zip Code 97301-4030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Associated Oregon Industries	Occupation Director of Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 115 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Suzy E. Alberts		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 221 D1 Michigan Avenue		Transaction ID: 12168389
City Dearborn	State MI	Zip Code 48124-2204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Comerica Bank	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen D. Andersen		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 12168393
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Chester Anderson		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: 12168397
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Benefit Port	Occupation Marketing Representative	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 116 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. M Kathryn Anderson-Haught		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address P. O. Box 7648		Transaction ID: 12168395
City Tyler	State TX	Zip Code 75711-7648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Strategies In Employee Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 12168414
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	Aggregate Year-to-Date ▼ 850.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald S. Buffum		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 12168417
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 390.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 117 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Tim Byme		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 3113 West Beltline Highway		Transaction ID: 12168419
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Met- drum	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHARON DICORATO		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 12168441
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cynthia H. Doucet		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 12168444
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 118 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PD Box 30275		Transaction ID: 12168458
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patrice Goldfarb		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 12168463
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Advisors Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael D. Gray		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 12168467
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 2040.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 118/227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Lisa Hellman		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 12168477
City	State	Zip Code
Cumming	GA	30041-8063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donna D. Hill		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address PO Box 724		Transaction ID: 12168483
City	State	Zip Code
Snelville	GA	30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Lou Hudman		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 5330 Bent Tree Forest Drive, Suite		Transaction ID: 12168491
City	State	Zip Code
Dallas	TX	75248-3471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer A Benefit Source	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 295.14
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 120 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Suzanne K. Johnson		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 8235 Morrison Boulevard, Suite 302		Transaction ID: 12166499
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 390.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 2633 State Route 68, Suite B		Transaction ID: 12168504
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian W. Uehry		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 12168511
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Clark K. Loewe		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 12200 Northwest Fwy Ste 682		Transaction ID: 12168513
City Houston	State TX	Zip Code 77062-4827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carol Malznick		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PO Box 38905		Transaction ID: 12168528
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David R. Moore		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PO Box 1008		Transaction ID: 12168528
City Burlington	State NC	Zip Code 27210-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Associates	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 122 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Wesley P. Moore		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 12168529
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Owner	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joshua D. Nese		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: 12168532
City Seattle	State WA	Zip Code 98103-0669
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services, Inc.	Occupation Vice President Sales & Service	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael A. Norris		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PO Box 999 295 E Palmer Street		Transaction ID: 12168540
City Franklin	State NC	Zip Code 28744-0569
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Account Executive	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 123 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. John C. Parker		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 12168544
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Principal	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 12168563
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 870.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 12168595
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 124 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Marilyn A. Van Sant		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 271 Route 48 West, Suite G206		Transaction ID: 12168599
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles G. Wagner		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address PO Box 9		Transaction ID: 12168601
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barbara Kay Wong		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 1311 L Street		Transaction ID: 12168615
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits Corp.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 125 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 12168398
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ann C. Bell		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 1661 Shoreline Drive, Suite 100		Transaction ID: 12168403
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David A. Baman		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 6510 N. Shadeland Avenue		Transaction ID: 12168404
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Nease Lukens Holding Company, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 126 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. D. Bailey Calvin		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PD Box 101422		Transaction ID: 12168421
City Anchorage	State AK	Zip Code 99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Calico, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Russell B. Childers		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PD Box 1547		Transaction ID: 12168429
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) C. Eugene D. Ebersole		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 12168448
City Gretna	State LA	Zip Code 70053-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Ebersole & Associates, In- c.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 127 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Thomas M Evans		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 12168453
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 11160 Sun Center Drive, Suite A		Transaction ID: 12168455
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distribution Division	Occupation Director of Strategic Distribution	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bruce L. Gardner		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 12168460
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments	Occupation Registered Representative	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Timothy Hendricks		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 1805 S Eucalyptus Ave		Transaction ID: 12168478
City State Zip Code Broken Arrow OK 74012-5806	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. HUGH R HENDRICKSON		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 820 A Street, Suite 22D		Transaction ID: 12168479
City State Zip Code Tacoma WA 98402-5221	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Strategic Employees Benefit Services Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Richard L Hill		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 12168484
City State Zip Code Lincoln NE 68510-1842	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UNICO Financial Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 129 / 227

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Larry Kaczmarek		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005	
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 12168503	
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kaczmarek Insurance Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 1070.00		
Full Name (Last, First, Middle Initial) B. Michael Kielan		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005	
Mailing Address PO Box 45279		Transaction ID: 12168507	
City State Zip Code Omaha NE 68145-0279	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Harry A. Koch Company Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 800.00		
Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005	
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 12168508	
City State Zip Code Omaha NE 68130-1789	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Holmes Murphy and Associates, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 400.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Sharon L. McDermott		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 12168524
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Glen E. Riensche		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 415 5th Street P. O. Box 684		Transaction ID: 12168558
City Fairbury	State NE	Zip Code 68022-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Advanced Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth E. Wheatcroft		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 124 West Castellano Drive, Suite 2		Transaction ID: 12168560
City El Paso	State TX	Zip Code 79912-6139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer Goodman Financial Group	Occupation VP - Employee Benefits	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 131 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Elizabeth E Wheatcraft		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 124 West Castellano Drive, Suite 2		Transaction ID: 12168605
City El Paso	State TX	Zip Code 79912-6139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Goodman Financial Group	Occupation VP - Employee Benefits	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 12168567
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	720.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Eugene L. L. Rowe		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: 12168568
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement Service	Occupation Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 132 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Stephen J. Salzman		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 12168571
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roger W Skinner		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address 8812 East 75th Street, Suite 200		Transaction ID: 12168579
City Indianapolis	State IN	Zip Code 46250-2876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation President	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jackie L. Spragins		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address PD Box 2073		Transaction ID: 12168588
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Spragins Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 302.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 133 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. C. Louanne Trebing		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 1808 Patton Drive		Transaction ID: 12168598
City	State	Zip Code
Garland	TX	75042-8205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Trebing Insurance Agency	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Charles L Westmoreland		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address PO Box 825		Transaction ID: 12168604
City	State	Zip Code
Jackson	MS	39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) C. Catherine Fleara		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 28998 Central Park Blvd.		Transaction ID: 12168458
City	State	Zip Code
Southfield	MI	48078-4174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Austin Financial Group LL- CUnited	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 134 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MARIA C KENNEDY		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 114B Court Street, NE		Transaction ID: 12168506
City Salem	State OR	Zip Code 97301-4030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Associated Oregon Industries	Occupation Director of Marketing	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2005
Mailing Address 200D N 14th Street		Transaction ID: 12168597
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation Executive VP, CEO	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DAVID CLULEY		Date of Receipt M / D / Y Y Y Y 12 / 20 / 2005
Mailing Address 801 Broadway, NW, Suite 201		Transaction ID: 12165702
City Grand Rapids	State MI	Zip Code 49504-4462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer PPOM	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 205.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 135 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Ray M. Musser		Date of Receipt M / D / Y Y Y Y 12 / 20 / 2005
Mailing Address 404 North Second Avenue, Suite B		Transaction ID: 11445713
City Upland	State CA	Zip Code 91786-4701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 540.00
Name of Employer Ray M. Musser & Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1540.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Fern A. Musser		Date of Receipt M / D / Y Y Y Y 12 / 20 / 2005
Mailing Address 404 North Second Avenue, Suite B		Transaction ID: 11445712
City Upland	State CA	Zip Code 91786-4701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 540.00
Name of Employer Ray M. Musser & Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Teresa F DeBruin		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2005
Mailing Address 5880 Live Oak Parkway Suite 230		Transaction ID: 12058363
City Norcross	State GA	Zip Code 30062-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer DeBruin Benefit Services, Inc./ AA LBR	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 215.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1110.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 136 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. TERRI D ADAMS		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address PD Box 1290		Transaction ID: 12207451
City	State	Zip Code
Prairieville	LA	70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Insurance Agent	480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. KEERRY D ALDRIDGE		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 12207583
City	State	Zip Code
Lexington	KY	40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Insurance Agent	880.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. TERRY ALLARD		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 3000 A Street, Suite 400		Transaction ID: 12207684
City	State	Zip Code
Anchorage	AK	99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency, LLC	Occupation Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 227

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

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. RICK BAILEY		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 4390 Earney Road, Suite 240		Transaction ID: 12207414
City	State	Zip Code
Woodstock	GA	30188-5687
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Rick Bailey & Company, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THOMAS R BELDING		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 12207584
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser	Occupation President	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bruce D Benton		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 21300 Victory Boulevard, Suite 215		Transaction ID: 12207585
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SmithBenton Insurance & Financial Svcs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 295.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 138 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DONALD J BOOTH		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 8711 Plantation Lane, Suite 3D1		Transaction ID: 12207588
City	State	Zip Code
Manassas	VA	20110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capital Group Benefits	Occupation Partner	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHAWN F BRASHEARS		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 110 Old Padonia Road, Suite 201		Transaction ID: 12207588
City	State	Zip Code
Cockeysville	MD	21030-4949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Compensation Concepts	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ELEANOR M BROCKHURS		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 1212 East Osborn Road, Suite 11D		Transaction ID: 12207589
City	State	Zip Code
Phoenix	AZ	85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 130 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. SARAH GUNTER CANEZ		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 19921 FM 2252		Transaction ID: 12207457
City	State	Zip Code
San Antonio	TX	78266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer EFGI Insurance & Bonds	Occupation Principal/Steve Jamison	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. DAVID CLULEY		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 801 Broadway, NW, Suite 201		Transaction ID: 12207443
City	State	Zip Code
Grand Rapids	MI	49504-4462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer PPOM	Occupation Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. RICHARD P COBURN		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 19 Minor Court		Transaction ID: 12207460
City	State	Zip Code
San Rafael	CA	94503-5718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Word & Brown	Occupation Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 140 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. SUSAN E COOK		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 12207532
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) B. THOMAS J DANIELS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 120 Wood Avenue South, Suite 300		Transaction ID: 12207355
City Iselin	State NJ	Zip Code 08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. ROSEMARY DEININGER		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 12207512
City Dallas	State TX	Zip Code 75243-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Account Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 141 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

<p>Full Name (Last, First, Middle Initial) A. SHARON DICORATO</p> <p>Mailing Address 801 Pine Street, Suite 4G1</p> <hr/> <p>City State Zip Code Chattanooga TN 37402-2520</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Name of Employer Blue Cross Blue Shield of TN </td> <td style="width:70%;"> Occupation Manager, Individual Sales </td> </tr> <tr> <td> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="text-align: right;"> Aggregate Year-to-Date ▼ 320.00 </td> </tr> </table>	Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005</p> <p>Transaction ID: 12207656</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00				

<p>Full Name (Last, First, Middle Initial) B. RICHARD DUFFIELD</p> <p>Mailing Address 320 W Lake Lansing Rd Ste 2</p> <hr/> <p>City State Zip Code East Lansing MI 48823-8572</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Name of Employer Brogan, Reed, VanGorder </td> <td style="width:70%;"> Occupation Resident Agent </td> </tr> <tr> <td> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="text-align: right;"> Aggregate Year-to-Date ▼ 210.00 </td> </tr> </table>	Name of Employer Brogan, Reed, VanGorder	Occupation Resident Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005</p> <p>Transaction ID: 12207660</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer Brogan, Reed, VanGorder	Occupation Resident Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00				

<p>Full Name (Last, First, Middle Initial) C. JOAN L GALLETTA</p> <p>Mailing Address 3342 Kori Road</p> <hr/> <p>City State Zip Code Jacksonville FL 32257</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> Name of Employer JP Perry Insurance, Inc. </td> <td style="width:70%;"> Occupation Insurance Agent </td> </tr> <tr> <td> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="text-align: right;"> Aggregate Year-to-Date ▼ 240.00 </td> </tr> </table>	Name of Employer JP Perry Insurance, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005</p> <p>Transaction ID: 12207358</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
Name of Employer JP Perry Insurance, Inc.	Occupation Insurance Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00				

<p>SUBTOTAL of Receipts TN's Page (optional)</p>	<p>40.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 142 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GERARD GERSHKONOWITZ		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 980 Broadway, Suite 808		Transaction ID: 12207433
City Thornwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 845.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARY GO		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 73261 Highway 111, Suite 6		Transaction ID: 12207424
City Palm Desert	State CA	Zip Code 92260-3928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Regency Insurance & Financial Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROLYN L GOODWIN		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 12207463
City Dallas	State TX	Zip Code 75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 143 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) STEPHEN A GRIM</p> <p>Mailing Address P O Box 1105</p> <p>City State Zip Code Virginia Beach VA 23451-0105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mid-Atlantic Agency, Inc.</p> <p>Occupation President</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 880.00</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005</p> <p>Transaction ID: 12207465</p> <p>Amount of Each Receipt this Period 80.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) CYNTHIA GULDY</p> <p>Mailing Address 1063 W Horsebooth Rd #10D</p> <p>City State Zip Code Fort Collins CO 80526-5806</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New York Life Insurance</p> <p>Occupation Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005</p> <p>Transaction ID: 12207437</p> <p>Amount of Each Receipt this Period 20.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO</p> <p>Mailing Address 357 Sanford Drive</p> <p>City State Zip Code Morganton NC 28655-2555</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Flexible Benefit Management</p> <p>Occupation Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005</p> <p>Transaction ID: 12207599</p> <p>Amount of Each Receipt this Period 50.00</p>
--	--

<p>SUBTOTAL of Receipts This Page (optional) ▶</p>	<p>150.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER: PAGE 144 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. WALTER T HALE		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 211 East Church Street		Transaction ID: 12207961
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER HARRISON		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 12207671
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

Full Name (Last, First, Middle Initial) C. THOMAS HARTE		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 12207601
City	State	Zip Code
Hampstead	NH	03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

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

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

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

FOR LINE NUMBER: PAGE 145 / 227

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JON WHICKS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 3620 Mountainside Drive		Transaction ID: 12207539
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MATT B HOLDOMB		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address Nine Piedmont Center 3495 Piedmont Road		Transaction ID: 12207569
City	State	Zip Code
Atlanta	GA	30305-1733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RANDY JOPPIE		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 686B Blue Hummingbird Way		Transaction ID: 12207524
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Director of Employee Benefits	Aggregate Year-to-Date ▼ 1240.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MARK KENNEDY		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1173 Brittnoare Road		Transaction ID: 12207439
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 060.00	

Full Name (Last, First, Middle Initial) B. MIKE KETRON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 417 Washington Street		Transaction ID: 12207527
City	State	Zip Code
Columbus	IN	47201-6757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SIHO	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. ROSS W KRAFT		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 12207373
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 060.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 147 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Jessica Lagusch		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 445 Hutchinson Avenue, Suite 240		Transaction ID: 12207491
City Columbus	State OH	Zip Code 43235-8617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer UnumProvident	Occupation Account Consultant	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LANCE M LEDBETTER		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 10800 Alpharetta Hwy, #208-605		Transaction ID: 12207614
City Roswell	State GA	Zip Code 30076-1490
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer M.J.L. Benefit Communication- s, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RONALD M LEVINE		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 12207618
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Vice President of Sales, SE	Aggregate Year-to-Date ▼ 370.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 148 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. CHERYL LOMBARDI		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 12207413
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 080.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JUAN LOPEZ		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 12207581
City Orange	State CA	Zip Code 92668-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Manager	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SUSAN TULLIS LUVISI		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1865 San Marco Boulevard		Transaction ID: 12207618
City Jacksonville	State FL	Zip Code 32207-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer James F. Tullis & Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MAURICE LYONS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 12207412
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) B. LINDA MACKAY		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PO Box 1001		Transaction ID: 12207517
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackay Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. DALE W MALONEY		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 12207375
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 150 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. DONNA MCCRIGHT		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 4851 LBJ Freeway, Ste 1100		Transaction ID: 12207652
City	State	Zip Code
Dallas	TX	75244-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitMet	Occupation Sales Administration Supervisor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. RYAN R MCDERMOTT		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 883 West Baxter Drive		Transaction ID: 12207475
City	State	Zip Code
South Jordan	UT	84065-8506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. REINE MORRIS		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address P. O. Box 1271		Transaction ID: 12207498
City	State	Zip Code
Portland	OR	97207-1271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Regence BlueCross BlueShield	Occupation Account Representative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 151 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CAROLYNNE MULDOON		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 457 Main Street		Transaction ID: 12207514
City Longmont	State CO	Zip Code 80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Milestone Insurance Agency	Occupation Owner	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RON J NEZAT		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address PO Box 91180		Transaction ID: 12207477
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NICHOLAS A OGDEN		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 122 Yorkshire Lane		Transaction ID: 12207479
City Wilmington	State NC	Zip Code 28409-6134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 152 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. STEVE PAOLUCCI		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2305 W. Berry Avenue		Transaction ID: 12207848
City Littleton	State CO	Zip Code 80120-1177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Political Financial Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT P POLI		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 8101 Executive Boulevard, Suite 12		Transaction ID: 12207386
City Rockville	State MD	Zip Code 20852-3907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Marketing Center, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SUSAN MALEY RASH		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 12207389
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia,	Occupation Vice President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 153 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MARK C RILEY		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PD Box 1635		Transaction ID: 12207392
City	State	Zip Code
Irma	SC	29063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ALINE ROBERTS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 12207568
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1120.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WILLIAM D ROBINSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 739 East Jackson Street		Transaction ID: 12207445
City	State	Zip Code
Martinsville	IN	46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Community Mutual Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 154 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MEL A SCHLESINGER		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PD Box 30100		Transaction ID: 12207631
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer The Rainmakers Group, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	

Full Name (Last, First, Middle Initial) B. JAMES D SCHULZ		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 12207633
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) C. THOMAS SHORES		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 8596 W Bolsa Street		Transaction ID: 12207450
City Boise	State ID	Zip Code 83709-5158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer T.A. Shores Inc.	Occupation Business Growth Specialist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. BOB G SHUPE		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PD Box 2344		Transaction ID: 12207397
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DEWAYNE SIMPSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 11503 Rocky Valley Dr		Transaction ID: 12207429
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ANNE P SPERLING		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 12207400
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Employee Benefits Manager	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 156 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. CAROL STEELE		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 12207510	
City Akron	State OH	Zip Code 44333-9204	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Designs, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 440.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JULIA M STEVERSON		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address PO Box 2008		Transaction ID: 12207401	
City Fallon	State NV	Zip Code 89407-2008	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Western Nevada Insurance Services, Inc	Occupation Agent	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PAUL D TAYLOR		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address 2037 Electric Road		Transaction ID: 12207488	
City Roanoke	State VA	Zip Code 24018-1537	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Taylor Insurance	Occupation President	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 157 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. DONALD B THOMPSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 12207402
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DANIEL R TOMPKINS, JR		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PO Box 1810		Transaction ID: 12207403
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ERIC TOWNSEND		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 185B Presto Avenue		Transaction ID: 12207582
City Indianapolis	State IN	Zip Code 46224-5840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Mutual of Omaha	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 158 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. ALBERT J TRAVASOS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 12207404
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 495.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WENDY VANDERWATER		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 12207497
City Tyler	State TX	Zip Code 75701-9455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Thraekald & Company Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 295.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PETER VINTON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 9480 Deereco Road		Transaction ID: 12207435
City Timonium	State MD	Zip Code 21063-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 960.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 150 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. M HUGHES WAREN, JR		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address P.O. Box 7861		Transaction ID: 12207639
City	State	Zip Code
Wilmington	NC	28406-7861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. JOHN L WARWICK		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address PO Box 272		Transaction ID: 12207548
City	State	Zip Code
Chico	CA	95927-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) C. AMY R WEBB		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 610 South Saratoga Drive		Transaction ID: 12207405
City	State	Zip Code
Moorestown	NJ	08057-3831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, LLC.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 160 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. DAVID B WILLS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 902 Brynwood Dr		Transaction ID: 12207407
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. STEVEN L WILSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 12207482
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Insurance Marketing	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) C. STEVEN L WILSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 12207493
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketing	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts TN's Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 161 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. STEPHEN J WOOLSTON		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 525 East 100 South, Suite 200		Transaction ID: 12207410
City	State	Zip Code
Salt Lake City	UT	84102-2067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GBS Benefits Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. DENNIS E WRIGHT		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 12207447
City	State	Zip Code
Fort Wayne	IN	46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. DENNIS E WRIGHT		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 12207495
City	State	Zip Code
Fort Wayne	IN	46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1130.00	

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

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

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

FOR LINE NUMBER: PAGE 162 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. ROBERT BISHOP		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 12207434
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KIA Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name (Last, First, Middle Initial) B. WILLIAM J BRANNON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 7 Terrace Way, Suite C		Transaction ID: 12207351
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DOROTHY M GOCIU		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PO Box 1941		Transaction ID: 12207353
City Big Bear Lake	State CA	Zip Code 92315-1541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional)	189.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 163 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. CAROLA CUTTER		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 824 Griffin Road, Suite B		Transaction ID: 12207535
City	State	Zip Code
Indianapolis	IN	46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. RUSH DAVID DIXON		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 12207594
City	State	Zip Code
Rockville	MD	20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. STEVEN H DODDER		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address PO Box 2069		Transaction ID: 12207482
City	State	Zip Code
Monument	CO	80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Regional Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 164 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. MICHAEL A EMBRY, SR		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 20700 Civic Center Drive, Suite 25		Transaction ID: 12207597
City Southfield	State MI	Zip Code 48076-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cometca Insurance Services, Inc.	Occupation VP - Group Benefits Division	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WESLEY FOSTER		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 411 Copper Circle		Transaction ID: 12207661
City Argyle	State TX	Zip Code 76226-7333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitMal	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHARLES T GARTLAN		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PO Box 1268		Transaction ID: 12207598
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 530.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 165 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. RICHARD R GIRDLER, JR		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 113 Seaboard Lane, Suite C-170		Transaction ID: 12207960
City	State	Zip Code
Franklin	TN	37067-8281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cowan Benefit Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GERALD G HARTMAN		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PO Box 5716		Transaction ID: 12207602
City	State	Zip Code
Boise	ID	83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 685.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SHEILA HARTMAN		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 12207509
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 166 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. HUGH R HENDRICKSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 820 A Street, Suite 220		Transaction ID: 12207605
City Tacoma	State WA	Zip Code 98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. RICHARD HERD		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 883 West Baxter Drive		Transaction ID: 12207606
City South Jordan	State UT	Zip Code 84065-8506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Employee Benefits & Pensions	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAIME DHERNADEZ		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 12207363
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardex Financial & Insurance Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 167 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. SHERI S HOKIN		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 333D Dundee Road, Suite C-3		Transaction ID: 12207368
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DAVID S JOHNSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 12207370
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 740.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SANDRA JOHNSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 12500 Network Blvd, # 403		Transaction ID: 12207687
City San Antonio	State TX	Zip Code 78249-5310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hainston, Johnson & Associates, PLLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 168 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. ROY W KERN		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 1722 S Glenstone Ave Ste II P.O. Box 10806 GS		Transaction ID: 12207613
City Springfield	State MO	Zip Code 65804-1516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Roy W Kern & Associates	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT M LAY		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 3112 Forest Avenue		Transaction ID: 12207473
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL E MATZNICK		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address PO Box 35248 3300 Battleground Ave. #200 (2741)		Transaction ID: 12207620
City Greensboro	State NC	Zip Code 27438-6248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer EbenConcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. LESLIE E MCGERR		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address B125 Havelock Avenue		Transaction ID: 12207621
City Lincoln	State NE	Zip Code 68507-1234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Les McGerr & Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PATRICIA MILLER		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address PO Box 8357		Transaction ID: 12207659
City Tyler	State TX	Zip Code 75711-8357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LINDA J NEW		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address P. O. Box 28543		Transaction ID: 12207624
City Austin	State TX	Zip Code 78755-8543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New Insurance Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 170 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. PEGGY OLSON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address P O Box 14725		Transaction ID: 12207552
City	State	Zip Code
Portland	OR	97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JESSE A PATTON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 12207627
City	State	Zip Code
Des Moines	IA	50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Gr- oup, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 2241.60
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JESSE A PATTON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 12730283
City	State	Zip Code
Des Moines	IA	50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Associations Marketing Gr- oup, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 2241.60
Receipt For: Primary General Other (specify) ▼		

[MEMO ITEM]
Refund(s) on Schedule B
Totaling 5458.40 This changes
the YTD Total to \$22-
41.60

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 171 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. WILLIAM H PENNINGTON		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 464D Woodbridge Drive		Transaction ID: 12207544
City Kernersville	State NC	Zip Code 27284-8850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Pennington Associates Inc.	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. JAMES E PRICE, III		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 12207387
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. JONG RAUSER		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 12207390
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1480.00	

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 172/227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. EDWARD ROLING		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 12207428
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental of North Carolina, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FRANCIS A RUGGIERO		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 12207485
City Budd Lake	State NJ	Zip Code 07828-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Ruggiero Group, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RAYMER M SALE, JR		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 12207395
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 173 / 227

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. JON SMERS		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 10731 Treena St., #109		Transaction ID: 12207662
City	State	Zip Code
San Diego	CA	92131-1040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPro Insurance Services, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. ROBERT C TRETTER		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 13016 Delmar Street		Transaction ID: 12207489
City	State	Zip Code
Leawood	KS	66209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thomas McGee, L.C.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. THOMAS L VOITER		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 12207490
City	State	Zip Code
Lafayette	LA	70503-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 174 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. GREG A YODER		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 12207549
City State Zip Code San Jose CA 95125-2451	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) B. ROBERT A ZIFF		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 12207644
City State Zip Code Morrisville PA 19067-6278	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Avarli Benefits Corp	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00	

Full Name (Last, First, Middle Initial) C. JOHN S HELMS		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 2000 N 14th Street		Transaction ID: 12207804
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John Helms & Associates	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 175 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. SHARON R ROSS		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2000 N. 14th Street		Transaction ID: 12207630
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARIA C KENNEDY		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1149 Court Street, NE		Transaction ID: 12207612
City Salem	State OR	Zip Code 97301-4030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Associated Oregon Industries	Occupation Director of Marketing	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GUY E. ALBERTA		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 22101 Michigan Avenue		Transaction ID: PRB059322515B
City Dearborn	State MI	Zip Code 48124-2204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Bank	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		
		P/R Deduction (\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 176 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Stephen D. Andersen		Date of Receipt M / D / Y
Mailing Address 7101 S. 82nd St.		Transaction ID: PR80594855158
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	P/R Deduction (\$40.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. William Chester Anderson		Date of Receipt M / D / Y
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: PR80594835158
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Benefit Port	Occupation Marketing Representative	P/R Deduction (\$30.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. M Kathryn Anderson-Haught		Date of Receipt M / D / Y
Mailing Address P. O. Box 7648		Transaction ID: PR80595155158
City Tyler	State TX	Zip Code 75711-7648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer Strategies In Employee Benefits, Inc.	Occupation Insurance Agent	P/R Deduction (\$80.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 177 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Virginia T. Ashton		Date of Receipt M / D / Y
Mailing Address 1900 Electric Road		Transaction ID: PR80596465158
City	State	Zip Code
Salem	VA	24153-7474
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Lewis-Gale Medical Center	Occupation Director of Provider Relations	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Kelly Lee Becerra		Date of Receipt M / D / Y
Mailing Address 12105 Anne St.		Transaction ID: PR60600625158
City	State	Zip Code
Omaha	NE	68105-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midwest Benefit Advisors, Inc.	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. David C. Benson		Date of Receipt M / D / Y
Mailing Address 6167 Bristol Parkway #37D		12 / 31 / 2005
City	State	Zip Code
Culver City	CA	90230
FEC ID number of contributing federal political committee. C		Transaction ID: 12711809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer DCB Insurance Services	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

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

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

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

FOR LINE NUMBER: PAGE 178 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Bruce D Benton		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 21300 Victory Boulevard, Suite 215		Transaction ID: 12711911
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer SmithBenton Insurance & Financial Svcs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 305.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christine Bigack		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 8075 Poplar Avenue, Suite 221		Transaction ID: PR80803405158
City Memphis	State TN	Zip Code 38119-0113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Humana	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		
		P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Trey Quirk Bradford		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: PR80808755158
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	Aggregate Year-to-Date ▼ 1150.00
Receipt For: Primary General Other (specify) ▼		
		P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts TN's Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 179 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Ronald S. Buffum		Date of Receipt M / D / Y
Mailing Address 1000 Heritage Center Circle		Transaction ID: PR80610505158
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Buffum Group	Occupation Insurance Agent	P/R Deduction (\$10.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) B. Jennifer Bundy-Cobb		Date of Receipt M / D / Y
Mailing Address 3000 A Street, Suite 400		Transaction ID: PR80610765158
City Anchorage	State AK	Zip Code 99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Wilson Agency, LLC	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Tim Byme		Date of Receipt M / D / Y
Mailing Address 3113 West Beltline Highway		Transaction ID: PR80612375158
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Morlenson, Matzelle & Mel-drum	Occupation Insurance Agent	P/R Deduction (\$25.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

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

FOR LINE NUMBER: PAGE 180 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Pam Cearley		Date of Receipt M / D / Y
Mailing Address 3226 Brunside		Transaction ID: PR80615945158
City	State	Zip Code
San Antonio	TX	78216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Insurance Agent Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Steven M. Clemant		Date of Receipt M / D / Y
Mailing Address 301D Fenwood Trail		Transaction ID: PR80618735158
City	State	Zip Code
Roswell	GA	30075-4199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	S.M.C. Consultants Inc. President Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. SHARON DICORATO		Date of Receipt M / D / Y
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: PR80629165158
City	State	Zip Code
Chattanooga	TN	37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation	P/R Deduction (\$10.00 Weekly)
Receipt For: Primary General Other (specify) ▼	Blue Cross Blue Shield of TN Manager, Individual Sales Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 181 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Cynthia H. Doucet		Date of Receipt M / D / Y
Mailing Address P. O. Box 91180		Transaction ID: PR80631055158
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	P/R Deduction (\$30.00 Mon- thly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Marcia A. Fender		Date of Receipt M / D / Y
Mailing Address 5901 East 41st Street, Suite 711		Transaction ID: 12165664
City Tulsa	State OK	Zip Code 74135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rogers Benefit Group	Occupation Insurance Agent	P/R Deduction (\$50.00 Mon- thly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y
Mailing Address PO Box 30275		Transaction ID: PR80841735158
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UNICO Financial Services, Inc.	Occupation Insurance Agent	P/R Deduction (\$50.00 Mon- thly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	660.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 182 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Patrice Goldfarb		Date of Receipt M / D / Y
Mailing Address 442 Teaneck Road		Transaction ID: PR80646385158
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Employee Benefits Advisors Group	Occupation Insurance Agent	P/R Deduction (\$50.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) B. Michael R. Goss		Date of Receipt M / D / Y
Mailing Address 2141 Airport Way, #100		Transaction ID: PR80647325158
City Boise	State ID	Zip Code 83705-5138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Myriad	Occupation President	P/R Deduction (\$100.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Michael D. Gray		Date of Receipt M / D / Y
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: PR80648045158
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	P/R Deduction (\$200.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2440.00	

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 183 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Shelly K. Harrison		Date of Receipt M / D / Y
Mailing Address 9393 West 110th Street, Ste. 200		Transaction ID: PR80653415158
City Overland Park	State KS	Zip Code 66210-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UnitedHealthcare	Occupation Manager Sales Administration	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Leesa Hayes		Date of Receipt M / D / Y
Mailing Address 9700 Ormsby Station Road		Transaction ID: PR80654555158
City Louisville	State KY	Zip Code 40223-4038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Thompson Associates, Inc.	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Lisa Helmen		Date of Receipt M / D / Y
Mailing Address 2735 Bordeaux Blvd		Transaction ID: PR80655585158
City Cumming	State GA	Zip Code 30041-6083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Designs	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 184 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Donna D. Hill			Date of Receipt M / D / Y
Mailing Address PD Box 724			
City	State	Zip Code	Transaction ID: PR80657255158
Snellville	GA	30078-0724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			200.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$100.00 Monthly)
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Lou Hudman			Date of Receipt M / D / Y
Mailing Address 533D Bent Tree Forest Drive, Suite			
City	State	Zip Code	Transaction ID: PR80660865158
Dallas	TX	75248-3471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			80.00
Name of Employer A Benefit Source	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 375.14	P/R Deduction (\$40.00 Monthly)
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Lesley R. Hutson			Date of Receipt M / D / Y
Mailing Address 501 S. Bernard, PO Box 3144			
City	State	Zip Code	Transaction ID: PR80662035158
Spokane	WA	99220-3144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			40.00
Name of Employer Fidelity Associates Financial Services	Occupation Employee Benefit Specialist	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 185 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Suzanne K. Johnson		Date of Receipt M / D / Y
Mailing Address 8235 Morrison Boulevard, Suite 302		Transaction ID: PR80684805158
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	P/R Deduction (\$40.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y
Mailing Address 2833 State Route 58, Suite B		Transaction ID: PR80666885158
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Insurance Agent	P/R Deduction (\$100.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

Full Name (Last, First, Middle Initial) C. Brian W. Useery		Date of Receipt M / D / Y
Mailing Address 120 East Washington Street		Transaction ID: PR80877885158
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer KL Benefits	Occupation Insurance Agent	P/R Deduction (\$80.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00	

SUBTOTAL of Receipts This Page (optional)	440.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 186 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Clark K. Lowe		Date of Receipt M / D / Y
Mailing Address 12200 Northwest Fwy Ste 682		Transaction ID: PR80678875158
City	State	Zip Code
Houston	TX	77062-4827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Northwest General Insurance	Occupation Insurance Agent	P/R Deduction (\$25.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jennifer P. Manser		Date of Receipt M / D / Y
Mailing Address 5300 Cahaba River Road, Suite 150		Transaction ID: PR80682385158
City	State	Zip Code
Birmingham	AL	35243-3384
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer J. Smith Lanier & Company	Occupation Account Executive	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Kimberly C. Marth		Date of Receipt M / D / Y
Mailing Address 180 Charlotte Highway		Transaction ID: PR80683855158
City	State	Zip Code
Asheville	NC	28803-9673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebenconcepts	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 187 / 227
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Carol Matznick		Date of Receipt M / D / Y
Mailing Address PD Box 38905		
City Greensboro	State NC	Zip Code 27438-8805
FEC ID number of contributing federal political committee. C		Transaction ID: PR80685305158
Name of Employer North Carolina AHU		Occupation Executive Director
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	Amount of Each Receipt this Period 40.00
		P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) B. David R. Moore		Date of Receipt M / D / Y
Mailing Address PD Box 1006		
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. C		Transaction ID: PR806893335158
Name of Employer David R. Moore, CLU & Associates		Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	Amount of Each Receipt this Period 100.00
		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Wesley P. Moore		Date of Receipt M / D / Y
Mailing Address P O Box 804		
City Darlington	State SC	Zip Code 29540-0804
FEC ID number of contributing federal political committee. C		Transaction ID: PR806893355158
Name of Employer W P Moore Agency		Occupation Owner
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1220.00	Amount of Each Receipt this Period 200.00
		P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 188 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Joshua D. Nace		Date of Receipt * * * * *	
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: PR80696735158	
City Seattle	State WA	Zip Code 98103-8869	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)	
Name of Employer Denial Health Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President Sales & Service Aggregate Year-to-Date ▼ 360.00		
Full Name (Last, First, Middle Initial) B. Michael A. Norris		Date of Receipt * * * * *	
Mailing Address PO Box 999 285 E Palmer Street		Transaction ID: PR80699385158	
City Franklin	State NC	Zip Code 28744-0999	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)	
Name of Employer Wayah Insurance Agency Receipt For: Primary General Other (specify) ▼	Occupation Account Executive Aggregate Year-to-Date ▼ 320.00		
Full Name (Last, First, Middle Initial) C. Theresa M. Olson		Date of Receipt * * * * *	
Mailing Address P. O. Box 21479		Transaction ID: PR80701085158	
City Keizer	State OR	Zip Code 97307	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)	
Name of Employer Baglien-Olson Insurance Receipt For: Primary General Other (specify) ▼	Occupation Independent Agent Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 180 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. John C. Parker		Date of Receipt M / D / Y
Mailing Address 47 Laurel Hill Drive		
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Transaction ID: PR80703115158
Name of Employer Parker Agency		Occupation Principal
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	Amount of Each Receipt this Period 180.00
		P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial) B. ALINE ROBERTS		Date of Receipt M / D / Y
Mailing Address 3537 Old Conejo Road, Suite 114		
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Transaction ID: 12716521
Name of Employer Insurance Dimensions		Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	Amount of Each Receipt this Period 20.00
		Contribution

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Date of Receipt M / D / Y
Mailing Address 7101 S. 82nd St., #B		
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. C		Transaction ID: PR80715D4515B
Name of Employer Midlands Financial Benefits		Occupation Registered Representative
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 970.00	Amount of Each Receipt this Period 100.00
		P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 180 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Stuart Shapiro		Date of Receipt M / D / Y
Mailing Address PD Box 587		
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. C		Transaction ID: PR80724165158
Name of Employer Shapiro Financial Group, Inc.		Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) B. Michael R. Stephens		Date of Receipt M / D / Y
Mailing Address 7712 South Yale Avenue, Suite 200		
City Tulsa	State OK	Zip Code 74136-8226
FEC ID number of contributing federal political committee. C		Transaction ID: 12165669
Name of Employer American Medical Security		Amount of Each Receipt this Period 300.00
Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Ryan P. Thom		Date of Receipt M / D / Y
Mailing Address 10342 South Springcrest Lane		
City South Jordan	State UT	Zip Code 84066-4538
FEC ID number of contributing federal political committee. C		Transaction ID: PR80738725158
Name of Employer Ryan P. Thom Insurance Planning, Inc.		Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 181 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y
Mailing Address PD Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: PR80739705158
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Admin America	Occupation Insurance Agent	P/R Deduction (\$40.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. Jennifer L. Toups		Date of Receipt M / D / Y
Mailing Address PD Box 113113		Transaction ID: PR80740055158
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Business Insurance Group	Occupation Director of Marketing	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Matlyn A. Van Sant		Date of Receipt M / D / Y
Mailing Address 271 Route 46 West, Suite G208		Transaction ID: PR80742455158
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer Stratford Financial Group	Occupation Insurance Agent	P/R Deduction (\$80.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Charles G. Wagner		Date of Receipt M / D / Y
Mailing Address PD Box B		
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Transaction ID: PR80744385158
		Amount of Each Receipt this Period 100.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation President	P/R Deduction (\$50.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Timothy P. Walsh		Date of Receipt M / D / Y
Mailing Address PD Box 417		
City Hampstead	State NC	Zip Code 28443-0417
FEC ID number of contributing federal political committee. C		Transaction ID: PR80745295158
		Amount of Each Receipt this Period 40.00
Name of Employer Advanced Insurance Systems	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Harry G. Witten		Date of Receipt M / D / Y
Mailing Address 1150 Glenwood Court		
City Vineland	State NJ	Zip Code 08361-8510
FEC ID number of contributing federal political committee. C		Transaction ID: PR80751835158
		Amount of Each Receipt this Period 40.00
Name of Employer Medical Benefit Services	Occupation RHL, CLU, ChFC, CSA, CLTC	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 183 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Barbara Kay Wong		Date of Receipt M / D / Y
Mailing Address 1311 L Street		Transaction ID: PR80752825158
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Capital Management Benefits Corp.	Occupation Insurance Agent	P/R Deduction (\$25.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y
Mailing Address 7808 University Avenue, Suite B		Transaction ID: PR80757525158
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Ashmore Agency Inc	Occupation Insurance Agent	P/R Deduction (\$100.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Ann C. Bell		Date of Receipt M / D / Y
Mailing Address 1881 Shoreline Drive, Suite 100		Transaction ID: PR80758885158
City Boise	State ID	Zip Code 83702-6748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Insurance Agent	P/R Deduction (\$15.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 227
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
 National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. David A Berman		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: PR80758895158
City	State	Zip Code
Indianapolis	IN	46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Neece Lukens Holding Company, Inc.	Occupation Insurance Agent	P/R Deduction (\$60.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. Lynda L. Berryhill		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 211 North Robinson Avenue One Leadership Square, Suite 450		Transaction ID: PR80758895158
City	State	Zip Code
Oklahoma City	OK	73102-7109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Berryhill Insurance Agency, Inc.	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. D. Bailey Calvin		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address PO Box 101422		Transaction ID: PR80760855158
City	State	Zip Code
Anchorage	AK	99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Calco, Inc.	Occupation Insurance Agent	P/R Deduction (\$40.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 185 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Russell B. Childers		Date of Receipt M / D / Y
Mailing Address PD Box 1547		
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. C		Transaction ID: PR80761685158
Name of Employer Russ Childers, CLU		Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	Amount of Each Receipt this Period 50.00
		P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) B. Michael B. Dolins		Date of Receipt M / D / Y
Mailing Address 4334 NW Expressway, Suite 242		
City Oklahoma City	State OK	Zip Code 73116-6416
FEC ID number of contributing federal political committee. C		Transaction ID: PR80764485158
Name of Employer Dolins & Company, Inc.		Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Amount of Each Receipt this Period 40.00
		P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Eugene D. Ebersole		Date of Receipt M / D / Y
Mailing Address 405 Gretna Boulevard, Suite 103-A		
City Gretna	State LA	Zip Code 70053-4500
FEC ID number of contributing federal political committee. C		Transaction ID: PR80765285158
Name of Employer Ebersole & Associates, Inc.		Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	Amount of Each Receipt this Period 80.00
		P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 186 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Thomas M Evans		Date of Receipt * * * * *	
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: PR80785785158	
City Omaha	State NE	Zip Code 68164-9884	Amount of Each Receipt this Period 160.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)	
Name of Employer United Healthcare of the Midlands Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 1040.00		P/R Deduction (\$80.00 Monthly)
Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt * * * * *	
Mailing Address 11160 Sun Center Drive, Suite A		Transaction ID: PR80766125158	
City Rancho Cordova	State CA	Zip Code 95670-6121	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$55.00 Monthly)	
Name of Employer CIMS Strategic Distribution Division Receipt For: Primary General Other (specify) ▼	Occupation Director of Strategic Distribution Aggregate Year-to-Date ▼ 780.00		P/R Deduction (\$55.00 Monthly)
Full Name (Last, First, Middle Initial) C. Bruce L. Gardner		Date of Receipt * * * * *	
Mailing Address 1502 West Avenue		Transaction ID: PR80767545158	
City Austin	State TX	Zip Code 78701-1581	Amount of Each Receipt this Period 160.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)	
Name of Employer Bruce Gardner Insurance & Investments Receipt For: Primary General Other (specify) ▼	Occupation Registered Representative Aggregate Year-to-Date ▼ 980.00		P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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

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

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

FOR LINE NUMBER: PAGE 187 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Katherine P. Greene		Date of Receipt M / D / Y
Mailing Address 13821 Eaglesnest Bay		Transaction ID: PR80768675158
City Corpus Christi	State TX	Zip Code 78418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Robert A Grundman		Date of Receipt M / D / Y
Mailing Address 7412 Karl Drive		Transaction ID: PR80768645158
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Senior Benefit Strategies	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. James O Heidebrand		Date of Receipt M / D / Y
Mailing Address 11714 S. Granite Avenue		Transaction ID: PR80770195158
City Tulsa	State OK	Zip Code 74137-6528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 188 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Timothy Hendricks		Date of Receipt M / D / Y
Mailing Address 1805 S Eucalyptus Ave		Transaction ID: PR80770265158
City Broken Arrow	State OK	Zip Code 74012-5806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. HUGH R HENDRICKSON		Date of Receipt M / D / Y
Mailing Address 820 A Street, Suite 22D		Transaction ID: PR80770275158
City Tacoma	State WA	Zip Code 98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employees Benefit Services Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial) C. Carolina Heasathie		Date of Receipt M / D / Y
Mailing Address 7272 Wurzbach Road, Suite 104		Transaction ID: PR80770505158
City San Antonio	State TX	Zip Code 78240-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ABC / Associated Benefit Consultants. Receipt For: Primary General Other (specify) ▼	Occupation Employee Benefit Advisor Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 100 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Richard L Hill		Date of Receipt M / D / Y
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: PR80770685158
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer UNICO Financial Services, Inc.	Occupation Insurance Agent	P/R Deduction (\$60.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Karan Jones		Date of Receipt M / D / Y
Mailing Address 5225 South Loop 289, Suite 111		Transaction ID: PR80772685158
City Lubbock	State TX	Zip Code 79424-1319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Blue Cross Blue Shield of TX	Occupation Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Larry Kaczmarek		Date of Receipt M / D / Y
Mailing Address 2833 State Route 59, Suite B		Transaction ID: PR80772885158
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation Insurance Agent	P/R Deduction (\$100.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1270.00	

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 200/227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Michael Kiefan		Date of Receipt M / D / Y
Mailing Address PD Box 45279		
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Transaction ID: PR80773645158
Name of Employer The Harry A. Koch Company		Amount of Each Receipt this Period 160.00
Occupation Insurance Agent	Aggregate Year-to-Date ▼ 060.00	P/R Deduction (\$80.00 Monthly)
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary B. Kramer		Date of Receipt M / D / Y
Mailing Address 2637 South 159th Plaza, Suite 200		
City Omaha	State NE	Zip Code 68130-1769
FEC ID number of contributing federal political committee. C		Transaction ID: PR80774315158
Name of Employer Holmes Murphy and Associates, Inc.		Amount of Each Receipt this Period 80.00
Occupation Vice President	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Monthly)
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jack R. Lanhart		Date of Receipt M / D / Y
Mailing Address 4200 East Skelly Drive, Suite 610		12 / 31 / 2005
City Tulsa	State OK	Zip Code 74135-5255
FEC ID number of contributing federal political committee. C		Transaction ID: 12165685
Name of Employer		Amount of Each Receipt this Period 120.00
Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00	
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 201 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Sharon L. McDermott		Date of Receipt M / D / Y
Mailing Address 21425 Chancellor Road		Transaction ID: PR80777295158
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Diversified Benefits Group Inc	Occupation President	P/R Deduction (\$100.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Dannis J. Recker		Date of Receipt M / D / Y
Mailing Address 971 North Perry Street		Transaction ID: PR80782185158
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Faycoff, Lammon, Recker & Associates	Occupation Registered Representative	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Glen E. Rienecke		Date of Receipt M / D / Y
Mailing Address 415 5th Street P. O. Box 884		Transaction ID: PR80782805158
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Advanced Insurance Services, Inc.	Occupation Insurance Agent	P/R Deduction (\$30.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 202/227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Elizabeth E Wheatcraft		Date of Receipt M / D / Y
Mailing Address 124 West Castellano Drive, Suite 2		Transaction ID: PR80782715158
City El Paso	State TX	Zip Code 79912-6139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Goodman Financial Group	Occupation VP - Employee Benefits	P/R Deduction (\$10.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt M / D / Y
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: PR80782855158
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	P/R Deduction (\$80.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Eugene L. L. Rowe		Date of Receipt M / D / Y
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: PR80783385158
City Encino	State CA	Zip Code 91438-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer R & R Insurance and Retirement Service	Occupation Insurance Agent	P/R Deduction (\$30.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Eugene L. L. Rowe		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: 12712014
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer R & R Insurance and Retirement Service	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 370.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen J. Salzman		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address PO Box 4252		Transaction ID: PR60783675158
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1120.00
Receipt For: Primary General Other (specify) ▼		
		P/R Deduction (\$10.00 Monthly)

Full Name (Last, First, Middle Initial) C. Robert Hunt Schumacher		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 1137 Jonagold Way		Transaction ID: PR60784565158
City Mountain View	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Schumacher & Walker Ins. Associates, I	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		
		P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 204 / 227

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Roger W Skinner		Date of Receipt M / D / Y
Mailing Address 8812 East 75th Street, Suite 200		
City Indianapolis	State IN	Zip Code 46250-2876
FEC ID number of contributing federal political committee. C		Transaction ID: PR80785575158
		Amount of Each Receipt this Period 50.00
Name of Employer GroupLink, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) B. Patricia Smith		Date of Receipt M / D / Y
Mailing Address 523 Kirkland Way		
City Kirkland	State WA	Zip Code 98033-6219
FEC ID number of contributing federal political committee. C		Transaction ID: PR80785735158
		Amount of Each Receipt this Period 40.00
Name of Employer Smith Meacham Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Jackie L. Spragins		Date of Receipt M / D / Y
Mailing Address PO Box 2073		
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. C		Transaction ID: PR80786325158
		Amount of Each Receipt this Period 60.00
Name of Employer Spragins Insurance Agency	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 362.00	P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 205 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. C. Louanne Trebing		Date of Receipt M / D / Y
Mailing Address 1808 Patton Drive		Transaction ID: PR80788175158
City	State	Zip Code
Garland	TX	75042-8205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Trebing Insurance Agency	Occupation Insurance Agent	P/R Deduction (\$10.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Charles L Westmoreland		Date of Receipt M / D / Y
Mailing Address PO Box 825		Transaction ID: PR80789775158
City	State	Zip Code
Jackson	MS	39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development	P/R Deduction (\$85.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) C. Catherine Ficara		Date of Receipt M / D / Y
Mailing Address 28998 Central Park Blvd.		Transaction ID: PR80792245158
City	State	Zip Code
Southfield	MI	48078-4174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Austin Financial Group LLC-United	Occupation Health Insurance Agent	P/R Deduction (\$20.00 Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 206 / 227
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. MARIA C KENNEDY		Date of Receipt * * * * *	
Mailing Address 114B Court Street, NE		Transaction ID: PR90472675158	
City State Zip Code Salem OR 97301-4030	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Weekly)	
Name of Employer Associated Oregon Industries Receipt For: Primary General Other (specify) ▼	Occupation Director of Marketing Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$10.00 Weekly)	
Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt * * * * *	
Mailing Address 200D N 14th Street		Transaction ID: PR98070615158	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Monthly)	
Name of Employer NAHU Receipt For: Primary General Other (specify) ▼	Occupation Executive VP, CEO Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	37778.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 207 / 227

<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
	27		28a		28b		28c		29		30b

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)

Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼			Transaction ID: 10829348 Date of Disbursement 09 / 21 / 2005 Amount of Each Disbursement this Period 84.45 Credit Card Processing Fee
Full Name (Last, First, Middle Initial) B. Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920-6612 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼			Transaction ID: 11313835 Date of Disbursement 10 / 04 / 2005 Amount of Each Disbursement this Period 396.01 Credit Card Processing
Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters Mailing Address 2000 14th Street Suite 450 City Arlington State VA Zip Code 22201 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼			Transaction ID: 11308867 Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 8000.00 Travel Reimbursement
SUBTOTAL of Disbursements This Page (optional) ▶			6480.46
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)

PAGE 208 / 227

<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
	27		28a		28b		28c		29		30b

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)

Full Name (Last, First, Middle Initial)
A. EDWARD ROLING

Mailing Address 343 Six Forks Road

City Raleigh State NC Zip Code 27609-7800

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Transaction ID: 11309250
Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period
354.30

Travel Expenses

Full Name (Last, First, Middle Initial)
B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 11313831
Date of Disbursement

10 / 21 / 2005

Amount of Each Disbursement this Period
108.45

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)
C. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8612

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 11409759
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period
25.00

Credit Card Processing Fee

SUBTOTAL of Disbursements This Page (optional) ▶ 487.75

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)

PAGE 209 / 227

<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
	27		28a		28b		28c		29		30b

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)

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8912

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 11314673

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

351.92

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Chargeback Adjustment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 11408530

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

10.00

Chargeback Adjustment

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Adjustment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 11314675

Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

96.23

Credit Adjustment

SUBTOTAL of Disbursements This Page (optional) ▶

458.15

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)

PAGE 210 / 227

<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
	27		28a		28b		28c		29		30b

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)

Full Name (Last, First, Middle Initial) A. Tracy Quick Bradford		Transaction ID: 11309281 Date of Disbursement 11 / 28 / 2005	
Mailing Address 866 Ridgeway Loop Road, Suite 200		Amount of Each Disbursement this Period 108.48	
City Memphis State TN Zip Code 38120-4000	Purpose of Disbursement Travel Expenses Candidate Name	002 Category/ Type	Travel Expenses
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey W. Gennaro		Transaction ID: 11309282 Date of Disbursement 11 / 28 / 2005	
Mailing Address PO Box 10315		Amount of Each Disbursement this Period 355.30	
City Phoenix State AZ Zip Code 85064-0315	Purpose of Disbursement Travel Expenses Candidate Name	002 Category/ Type	Travel Expenses
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Transaction ID: 11309277 Date of Disbursement 11 / 28 / 2005	
Mailing Address 7101 S. 82nd St. #B		Amount of Each Disbursement this Period 318.80	
City Lincoln State NE Zip Code 68518-8574	Purpose of Disbursement Travel Expenses Candidate Name	002 Category/ Type	Travel Expenses
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **782.58**

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)

PAGE 211 / 227

<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
	27		28a		28b		28c		29		30b

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)

Full Name (Last, First, Middle Initial) A. Merchant Services		Transaction ID: 12168175 Date of Disbursement 12 / 01 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 383.30	
City Knoxville	State TN	Zip Code 37920-6612	001 Category/ Type
Purpose of Disbursement Credit Card Processing Fee			
Candidate Name		Credit Card Processing Fee	
Office Sought: House	Disbursement For: Primary		
Senate	General		
President	Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: 12168175 Date of Disbursement 12 / 02 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 66.10	
City Knoxville	State TN	Zip Code 37920-6612	001 Category/ Type
Purpose of Disbursement Credit Card Processing Fee			
Candidate Name		Credit Card Processing Fee	
Office Sought: House	Disbursement For: Primary		
Senate	General		
President	Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 12168177 Date of Disbursement 12 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 85.51	
City Phoenix	State AZ	Zip Code 85072-3852	001 Category/ Type
Purpose of Disbursement Credit Card Processing Fee			
Candidate Name		Credit Card Processing Fee	
Office Sought: House	Disbursement For: Primary		
Senate	General		
President	Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	534.91
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)

PAGE 212 / 227

<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
	27		28a		28b		28c		29		30b

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)

Full Name (Last, First, Middle Initial)

A. Press Works

Mailing Address 351 W Bigelow Ave

City Plain City State OH Zip Code 43084

Purpose of Disbursement
Printing Expense

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

006
Category/
Type

Transaction ID: 12168640

Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

412.01

Printing Expense

SUBTOTAL of Disbursements This Page (optional) ▶

412.01

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

9155.86

**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)

PAGE 213 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Meeks For Congress

Mailing Address 219-10 South Conduit Avenue

City Springfield Garden State NY Zip Code 11413

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gregory W. Meeks

Office Sought: House
Senate
President
State: NY District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10829348
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Pomeroy

Office Sought: House
Senate
President
State: ND District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10345283
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 15283

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gerald C. Weller

Office Sought: House
Senate
President
State: IL District 11

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10345606
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 214 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Roskam For Congress Committee

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

Candidate Name
Mr. Peter Roskam

Office Sought: House
Senate
President
State: IL District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10345147
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. JD Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Contribution

Candidate Name
Rep. J.D. Hayworth

Office Sought: House
Senate
President
State: AZ District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10345013
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Enzi For US Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
Contribution

Candidate Name
Sen. Michael Enzi

Office Sought: House
 Senate
President
State: WY District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10344857
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 215 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeff Sessions

Office Sought: House Disbursement For: 2006
 Senate X Primary General
President
Other (specify) ▼

State: AL District 2

011
Category/
Type

Transaction ID: 10345448

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tim F. Murphy

Office Sought: House Disbursement For: 2006
Senate X Primary General
President
Other (specify) ▼

State: PA District 18

011
Category/
Type

Transaction ID: 11314033

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Majority Initiative to Keep Electing Republicans

Mailing Address PO Box 35798

City Washington State DC Zip Code 20035

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
Senate Primary General
President
Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: 11314034

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 216 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Norwood For Congress

Mailing Address PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Norwood

Office Sought: House
Senate
President
State: GA District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309101
Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Volunteer PAC (VOLPAC)

Mailing Address PO Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309162
Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Musgrave For Congress

Mailing Address 118 W Charlotte St

City Johnstown State CO Zip Code 80534

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marilyn N. Musgrave

Office Sought: House
Senate
President
State: CO District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309226
Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 217 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Enzi For US Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
Contribution

Candidate Name
Sen. Michael Enzi

Office Sought: House Disbursement For: 2008
 Senate Primary General
 President
 State: WY District 2 Other (specify) ▼
 2008 US Primary

011
Category/
Type

Transaction ID: 11308422
Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
Contribution

Candidate Name
Rep. William M. Thomas

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: CA District 22 Other (specify) ▼

011
Category/
Type

Transaction ID: 11308261
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bobby Jindal

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: LA District 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 11309252
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 218 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Nelson 2006

Mailing Address P O Box 8686

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
Sen. E. Benjamin Nelson

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼
 State: NE District 2

011
Category/
Type

Transaction ID: 11309258
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19426

Purpose of Disbursement
Contribution

Candidate Name
Sen. Rick Santorum

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼
 State: PA District 2

011
Category/
Type

Transaction ID: 11314672
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeff Sessions

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President X Other (specify) ▼
 State: AL District 2 2006 US Primary

011
Category/
Type

Transaction ID: 11309258
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 219 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Friends For Mike McGavick

Mailing Address 1075 Bellevue Way Ne #504

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Contribution

Candidate Name
Mr. Michael McGavick

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: WA District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 11309255
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Steele For Maryland Inc

Mailing Address 150 South Street Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name
Mr. Michael Steele

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: MD District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 11309260
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Friends Of Clay Shaw

Mailing Address P. O. Box 218B
2600 Ne 14th. Street Causeway

City Ft. Lauderdale State FL Zip Code 33303

Purpose of Disbursement
Contribution

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: FL District 22 Other (specify) ▼

011
Category/
Type

Transaction ID: 11309263
Date of Disbursement

11 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 220 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement
Contribution

Candidate Name
Rep. Wally Herger

Office Sought: House
Senate
President
State: CA District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309262
Date of Disbursement

11 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Steele For Maryland Inc

Mailing Address 150 South Street Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name
Mr. Michael Steele

Office Sought: House
 Senate
President
State: MD District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309264
Date of Disbursement

11 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Re-Elect Harold Ford Jr

Mailing Address 5120 Barry Road
Suite 1300

City Memphis State TN Zip Code 38117

Purpose of Disbursement
Contribution

Candidate Name
Rep. Harold E. Ford, Jr.

Office Sought: House
Senate
President
State: TN District 9

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 US Primary

011
Category/
Type

Transaction ID: 11309273
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 221 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Herseih For Congress

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Herseih

Office Sought: House
Senate
President
State: SD District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309271
Date of Disbursement
11 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul Ryan

Office Sought: House
Senate
President
State: WI District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309275
Date of Disbursement
11 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kent Conrad

Office Sought: House
 Senate
President
State: ND District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11309272
Date of Disbursement
11 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 222 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Contribution

Candidate Name
Sen. Joseph I. Lieberman

Office Sought: House Disbursement For: 2006
 Senate X Primary General
President Other (specify) ▼

State: CT District 2

011
Category/
Type

Transaction ID: 11309268
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Void -

Candidate Name
Sen. Joseph I. Lieberman

Office Sought: House Disbursement For: 2006
 Senate X Primary General
President Other (specify) ▼

State: CT District 2

011
Category/
Type

Transaction ID: 11410055
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

-1000.00

Void -

Full Name (Last, First, Middle Initial)
C. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Contribution

Candidate Name
Sen. Joseph I. Lieberman

Office Sought: House Disbursement For: 2006
 Senate X Primary General
President Other (specify) ▼

State: CT District 2

011
Category/
Type

Transaction ID: 12157441
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

PAGE 223 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement
Contribution

Candidate Name
Sen. Thomas R. Carper

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: DE District 2 Other (specify) ▼

Transaction ID: 11309268
Date of Disbursement
11 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Sen. Max Baucus

Office Sought: House Disbursement For: 2008
 Senate Primary General
 President Other (specify) ▼
 State: MT District 1 2008 US Primary

Transaction ID: 11309274
Date of Disbursement
11 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Rely On Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President Other (specify) ▼
 State: District

Transaction ID: 12157437
Date of Disbursement
12 / 02 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 224 / 227

<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

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)

Full Name (Last, First, Middle Initial)
A. Congressional Majority Committee

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 12157440
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of Conrad Burns - 2006

Mailing Address PO Box 1586

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Sen. Conrad Burns

Office Sought: House Senate President
State: MT District 2
Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 11120168
Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Transaction ID: 12157444
Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Friends Of Conrad Burns - 2006

Mailing Address PO Box 1586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Sen. Conrad Burns

Office Sought: House Senate President
State: MT District 2
Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

4000.00

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)

PAGE 225 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas E. Price, M.D.

Office Sought: House
Senate
President

State: GA District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 12157442
Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of Conrad Burns - 2006

Mailing Address PO Box 1566

City Helena State MT Zip Code 59624

Purpose of Disbursement
Void - Friends Of Conrad Burns - 2006

Candidate Name
Sen. Conrad Burns

Office Sought: House
Senate
President

State: MT District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 12188180
Date of Disbursement

12 / 28 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - Friends Of Conrad
Burns - 2006

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

36500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 226 / 227

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

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)

Full Name (Last, First, Middle Initial) A. Steven Selinsky		Transaction ID: 11308438 Date of Disbursement 10 / 07 / 2005	
Mailing Address 28588 Northwestern Highway, Suite		Amount of Each Disbursement this Period 1800.00	
City Southfield State MI Zip Code 48034-8335	Purpose of Disbursement Fundraising	010 Category/ Type	Fundraising
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JESSE A PATTON		Transaction ID: 11308425 Date of Disbursement 10 / 07 / 2005	
Mailing Address 2175 NW 86th Street, Suite 14		Amount of Each Disbursement this Period 458.40	
City Des Moines State IA Zip Code 50325-5557	Purpose of Disbursement Refund	010 Category/ Type	Refund
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	2258.40
TOTAL This Period (last page this line number only)	▶	2258.40

**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)

PAGE 227 / 227

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

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)

Full Name (Last, First, Middle Initial)
A. Missourians for Matt Blunt

Mailing Address PO Box 695

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
Void - Check reported 7/14/2004

Candidate Name
Matt Blunt

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: MO District

011
Category/
Type

Transaction ID: 12730264
Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - Check reported 7/1-4/2004

Full Name (Last, First, Middle Initial)
B. Perdue for a New Georgia

Mailing Address PO Box 12369

City Atlanta State GA Zip Code 30355-2360

Purpose of Disbursement
Sonny Perdue, GOVERNOR GA

Candidate Name
Sonny Perdue

Office Sought: House Senate President
Disbursement For: 2006 X Primary General Other (specify) ▼

State: GA District

011
Category/
Type

Transaction ID: 11308265
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Sonny Perdue, GOVERNOR
GA

Full Name (Last, First, Middle Initial)
C. Citizens for Spencer Swalm

Mailing Address 7250 S. Ivy Ct.

City Centennial State CO Zip Code 80112

Purpose of Disbursement
Contribution

Candidate Name
Spencer Swalm

Office Sought: House Senate President
Disbursement For: 2006 Primary X General Other (specify) ▼

State: CO District 37

011
Category/
Type

Transaction ID: 11148448
Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

200.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 200.00

TOTAL This Period (last page this line number only) ▶ 200.00